




# Community Mental Health and Addiction Strategy for London

Moving Forward Together

December 5<sup>th</sup>, 2017  
Presentation to Community and Protective Services Committee



## Outline

- Project Background
- Guiding Principles for Change
- Strategic Directions
- Implementation Plan
- Measuring Success
- Discussion and Questions

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## Project Mission & Partners

The City of London partnered with OPTIMUS | SBR to support the development of the Community Mental Health and Addictions Strategy. To assist in the development of this Strategy, the City of London convened a Community Mental Health and Addictions Advisory Council to achieve the following project mission:

**Project Mission**

Improve the outcomes and experiences of people living with mental health issues and/or addictions (MH&A) in the city of London by collaboratively developing an actionable strategy.

**The City of London's Advisory Council Partners include:**

- Addiction Services of Thames Valley
- Canadian Mental Health Association – Middlesex
- Middlesex-London Health Unit
- South West Local Health Integration Network & Indigenous Lead
- Vanier Children's Services, Lead Agency

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## Project Methodology

Data points from a range of formats and sources were considered to inform the development of the strategic plan and implementation plan, presented in this document:

Stakeholder Engagement	Assessment of Environment	Other Models
<b>Providers of MH&amp;A Services, Funders, Community and Cultural Groups:</b> <ul style="list-style-type: none"> <li>▪ Over 30 interviews, focus groups and working sessions</li> </ul> <b>Residents, Patients, Clients, Families, Service Users, Public:</b> <ul style="list-style-type: none"> <li>▪ Focus Group Participation – 2 focus groups</li> <li>▪ Survey, over 180 responses</li> </ul>	<b>Detailed Review</b> <ul style="list-style-type: none"> <li>▪ Local, Provincial, National literature</li> <li>▪ Advisory Council and partner documents</li> <li>▪ Indigenous strategy documents</li> </ul>	<b>Leading Practices</b> <ul style="list-style-type: none"> <li>▪ Review Mental Health and Addiction Models in other locations (National)</li> </ul>

**Analysis and Prioritization**

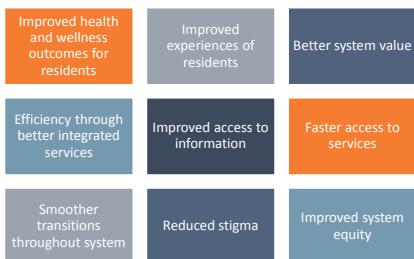
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## Expected Outcomes

Upon implementation of the Community Mental Health and Addictions Strategy for London, the following outcomes are expected.



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## Questions & Discussion

CHOICE TOOLS. PRECISION AIM. BOLD ATTITUDE.

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## Strategic Directions

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## Guiding Principles for Local Change

Successful systems have clarity on where they want to go, how they want to get there, who will do what, and what success looks like

- As a collective, mental health and addiction system partners in London have an understanding of the ideal future system, defined by the voices of those who interact with it in various ways
- The following themes emerged when partners were asked through a live polling exercise, "what do we want to be recognized for?". The font size of the text represents the relative frequency the word was suggested by those present
- These focus words form the guiding principles for the Community Mental Health & Addiction Strategy for London

What do we want to be recognized for?



- Top 5 Results:**
1. Prevention
  2. Compassion
  3. Responsive
  4. Accessible
  5. Informed

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### Strategic Direction 3 Foster Collaboration

**Focus on building effective and productive relationships to meet the needs of local residents**

With this focus, **Expected Outcomes** are:

- Optimal sharing and balancing of resources and information across the local system
- Smooth referrals and transitions between programs and services
- Broader integration of health and related services
- Positive experiences and health outcomes of residents

To **Foster Collaboration** as a collective system, we will:

- Align around shared values and the desire to operate a local system that is centred on the best interests of all residents
- Strategically share resources in new ways and with unlikely partners to ensure that people get the services they need, when and where they need them
- Build trust by being transparent, open to partnership, and by following through on commitments to each other

Shared **Strategic Initiatives** to achieve this include:

