



Terms of Reference: Behavioural Supports Ontario Lived Experience Network Advisory (LENA)

PURPOSE

To establish a provincial network of individuals with lived experience to advise and guide Behavioural Supports Ontario projects and provide a virtual platform for people to connect through shared experiences

DEFINING LIVED EXPERIENCE

In the context of Behavioural supports Ontario (BSO), Lived Experience refers to the experience of living with dementia, mental illness, substance use and/or neurological disorders or the experience of being a care partner of an individual with these conditions. Examples of care partners may include family members, friends, etc., who play or played an active role in supporting an individual living with one or more of the above conditions emotionally and/or physically.

BACKGROUND

The BSO Initiative was implemented within the BSO Framework for transforming the health care system design for Older Ontarians with responsive behaviours associated with mental health & addictions, dementia or other neurological conditions. The Initiative facilitates seamless, interdisciplinary, intersectoral care for individuals *at risk* or presenting with complex and responsive behaviours in partnership with various organizations across sectors such as *The Alzheimer Society, Community Care Access Centres, Alzheimer Knowledge Exchange/ brainXchange* and many others. Phase 1 of the project (January 2010-October 2010) developed an evidence-based framework, program model and evaluation framework to establish a consistent approach across the province. Phase 2 (September 2011-February 2012) applied the models in the four Early Adopter LHINs and began the evaluation of outcomes. Continuation of Phase 2 (February 2012-December 2012) implemented the models to the remaining LHINs including new service capacity for behavioural supports. Phase 3 (January 2013-March 2013) brought forth the development of sustainability plans for all LHINs and concluded the funding and wrap-up of the Coordinating and Reporting Office with the North Simcoe Muskoka LHIN. Phase 4 continues to engage 14 LHINs as change champions in the evolving implementation of BSO by leveraging innovative practices and system re-design across the province. Primarily supported in partnership by the North East

(NE), Hamilton Niagara Haldimand Brant (HNHB), and North Simcoe Muskoka (NSM) LHINs, phase 4 also introduces the re-emergence of a lead BSO Provincial Coordinating Structure in the North East LHIN, the North Bay Regional Health Centre.

As part of the re-emerged BSO Provincial Coordinating Office's Strategic Objectives for 2015-2017, they were tasked to develop the Ontario Best Practice Exchange and associated working groups (called "Collaboratives"). The purpose of the Collaboratives is to share innovative and promising practices related to seven topic areas across the continuum of care. Among the list of Collaboratives is the 'Person and Family Centred Care' Collaborative which aimed to bring together individuals with lived experience, thought leaders and various health care professionals to identify promising practices related to person and family-centred care. A Catalyst Event which was hosted on September 25 2015 served as the launch of the Collaboratives. Following the September 25 event, it was decided that rather than having the 'Person and Family Centred' Collaborative as a separate work group, that this Collaborative should inform the work of all of the Collaboratives and ultimately assist in ensuring that all products developed by the Collaboratives are done so using person and family-centred approaches

In order to assist in ensuring that the work of the Ontario Best Practice Exchange Collaboratives and other BSO projects are developed using person and family-centred approaches, the BSO Provincial Coordinating Office launched the 'Provincial Lived Experience Network Advisory'.

OBJECTIVES & DELIVERABLES

- To enhance care partner training opportunities across the province
- To develop and promote the use of a personhood tool across sectors
- To engage individuals with lived experience across the province in advisory conversations
- To inform the work of the Ontario Best Practice Exchange Collaboratives and ensure that it is guided by person and family-centred care approaches
- To identify innovative and promising practices related to geriatric mental health, dementia, substance use and/or other neurological disorders and share them with the Ontario Best Practice Exchange Collaboratives
- To provide recommendations for the ongoing updating of the BSO Mini-Sites
- To act as a resource to provincial projects related to geriatric mental health, dementia, substance use and/or neurological disorders

ACCOUNTABILITY AND REPORTING

The Provincial BSO Lived Experience Advisory is accountable and will report to the Provincial BSO Steering Committee.

MEMBERSHIP

Members of the BSO Lived Experience Advisory will consist of individuals with lived experience and professionals affiliated with lived experience networks (e.g., Family Councils of Ontario, Ontario Association of Residents' Councils). Other professionals affiliated with BSO are invited to take part in the advisory conversations and live chats.

MEETING FREQUENCY

Provincial BSO Lived Experience Network Advisory meetings will take place every second month (January, March, May, July, September & November) on the third Tuesday from 12:30pm – 2:00pm. Provincial BSO Lived Experience Network live chats will take place on the opposite months (February, April, June, August, October & December) on the third Wednesday from 6:30pm – 8:00pm.

MEETING LOGISTICS

Meetings will be chaired by Sharon Osvald (Provincial Lived Experience Network Coordinator) and Rhonda Feldman (Mental Health Clinician, Mount Sinai Hospital).

Meeting arrangements, agenda preparation and note taking will be completed by staff of the BSO Provincial Coordinating Office. Meeting minutes (initial draft) will be circulated within three (3) weeks following the meeting date. Advisory members are encouraged to submit proposed revisions to the minutes up to three weeks in advance of the next meeting date.

Pertinent action items will be highlighted in a separate format (i.e., circulated via e-mail)