

IMPORTANT CHANGES

you need to know as of July 6, 2009

To community partners of the Royal Ottawa Health Care Group (ROHCG) – Brockville Mental Health Centre, Royal Ottawa Mental Health Centre and the Royal Ottawa Place as of July 6, 2009

In 1997, as part of the Health Services Restructuring Commission (HSRC), the Provincial government announced divestment of provincial psychiatric hospitals, ensuring reinvestment in the mental health sector to communities or more appropriate facilities.

Since 2000, we have reduced 50% of our Transitional Services beds and successfully transitioned patients to the community as part of these directives. The Transitional Services in Brockville are housed in inappropriate 19th century buildings for providing 21st century care.

We have now been given the approval to begin implementing the final phase of this process. As a result, we are announcing that we are stopping all new admissions to the Transitional Service in anticipation of the services closing within the next two years. Over the course of the next months and years, we will be working collaboratively with patients, families and community partners to facilitate appropriate plans for a successful transition of patients to an appropriate location in the community or facility.

This plan is in the best interest of persons living with a mental illness and their families. Reallocation of resources to the community is believed to ensure a better quality of life for all.

The two HSRC directives yet to be completed include the closure of the Brockville Mental Health Centre's **Transitional Services** and the transfer of **Elmgrove Acute Care Services** to the Brockville General Hospital:

1. **Transitional Services** at the Brockville campus are housed in buildings over 100 years old and include three services: Rehabilitation, Dual Diagnosis and Geriatric Psychiatry. All 64 beds are now scheduled to be closed by March 2011. These resources will be realigned within the Champlain and Southeast LHINs. Closure of these beds and appropriate transfer of patients will involve detailed planning in order to ensure that all patients move to the level of care appropriate to their clinical needs. Planning will be individualized and intensive and will involve patients, their families, care givers and hospital and community partners.

To continue the process, admissions to Transitional Services will be stopped as of Monday, July 6th, 2009.

In order to do this with minimal interruption of current patient flow, you will have received a letter from the Champlain and South East LHINs requesting your collaboration to ensure patients requiring the level of service of the Brockville Transitional Services be redirected and accepted to appropriate facilities in the region during the planning phase of the closure. Additionally, over the course of the next eighteen months, we will be working

collaboratively with patients, families and community partners to facilitate appropriate plans for a successful transition of patients from the Transitional Services to an appropriate location in the community or in other suitable facility.

2. From the HSRC directives, it was also determined the ROHCG would no longer be involved in acute care psychiatry services and these would be transferred to Brockville General Hospital. **Elmgrove Acute Care Services** includes the following mental health services:
 - 24 acute care mental health beds
 - An Assertive Community Treatment Team (ACT)
 - Outpatient services
 - Crisis Outreach services
 - ECT & EEG Services

All of these services are scheduled to be transferred to the Brockville General Hospital in due course. Due diligence is currently underway and expected to be completed by August 2009. The next step of which is to transfer the services.

Admissions and access to services are not affected at this time.

All other services at the Brockville Mental Health Centre are not affected and remain in place.

We strongly support these directives as we believe that this plan is in the best interest of both patients and their families. Reallocation of resources to the community where appropriate is believed to ensure a better quality of life for all. We look forward to collaborating with you in order to develop the right plan for these patients and to ensure their best possible care.

In the coming months, we will be providing you with regular updates and keep you up to date as changes continue to take place in our service delivery. In the meantime, we thank you for your patience and cooperation during this transition period.

Yours sincerely,



George Weber
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