- Establish a governance structure to align MH&A and related service delivery partners in London, and to lead implementation of local system change
- Focus and align existing collaborative forums, tables and initiatives to ensure role clarity and ownership, reduce duplication of effort, and build on successes
- Identify and address service gaps in local MH&A and related areas that matter to residents through strong and effective collaborative relationships

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### Strategic Direction 4 Grow Awareness

**Focus on developing awareness of local resources and trends among the public and broad system partners**

With this focus, **Expected Outcomes** are:

- Informed residents and system partners, who know how to find out about local resources
- Reduced stigma surrounding mental health and addictions in London
- Easier system navigation for everyone
- Better access to information

To **Grow Awareness** as a collective system, we will:

- Develop informational resources that are relevant, practical, accessible, and available to all
- Educate system partners to build core competencies and to focus on solutions rather than issues
- Focus on prevention and health promotion, equity and population health

Shared **Strategic Initiatives** to achieve this include:

- Develop a London asset map that includes MH&A and related services and programs across all funders, building on the work that exists
- Reinforce and coordinate a central, single door for information about local assets that can be accessed online or by phone, providing information about what exists, eligibility, referral process for MH&A and related services and programs
- Strengthen MH&A awareness, prevention and health promotion education work across London

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### Strategic Direction 5 Build Capacity

**Focus on building capacity for a local system that delivers the best outcomes and experiences for residents**

With this focus, **Expected Outcomes** are:

- Shorter wait times, faster access to general and specialist services
- Satisfied and supported staff
- Improved experiences and outcomes for residents
- Improved efficiency and system value

To **Build Capacity** as a collective system, we will:

- Ensure collaboration to reduce duplication and fill gaps in service, based on what residents need
- Work to maximum scope of practice by supporting system partners along the continuum of care, and focusing on what we do best
- Collectively build competencies and skills that are aligned with evidence-informed practices and guidelines

Shared **Strategic Initiatives** to achieve this include:

- Conduct a comprehensive capacity study of all MH&A and related services and programs in London to identify areas of duplication and gaps\*
- Identify and prioritize service delivery areas that are practiced by many organizations across London and embark on a process to implement standardized guidelines informed by leading practices.
- Establish a central intake and referral service for MH&A and related services in London

\* Select capacity studies have been completed for the city of London in 2017. The SW LHM is also currently planning implementation of a MH&A Capacity Project which includes hospitals, community and primary care across the LHM to optimize MH&A capacity. It will be important to consider and leverage this work when completing an overall MH&A capacity study.

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# Implementation Plan

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## Draft Implementation Plan: Overview

The following implementation activities have been developed through consultation with system partners in London; the following slides outline the considerations, interdependencies and steps to take to achieve success

Strategic Directions	Recommended High-level Steps
1 <b>Expand Communication</b>	1.1 Communicate MH&A services across providers, agencies, and the public 1.2 Open and build communication channels 1.3 Develop Indigenous-specific MH&A strategy
2 <b>Enhance Access</b>	2.1 Increase access to care outside traditional business hours 2.2 Define Circle of Care 2.3 Increase access to housing with essential supports to foster recovery 2.4 Develop inclusivity, diversity and equity framework
3 <b>Foster Collaboration</b>	3.1 Create governance structure to align MH&A services 3.2 Focus and align existing collaborative forums, tables and initiatives 3.3 Identify and address services gaps in MH&A services
4 <b>Grow Awareness</b>	4.1 Develop London Asset Map of MH&A services across all funders 4.2 Reinforce and coordinate a central, single door for information about local assets 4.3 Strengthen MH&A awareness, prevention and health promotion education
5 <b>Build Capacity</b>	5.1 Complete comprehensive capacity study of all MH&A services 5.2 Develop standardised guidelines informed by leading practice 5.3 Develop central intake and referral service for MH&A

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## Guiding Principles for Implementing Change

Successful implementation of the Community Mental Health and Addiction Strategy for London will require the collective support and action of local partners

