South East **LHIN**

Addictions and Mental Health Redesign

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Addictions and Mental Health Redesign: Progress Update

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The Addictions and Mental Health Redesign is in the operationalization phase, focusing on developing and implementing the necessary components to deliver on the Ideal Individual Experience. Six working groups were established in September, 2015 to focus on developing implementation plans that will deliver on a common back office, an integrated IT/data system, a capacity training plan and the Common Basket of Services.

Common Basket of Services and Capacity Plan

In October and November, the work streams have been developing a current assessment of the existing programs, services, service descriptions and other specific information that will help to inform areas of need and alignment that will help to achieve the Common Basket of Services. The work streams have been building on the substantial work provided by the Future State Planning teams and ensuring adherence to the Common Basket of Service elements and recommendations made by the team members. Utilizing the Future State Planning work, the Ideal Individual Experience team will work to begin to define consistent service definitions to be applied across the region. These definitions and the work on the Common Basket of Services will be shared more broadly with relevant stakeholders to gain input and feedback before it is finalized. To ensure that staff, clinicians and providers are able to consistently provide support to clients, the work streams are also developing a common capacity plan that will focus on the implementation of training for core competencies, resulting in more standardized practices and approaches to care.

One Team, One Plan, One Record

To enable the “one team, one plan, one record”, the work streams have been focusing on identifying key components which will enable unified data capture, improved record sharing (with appropriate privacy considerations), and simplifying/automating uploading capabilities to feed specific Ministry and LHIN data requirements. This will enable better care for clients, as providers will be able to coordinate and provide a continuity of care throughout the client’s lifetime, regardless of their location. The data collection component will also be part of the plan for unified and centralized Back Office services for the three geographic Addictions and Mental Health agencies. The three CEOs, the South East LHIN and OPTIMUS SBR are working together to develop an implementation plan that will outline what functions and components can be centralized to provide additional savings, ultimately enabling reinvestment into front-line services.

Acute Schedule 1 Hospital, Specialty Hospitals and Specialty Agency Contract Development

The South East LHIN has also been working with Acute Schedule 1 Facility hospitals, specialty hospitals and specialty agencies to define the necessary contract components and financial costs that will enable the contracting of services from the three geographic Addictions and Mental Health agencies. The meetings to date have been positive and creative, with a problem-solving orientation. Challenges and concerns have been tabled for consideration and resolution and all parties have indicated a commitment to working to find a path forward that makes sense for organizations and government but most importantly delivers the Ideal Individual Experience as designed. The South East LHIN has also met with MOHLTC representatives to ensure appropriate due diligence is applied with respect to Health System Funding Reform implications, data capture and financial modeling.

Strategic Alliance Update

The Strategic Alliance met in October and finalized the Memorandum of Understanding. All copies will be signed before the end of the year. The members are also focusing on securing support to develop both system and local metrics to measure the outcomes and progress of the Addictions and Mental Health Redesign elements. The Alliance will also establish a process for choosing members for the three Alliance councils: a) Client and Caregiver Advisory Council, b) Clinical Advisory Council, c) Ethics and Quality Advisory Council. Members for each council will be selected in the New Year. The next Strategic Alliance meeting will be held in January, 2016.

If you have any questions, or would like to know more information regarding the Addictions and Mental Health Redesign, please contact the Project Lead, Jennifer Payton at Jennifer.payton@lhins.on.ca