

AMHS-HPE STRATEGY “AT A GLANCE” (2017-2021)

PURPOSE

For people seeking support, we provide confidential, client-driven, evidence-based addictions and mental health services in their community

VISION

You can Hope – Dream – Recover

OUR VALUES

C.L.I.E.N.T.S. 1ST

LONG TERM OBJECTIVES

1. Reduced or no wait lists: Clients will not have to wait for services and there are reduced hospital stays.
2. Client driven: We are meeting changing client service needs and ensuring client voice is heard... * positive client feedback.
3. Supportive housing: Housing will be more affordable and accessible for vulnerable individuals in our community.
4. Integration: Full integration of services: transitions between services are seamless for clients.
5. Technology: Would be enhanced to provide 24/7 self-care options, and enhanced availability for services in our rural communities and homes.
6. Branding: Go-to agency: When we are known as the only door to service.
7. Funding Equity: We have the proper funding organization structure in place.

FOCUSED ON RESULTS IN **5** STRATEGIC PRIORITY AREAS IN 2017-2018

1

RBO

1. Contract & bylaws signed off
2. Board effectively integrated into the system i.e. process mapping done, information is smoothly flowing
3. Reporting system in place

2

Redesign

1. Implementation of Part A (ideal individual experience, common basket of services, capacity training)
2. Implementation of part B and C (hospitals, QHC)

3

Technology Implementation

1. Better use of CRM
2. Self-help website tools being used
3. Self-directed intake service up & running
4. Greater use of autofill for forms
5. Accessible online self-help tools created, including a portal for clients to request service

4

Impact Measurement

1. Implementation of OPOC, successful move to experience-based co-design with clients
2. Ensure quality of data coming in is useful to the board in making informed decisions about our future

5

Timely Access to Services

1. Reduced waitlists and hospital admission rates
2. Implementation of the 11 apartments & 2 crisis beds - supportive housing program
3. Measure psychotherapy success through data and reduction of wait list

180-DAY ACTION PLANS

RBO

1. Continue working with Legal to finalize contracts and review bylaw change requirements, and take to board for approval
2. Ensure continued management involvement in the 6 RBO process mapping teams
3. CEO, Directors, and other management staff training in the new RBO systems
4. Provide quarterly reporting to the Board

Redesign

1. Management to continue to sit on the relevant IIE redesign committees until completion (March 2017)
2. Regular monthly reports from the CEO to Board regarding the status of the IIE
3. Part C - Continue working with Legal to complete contract and processes

Technology

1. Establish local team to facilitate the design and implementation
2. Team will determine timeline and resources required - staff, technical support, vendors, hardware, software, additional funding, training requirements
3. Determine the responsibility of the daily maintenance of the tools as well how to gather the information from it and measure outcome and success of each tool.
4. Increase portability of technology for staff, especially in rural areas

Impact Measurement

1. Design metrics (milestones) for performance measurement for each of the contract partners (hospital, Youthab, Sexual Assault)
2. Meet with CAMH staff on OPOC; develop timeline and implementation; designated OPOC Lead chosen
3. Develop a tool in partnership with clients to measure client satisfaction
4. Formulate a Quality Improvement plan after analysis of data