- In developing the implementation plan, the following principles have been considered:
  - Person-focused** – it will result in a better system for residents
  - Practical and realistic** – it can be done
  - Evidence-informed** – others have done it successfully
  - Willingness to implement** – system partners expressed desire to do it
  - Prioritized** – they will have the biggest short- and long-term impact
- The following slides outline a proposed plan to achieve success on the strategic framework, considering the following for each set of strategic initiatives:
  - Recommended High-level Implementation steps – Details the major activities that need to occur to complete the initiative
  - Implementation considerations
    - Interdependencies – Details the activities that have to happen, and what factors need to be in place, before implementation of a step
    - Change management principles – Details the change-related considerations required for success
    - Timeline considerations
- An immediate next step will be to define leadership and accountability for each initiative**

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## Governance, Accountabilities and Roles

Defining the “Lead” of each initiative will be an important early task; without clarity on who (organization and person) is accountable to get it done, there is reduced likelihood of success

- An initial recommendation is to establish a governance structure to coordinate, drive, and govern the implementation of the strategy (initiative 3.1). The governance structure should include the following parts:
  - Lead or co-lead
  - Administrative support and appropriate investment
  - Clear terms of reference with operating principles
  - Members with decision-making authority from:
    - Intersecting mental health, addictions, and related services agencies in London
    - Agencies servicing people of all ages
    - People with lived experience and their families
    - Indigenous groups and cultural groups
    - Funders (City, LHIN, MCYS, others)
  - Sub-committees/working groups may include the following, based on the strategic initiatives within this plan:
    - Inclusivity, diversity and equity
    - Capacity and resource alignment
    - Central intake and information management
    - Prevention and promotion
    - Evaluation and measurement
  - The selection process for members can be coordinated through a lead organization/agency, potentially through an Expression of Interest (EOI) process
    - The City of London and the LHIN may be well positioned to take the leadership role and to support the administration of the work
  - An initial first step in the design of the governance structure should be to consolidate and align other existing tables, forums, initiatives in London, to determine what can be part of this singular structure and what should remain separate

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## Implementation Plan Strategic Direction 1: Expand Communication

1	Recommended High-level Steps	Implementation Considerations
<b>1.1 Communicate MH&amp;A and related service/program information easily and seamlessly across providers, agencies and the public through infrastructure and process</b>	1. Establish a lead 2. Develop a comprehensive distribution list for all MH&A and related partners (across funders) 3. Develop strategy for comprehensive outreach to public 4. Create a process to refresh and update content	<ul style="list-style-type: none"> <li>Build on current lists and work through various programs; combine existing lists then fill in gaps</li> <li>Needs a “home” where data is stored, with protected resourcing to manage data</li> </ul>
<b>1.2 Open and build communication channels between differently funded but interdependent programs and services</b>	1. Establish a lead 2. Establish protocols for sharing info across system partners, and to receive feedback 3. Engage organization leadership to develop program/service level MOUs to guide activities	<ul style="list-style-type: none"> <li>Consider assigning a lead for each funder</li> <li>Organizational leadership and program leadership need to build and own relationships</li> <li>Align MOUs with principles of integrated system, with metrics</li> </ul>
<b>1.3 Strengthen communication with Indigenous partners through the development of an Indigenous-specific MH&amp;A strategy for London and area</b>	1. Establish an Indigenous-focused partner table to champion the development of a MH&A focused strategy, with clear leadership 2. Develop strategy with focus on practical implementation 3. Implement and evaluate strategy	<ul style="list-style-type: none"> <li>Strategically engage the right partners in this work, considering Indigenous and non-Indigenous partners that will influence implementation</li> <li>Build on the work that is underway in London and coordinate with efforts of the Indigenous lead within the SW LHIN</li> <li>Consider a strategy that extends beyond city boundaries, engaging and connecting with the First Nations communities</li> <li>Will require funding and protected time</li> </ul>

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### Implementation Plan Strategic Direction 2: Enhance Access

