

# AMHS-HPE STRATEGY “AT A GLANCE” (2018-2021)

## 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 2018-2019

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### Redesign

1. Implementation of Part A & C
2. IIE - multidisciplinary team integration
3. Integrate AMH within Primary Care Environments
4. RBO

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### Housing

1. Implement 12 apts, 2 crisis beds, 6 peripheral support beds
2. Secure 60 rent supps for higher market rents and FTE funding
3. Develop resourcing options for supportive housing through Ministry

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### 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. Successful implementation of OPOC
2. Facilitate annual experience-based codesign with clients

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### Timely Access to Services

1. Reduced waitlists and hospital admission rates
2. ERDCM expansion and model replication
3. Opioid strategy created and implemented
4. CIWL - launch pilot project

## 180-DAY ACTION PLANS

### Redesign

1. Communicate to staff re IIE followed by implementation of standardization of job descriptions, services/programs and training
2. Identify Primary Care integration opportunities, including joint programs, co-locations, expansion of CCP model and SHIIP
3. Present RBO with list of priorities, expectations, timelines
4. Develop/implement internal strategy for multidisciplinary team integration

### Housing

1. Successful implementation of 12 apts, 2 crisis beds, 6 support beds
2. Work with Hastings County from groundbreaking to occupancy
3. Gather data to support need for additional rent supps
4. Initiate meetings with LHIN re developing dedicated housing

### Technology

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

### Impact Measurement

1. Successfully achieve 316 OPOC surveys
2. Design metrics (milestones) for performance measurement for each of the contract partners (hospital, Youthab, Sexual Assault)
3. Formulate a Quality Improvement plan after analysis of data

### Timely Access to Services

1. Implementation of SHIIP
2. Evaluate applicability of ERDCM model
3. Develop business case for Opioid strategy in partnership with primary care
4. CIWL - Hire project manager to implement
5. CIWL - Develop pilot policies and procedures, plans for implementation and fill positions
6. Develop business case for expansion of the ERDCM model