

New S-L OHT Members - Expression of Interest

Signatory Member

Open for Submissions: Every June and December

Submit this Application to info@sarnialambtonoht.ca by May 30, 2024.

“Signatory Members” means organizations that contribute to the health and wellbeing of the Sarnia Lambton community, are signatory members on the Collaborative Decision Making Agreement (CDMA), are involved in decision-making, planning, design, and projects of the OHT and contribute to the success of the OHT by leveraging financial and/or in kind resources.

S-L OHT’s priority population is those aged 55 years+ with 2 or more chronic conditions such as COPD, Heart Failure, Dementia, Diabetes, or have complex care (multiple chronic conditions), as well as Mental Health and Addictions in Transitional Age Youth 12-25 years of age. S-L OHT has also identified the following three areas as priorities for Fiscal Year 2024/25 to include:

- Supportive Housing for Mental Health and Addictions
- Centralized Access Hubs (Mental Health, Community Support Services, Chronic Disease)
- Health and Human Resources – Recruitment and retention

If your organization provides services to our priority populations or you are involved in the additional identified areas of priority, you are encouraged to fill out a signatory member application. If your organization provides health or social services to the Sarnia-Lambton area, but not to the priority populations or additional priority areas, you are encouraged to fill out an affiliate member application. If you do not receive funding directly from the province to provide services (either partial or full funding) you are encouraged to fill out an affiliate member application.

The following expression of interest form must be completed and submitted no later than end of business day May 30, 2024.

If you have any questions, please do not hesitate to contact Amy Weiler, Engagement & Partnerships Specialist at aweiler@sarnialambtonoht.ca

Please note that existing S-L OHT Signatory Members do not need to apply. This is for New Members Only.

Name of Organization (Formal Legal Name)*

Address*

Name of Executive Director Contact*

Executive Director Phone Number*

Executive Director Email Address*

Name of Administrative Contact (optional)

**Administrative Phone Number
(optional)**

Administrative Email Address (optional)

Type of Organization:

- Primary Care
- Mental Health and Addictions
- Home and / or Community Support Services
- Long Term Care
- Allied Health Care Services
- Specialty Services (Pharmacy, etc)
- Social or Housing Services
- Congregate Care
- Other: _____

1. Please describe your organization's interest in becoming a signatory member of the S-L OHT. (Max 250 words)*

2. The ultimate goal of S-L OHT is to bring together health care and social service partners from all sectors to provide seamless, fully coordinated care for patients, their families and care partners while creating a more efficient system. S-L OHT's vision is: "Innovating together for better health."

Please describe how your organization's strategic plan aligns with the work of the S-L OHT and explain how becoming a Signatory Member will assist the S-L OHT in meeting its Vision.

(Max 250 words)* [Click here](#) to see S-L OHT's Strategic Plan

3. S-L OHT's priority population is those aged 55 years+ with 2 or more chronic conditions such as COPD, Heart Failure, Dementia, Diabetes, or have complex care (multiple chronic conditions), as well as Mental Health and Addictions for Transitional Age Youth 12-25yrs. S-L OHT additional identified priorities for Fiscal Year 2024/25 include: Centralized Access Hubs, Supportive Housing for Mental Health and Addictions and Health and Human Resources. Please describe how your organization is aligned with S-L OHT's priority populations and identified additional priorities. (Max 250 words)*

4. Please describe the strengths of your organization, and what knowledge you can transfer to the broader S-L OHT partnership. (i.e. finance, human resources, project management, research, digital health, diversity, equity and inclusion leader, governance, etc). Your strengths can take the form of organizational achievements, successful programs, or specialized staff, as examples. (Max 250 words)*

5. Signatory Members may be asked to commit financially to S-L OHT. The use of member contributions is evaluated annually, and calculated as 0.1% of an organization's size and budget. What is your annual Ministry of Health and Long-Term Care funded budget (if applicable) ? (Max 250 words)*

6. Are there any non-financial or in-kind contributions that you intend to bring to S-L OHT? These can include administrative, project or other resources. (Max 250 words)*

S-L OHT Members are committed to shared accountability. Please identify your commitment to the following:

<input type="checkbox"/>	Commitment to advancing the goals and objectives as laid out in S-L OHT’s Strategic Plan and the Vision, Values and Guiding Principles of S-L OHT
<input type="checkbox"/>	Commitment to provide input to enable decision-making and participate in planning, design and projects of S-L OHT
<input type="checkbox"/>	Commitment to Patient, Family and Care Partner Centred Care at the heart of all activity of S-L OHT and as an organization with a focus on co-design of systems and care streams
<input type="checkbox"/>	Commitment to working collaboratively with other signatory members, affiliates and all stakeholders of the S-L OHT to provide insights, advice and support on S-L OHT Working Groups, Teams, Committees, or Advisory Councils
<input type="checkbox"/>	Commitment to sharing organizational operating practices, systems, policies, processes or tools for digital health with a commitment to explore opportunities for integration and data sharing
<input type="checkbox"/>	Commitment to the overall success for the S-L OHT by contributing financially to support the S-L OHT when asked
<input type="checkbox"/>	Commitment to adhere to all aspects as defined in the Collaborative Decision-Making Agreement (CDMA) – Click here to view
<input type="checkbox"/>	Commitment to participate in working groups, or the Collaboration Council if nominated by your sector. Member representatives have a responsibility to assign a senior operational staff member to attend, participate, and make decisions on behalf of their organization and/or sector.
<input type="checkbox"/>	Commitment to participate in educational and training programs provided by S-L OHT
<input type="checkbox"/>	Commitment to participate and work towards shared metrics as laid out in S-L OHT’s Collaborative Quality Improvement Plan (cQIP).

Note: Prior to finalization of S-L OHT membership, organizational boards will be required to submit an affirmation of their commitment.

Thank You!

The S-L OHT Collaboration Council will be reviewing all expressions of interest in June 2024. We will be in touch with all applicants regarding next steps.

Submit Application to: info@sarnialambtonoht.ca by **May 30, 2024**

(adapted with permission from CKOHT)