2	Recommended High-level Steps	Implementation Considerations
<p><b>2.1 Increase access to service outside of traditional "business hours" and in places where people are</b></p>	<ol style="list-style-type: none"> <li>1. Establish a lead within each organization to assess opportunities to change internal practice to achieve this</li> <li>2. System governance table to identify collaborative opportunities to increase access by "sharing" after hours access</li> <li>3. Use output of asset mapping exercise to identify geography-based gaps</li> <li>4. System governance table to develop plan to address geography-based gaps</li> <li>5. Evaluate</li> </ol>	<ul style="list-style-type: none"> <li>• Interdependencies for steps 2-4 – establishment of system governance table and local asset map</li> <li>• Tangible incentives will need to be established to drive change at operational levels</li> <li>• Each organization will need a lead that can influence internal practice; will change the way that certain groups operate, requiring change management</li> </ul>
<p><b>2.2 Make the transitions between programs/services, organizations, and sectors more smooth for residents through enhanced communication and a well-defined circle of care</b></p>	<ol style="list-style-type: none"> <li>1. Establish a lead within each organization to be the point of contact for flow</li> <li>2. Develop a common understanding of the circle of care, co-designed by partners</li> <li>3. Create an operational sub-committee of the system governance table that focuses on identifying and addressing flow issues</li> <li>4. Evaluate</li> </ol>	<ul style="list-style-type: none"> <li>• Interdependency - establishment of system governance table</li> <li>• Initial focus areas might be hospital to/from community, primary care to/from hospital and community, and transitions for specific populations (Indigenous, Transitional Aged Youth)</li> <li>• Develop MOU for partners operating in flow pathways under study</li> </ul>
<p><b>2.3 Increase access to housing in the city of London with essential supports to foster recovery leading to better and more sustainable health outcomes</b></p>	<ol style="list-style-type: none"> <li>1. Assign lead within the City of London</li> <li>2. Engage in process to determine current housing gaps, where residents needs are not being met, and how they can be addressed</li> <li>3. Implement</li> <li>4. Evaluate on regular basis</li> </ol>	<ul style="list-style-type: none"> <li>• Ensure collaboration with other housing tables and initiatives currently ongoing in the city of London</li> <li>• Interdependencies – establishment of system governance table, alignment of tables and initiative and development of local asset map</li> <li>• Consider multiple aspects: number of houses, length of stay, location, supports available, etc.</li> </ul>

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### Implementation Plan Strategic Direction 2: Enhance Access (cont'd)

2	Recommended High-level Steps	Implementation Considerations
<p><b>2.4 Support better access to culturally-safe service/programs across London by creating an inclusivity, diversity and equity framework</b></p>	<ol style="list-style-type: none"> <li>1. Create an operational sub-committee of the system governance table to own the development of the framework</li> <li>2. Engage in a consultative process to understand and incorporate the needs of diverse groups into the framework</li> <li>3. Implement, communicate and evaluate framework</li> </ol>	<ul style="list-style-type: none"> <li>• Interdependency - establishment of system governance table</li> <li>• Engagement process must be thorough, with sufficient time and effort committed to do it right (protected time, funds, third party support)</li> <li>• Many frameworks are in place in municipalities and systems, working well; should reach out to learn and build from others' experiences</li> </ul>

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### Implementation Plan Strategic Direction 3: Foster Collaboration

3	Recommended High-level Steps	Implementation Considerations
<p><b>3.1. Establish a governance structure to align MH&amp;A and related service delivery partners in London, and to lead implementation of local system change</b></p>	<ol style="list-style-type: none"> <li>1. Establish a lead agency and person (co-leads are an option)</li> <li>2. Use an EOJ process to identify participants</li> <li>3. Set operating principles and a Terms of Reference, including objectives of work, scope of work, measures of success, and clear accountabilities</li> <li>4. Assess and prioritize initiatives that will achieve measures of success</li> <li>5. Implement prioritized initiatives</li> <li>6. Evaluate</li> </ol>	<ul style="list-style-type: none"> <li>• Participants should represent various stakeholder/partner groups, including child/youth/adult/geriatric MH&amp;A, social determinants of health, people with lived experience, cultural groups, indigenous groups</li> <li>• Participants should have decision-making power sufficient to support resource sharing and decisions of the structure</li> <li>• Consider reducing/consolidating other tables, ensuring that this work does not duplicate other efforts or conversations             <ul style="list-style-type: none"> <li>▪ It may be possible to leverage/modify a current MH&amp;A committee as long as required participants are involved</li> </ul> </li> <li>• Implementable initiatives can start with those in this strategy</li> <li>• The use of a third party may support faster implementation (PM, facilitation, governance and operations set up, communications, analysis)</li> </ul>

