

South East Local Health Integration Network

Transforming Addictions and Mental Health Services to Better Serve Our Residents



Addictions and
Mental Health
Redesign

**SE LHIN Addictions and
Mental Health Redesign**



Alignment with the 10 Year MOHLTC Mental Health and Addictions Strategy



SE LHIN Alignment with MOHLTC MHA Strategy

- Bottom-up development
 - Client focused and Client led design
 - Stakeholder driven
 - Non-MOHLTC funded stakeholder involvement
- Transparent and iterative process
- System design across the entire region to enable successful application of MOHLTC transformation levers including funding reform, education & training, enabling technologies, capacity planning, etc.
- Health Links alignment
- Alignment with the “5 Pillars” of the MOHLTC MHA Strategy



MOHLTC Addictions and Mental Health Strategic Overview: Phase 2

1. Promote resiliency & well-being in Ontarians:

- *I will be able to effectively deal with the demands and challenges of everyday life.*
- *I will be able to recognize when I should seek help.*

2. Ensure early identification & Intervention:

- *I will be able to identify and manage my own symptoms.*
- *I will receive the appropriate care I need, when I need it.*
- *My providers address what I identify with services that work.*

3. Expand housing, employment supports & diversion and transitions from the justice system:

- *I have a stable place to live.*
- *I have a job and an employer who understands my mental health issues.*
- *I am no longer going to the emergency department daily.*
- *I am not always getting picked up by the police.*

SE LHIN AMH Redesign: Commitments to Support the Ideal Individual Experience and Service Elements

Client-centred care will match the services required to the level of necessity reflecting the client's needs, strengths reflecting their language of choice and cultural requirements.

It is understood that the needs of the person will change over time with the goal of helping them be as healthy and independent as possible.

The system will work to bring clients in, making access less challenging for those seeking help and support.

Providers, clients and their families will know what services are available and how to access them.

If a person needs more than one service, they can choose from those services that best meets their needs.

Clients will have choice in the care that they receive and will work with providers to ensure that their voice is present in their care plan

Safe, clean and affordable housing is needed to ensure a client's well-being is maintained

In the new Governance Model, all AMH services will come together under three entities in three geographic regions. This will strengthen hospital-community and related stakeholders partnerships to ensure clients are receiving the right care, at the right time, and in the right place.

In the Ideal Individual Experience, collaboration and knowledge sharing with the Police and Justice, Housing, etc. will be integral to the overall safety and well-being of clients and caregivers



MOHLTC Addictions and Mental Health Strategic Overview: Phase 2

4. Right service, right time, right place:

- *I know who to contact for all my health and social services needs.*
- *My providers are working together on a single plan with me.*
- *My access to services and my experience with the system is better.*

5. Fund based on need and quality:

- *I can expect better access to high-quality services delivered consistently wherever I receive them.*
- *I will wait less time for the services I need.*

SE LHIN AMH Redesign: Commitments to Support the Ideal Individual Experience and Service Elements

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‘One Team, One Plan’ and One Client Record - Providers will understand the ‘Circle of Care’ which will make it easy to share clinical information without compromising the person’s privacy.

Timely access to the most appropriate level of service will be developed to ensure continuity of care and decrease the likelihood of transition failures between providers.

A common basket of services will be available in each of the three Entities in the SE LHIN region, enabling clients to access consistent services throughout the region. This will be validated through the SAAs.

By eliminating duplication, and streamlining services for clients, it is expected that wait-times will be reduced

Programs and job titles will become standardized, allowing for clients, stakeholders, caregivers and referring physicians and health care workers to understand what the programs can offer and how it will meet their client’s needs



Integrated Systems and Accountability

Integrated system planning and system accountability (MOHLTC):

Establish and strengthen the critical functions of provincial quality, oversight and accountability of mental health and addictions services

Integrated system of care with regional accountability (SE LHIN):

With the implementation of the refined AMH Redesign model, clients and primary care physicians will have clarity on available services and programs. Access will be centralized and facilitated to assure that clients will not be lost in the system. The system-wide Alliance structure will drive regional AMH strategic planning with which the sub-regional centres will align. Focused partnerships will be built with other stakeholders supporting AMH clients at a local and regional level. The Core Basket of Services will ensure clients have equity of access to services and programs and experience consistency of service across the South East LHIN region. The AMH system will speak with a united voice and will advocate on behalf of clients and residents. The implementation of the refined governance model will also lead to four Addiction and Mental Health Service Accountability Agreements for the entire AMH system where there were formerly more than twenty. Fewer agreements will allow for streamlined service delivery and a reduction of administrative inefficiencies.

A client/lived experience protocol will be established and signed off by Governance members to ensure that the client/lived experience is core to all discussions and decisions. This will include the principle that there will be equal emphasis of AMH in the AMH system and that the system has shared accountability of the client.