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### Implementation Plan Strategic Direction 3: Foster Collaboration (cont'd)

3	Recommended High-level Steps	Implementation Considerations
<p><b>3.2. Focus and align existing collaborative forums, tables and initiatives to ensure role clarity and ownership, reduce duplication of effort, and build on successes</b></p>	<ol style="list-style-type: none"> <li>1. Establish a lead</li> <li>2. Map the existing forums, tables and initiatives, and their objectives, focus areas, participants, initiatives, timelines</li> <li>3. Conduct analysis of duplication and gaps</li> <li>4. Consolidate tables, forums</li> </ol>	<ul style="list-style-type: none"> <li>• Change management will be required, each table/forum is unique in some ways and some participants may not want to let go</li> </ul>
<p><b>3.3. Identify and address service gaps in local MH&amp;A and related areas that matter to residents through strong and effective collaborative relationships</b></p>	<ol style="list-style-type: none"> <li>1. Establish a lead, through sub-committee of governance structure</li> <li>2. Map the existing services and programs (as per strategic direction 4.1: Asset Map)</li> <li>3. Undertake a comprehensive consultation process with sub-populations of London residents to understand the values of each group related to MH&amp;A and related service</li> <li>4. Conduct a population health analysis by looking at neighbourhood health trends</li> <li>5. Consolidate analyses and develop a prioritized list of target areas to be addressed</li> <li>6. Implement through the governance structure</li> <li>7. Evaluate</li> </ol>	<ul style="list-style-type: none"> <li>• Interdependency – development of asset map for London (4.1), capacity plan (5.1)</li> <li>• Consultation and data analysis is underway, and has been developed recently, through various partner organizations (LHIN, hospital sector, community agencies); work should build on these results and strive to understand nuances</li> <li>• Consultation should be designed very carefully, and should include clear feedback loops</li> <li>• Data analysis should be focused on population health, and needs to consider principles of equity</li> </ul>

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### Implementation Plan Strategic Direction 4: Grow Awareness

4	Recommended High-level Steps	Implementation Considerations
<p><b>4.1. Develop a London asset map that includes MH&amp;A and related services and programs across all funders, building on the work that exists</b></p> <p><b>4.2. Reinforce and coordinate a central, single door for information about local assets that can be accessed online or by phone, providing information about what exists, eligibility, referral process for MH&amp;A and related services and programs</b></p>	<ol style="list-style-type: none"> <li>1. Establish a lead</li> <li>2. Develop a framework for information to be collected on assets, focused on useful information</li> <li>3. Inventory existing resources that hold lists of assets and consolidate input into one accessible resource for partners and public audiences (see 4.2)</li> </ol>	<ul style="list-style-type: none"> <li>• Clear scope of asset map will be required, should include MH&amp;A and related services</li> <li>• Data points could include:                             <ul style="list-style-type: none"> <li>- Name or organization</li> <li>- Contact person for admin, referrals</li> <li>- Services offered, populations served</li> <li>- Eligibility criteria</li> <li>- Location and contact info</li> <li>- Fees (if applicable)</li> </ul> </li> </ul>
	<ol style="list-style-type: none"> <li>1. Establish a lead, through sub-committee of governance structure</li> <li>2. Building on output of asset map initiative (see 4.1), as well as existing information in healthline.ca, ConnexOntario and ReachOut, develop a tool and process to collect information and keep it updated; either build on an existing Information Management (IM) asset or establish new IM tool</li> <li>3. Using survey or other engagement tool, use the distribution list in initiative 1.1 to send to local partners and have them input data that should be included in the repository</li> <li>4. Populate the repository</li> <li>5. Establish process for refreshing/updating information, owned by a person/organization</li> <li>6. Communicate/launch the repository to all audiences</li> <li>7. Evaluate</li> </ol>	<ul style="list-style-type: none"> <li>• Interdependency – asset map (4.1), distribution list (1.1)</li> <li>• Ensure coordination with existing information sources including healthline.ca, ConnexOntario and ReachOut</li> <li>• Will require investment in infrastructure and people to set up and manage the online repository, and to keep information refreshed and updated, whether through existing structure or new</li> <li>• Communications/launch of the repository requires a communications plan with clear objectives, methods, timelines for each audience segment; will require ongoing outreach efforts to ensure that people are aware of it, use it, and that it remains useful</li> </ul>

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### Implementation Plan Strategic Direction 4: Grow Awareness (cont'd)

4	Recommended High-level Steps	Implementation Considerations
<p><b>4.3. Strengthen MH&amp;A awareness, prevention and health promotion education work across London</b></p>	<ol style="list-style-type: none"> <li>1. Establish sub-committee of governance structure to be focused on awareness, prevention and health promotion</li> <li>2. Identify and prioritize clear target objectives for strengthening these areas</li> <li>3. Develop action plans for each target objective</li> <li>4. Implement the action plans</li> <li>5. Evaluate success, reassess new opportunities, continue implementing where appropriate</li> </ol>	<ul style="list-style-type: none"> <li>• Interdependency – governance structure (3.1)</li> <li>• Prioritization of issues for target will be key – goal should be to select 2-4 issues per year to focus on, learn from, then expand</li> <li>• Goals/objectives should be SMART (simple, measurable, attainable, realistic, timely), with clear boundaries and role accountabilities</li> <li>• Will be useful to leverage the excellent work being done currently by organizations, by increasing reach through engagement and education of more partners</li> <li>• Priority should be given for collaborations that do not require additional funding, but incentives for change should be considered (for example, opportunity for staff education on program evaluation, public health education techniques, etc.)</li> </ul>

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### Implementation Plan Strategic Direction 5: Build Capacity

5	Recommended High-level Steps	Implementation Considerations
<p><b>5.1. Conduct a comprehensive capacity study of all MH&amp;A and related services and programs in London to identify areas of duplication and gaps</b></p>	<ol style="list-style-type: none"> <li>1. Establish a lead, through the governance structure</li> <li>2. Develop parameters for a capacity study, including a balance of "supply" and "demand"</li> <li>3. Building on existing work and develop a thorough methodology for research activities</li> <li>4. Conduct study to identify current and future capacity gaps</li> <li>5. Develop prioritized action plan to fill gaps and build appropriate competencies to plan for the future demands in London, leveraging relationships and identifying opportunities for integrative activities</li> <li>6. Implement</li> <li>7. Evaluate</li> </ol>	<ul style="list-style-type: none"> <li>• Interdependency – asset map (4.1), distribution list (1.1), information repository (4.2), governance structure (3.1)</li> <li>• Capacity planning work is underway with the LHIN and hospital sector for MH&amp;A, which can be the basis for this study, as it expands to consider community-based service and services related to MH&amp;A delivered through different funders</li> <li>• Parameters should balance supply and demand, asking:                             <ul style="list-style-type: none"> <li>- What resources are in place?</li> <li>- What is the current and future demand for MH&amp;A and related services in London?</li> <li>- What is the gap?</li> </ul> </li> <li>• Resources to assess include full time employees in clinical and non-clinical roles, competencies required for future needs, etc.</li> </ul>

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### Implementation Plan Strategic Direction 5: Build Capacity (cont'd)

5	Recommended High-level Steps	Implementation Considerations
<p><b>5.2. Identify and prioritize service delivery areas that are practiced by many organizations across London and embark on a process to implement standardized guidelines informed by leading practices.</b></p>	<ol style="list-style-type: none"> <li>1. Establish a lead, through the governance structure</li> <li>2. Using asset map, identify functional areas that are practiced by multiple organizations with some variability</li> <li>3. Prioritize functional areas that have large impact and reach (choose 1-2 for year 1)</li> <li>4. Establish working group with goal of defining guidelines for chosen functional areas</li> <li>5. Develop and implement methodology for assessing current state of functional areas</li> <li>6. Define future state of delivery of functional areas</li> <li>7. Identify gaps between current and future state, and develop action plan to address gaps</li> <li>8. Communicate rationale, process and impact broadly</li> <li>9. Implement</li> <li>10. Evaluate</li> </ol>	<ul style="list-style-type: none"> <li>• Interdependency – asset map (4.1), information repository (4.2), governance structure (3.1)</li> <li>• Variability in practice might be indicated by cost to deliver, different qualifications of staff performing same role, differences in experience/outcomes, etc.; data may be available through funders</li> <li>• Working groups should be inclusive of organizations that are funded for the functional area under review, as well as people with lived experience</li> <li>• Strategic communication will be critical to ensure that providers and the public understand the process and potential benefits of doing the work</li> <li>• Documenting the process with lessons learned will be useful to support later work that has similar objectives</li> <li>• Guidelines should be standardized to a point that supports the best quality, outcomes and experiences, but should not be so prescriptive as to limit local/unique need</li> </ul>

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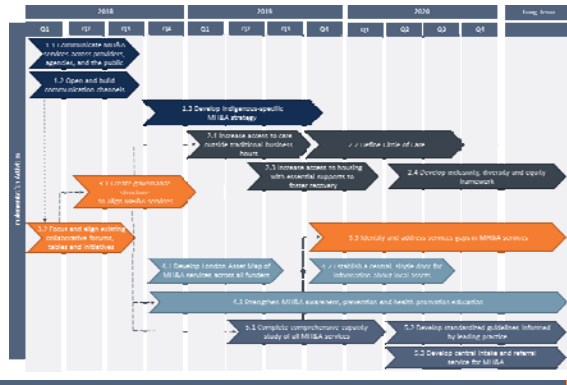
### Implementation Plan Strategic Direction 5: Build Capacity (cont'd)

5	Recommended High-level Steps	Implementation Considerations
5.3. Establish a central intake and referral service for MH&A and related services in London	<ol style="list-style-type: none"> <li>1. Establish a lead, through a sub-committee of the governance structure</li> <li>2. Leveraging the work of the asset map and information repository, assess the willingness and ability of system partners (MH&amp;A and related) to establish an integrated central intake and referral service for London through an EOI or other appropriate process</li> <li>3. Facilitate a process to define the parameters and scope of the service, including business and technical requirements</li> <li>4. Procure a vendor to support IT/IM implementation</li> <li>5. Develop policies, processes, guidelines to support implementation and ongoing use</li> <li>6. Develop communications and branding strategy for the central service (one number/site)</li> <li>7. Launch the service</li> <li>8. Evaluate and build functioning</li> </ol>	<ul style="list-style-type: none"> <li>Interdependency – asset map (4.1), information repository (4.2), governance structure (3.1)</li> <li>Governance sub-committee can be the same group that looks at the asset map, capacity study, information repository, and/or distribution list</li> <li>Consider phasing implementation for certain service/functional areas first, and start with “simple” services that are widely used (case management, for example)</li> <li>Communications and branding will need to be clear, focused, accessible, and system partners will need to be fully aware of the system and how to engage with it</li> <li>Investment will be required: Information Technology and Information Management (IT/IM) vendor, Project Management (PM), facilitation, communications, etc.</li> </ul>

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### Implementation Plan Draft Timeline



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## Measuring Success

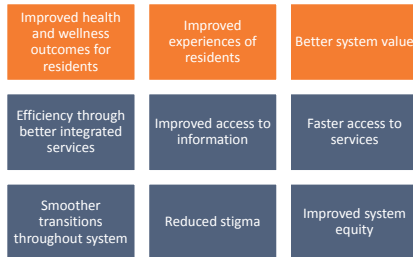
Community Mental Health and Addiction Strategy for London

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## Expected Outcomes

Upon implementation of the Community Mental Health and Addictions Strategy for London, the following outcomes are expected



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