Ministry of Children and Youth Services

Child and Youth Mental Health

1.0 Summary

The Ministry of Children and Youth Services (Ministry) provides funding for community-based mental health services in Ontario—such as counselling and therapy, intensive treatment, specialized consultation and assessment, and crisis support—to children and youth (from birth to 18 years of age), and their families, who are experiencing or at risk of experiencing mental health problems, illnesses or disorders such as depression, anxiety, and attention deficit/hyperactivity disorders.

In 2015/16, the Ministry provided $438 million in transfer payments through its Child and Youth Mental Health (CYMH) program to more than 400 service providers, including agencies that primarily deliver child and youth mental health services and multi-service agencies that deliver a number of other Ministry-funded programs. These agencies reported over 120,000 registered clients.

In our audit this year we noted that many of the issues we highlighted in our 2003 audit of the CYMH program remain significant concerns. Specifically, we found that the Ministry still does not monitor and effectively administer this program to ensure that children and youth in need of mental health services are provided with timely, appropriate and effective mental health services, and to ensure that mental health services are delivered efficiently. While the Ministry has established program delivery requirements, it does not monitor whether agencies comply with these requirements, and its requirements are not always clear, leading to inconsistencies in service delivery across the agencies.

Consistent with our findings in our 2003 audit of community-based child and youth mental health services, the Ministry continues to primarily fund agencies based on historical spending instead of the current mental health needs of the children and youth they serve. We also found that the agencies' cost per client served varies significantly and could be in some respects indicative of funding inequity between agencies, but the Ministry has not assessed these variances to determine their reasonableness. Further, as we noted in our 2003 audit, the Ministry does not measure individual agency performance against targets, and does not effectively monitor client outcomes or overall program performance against measurable and meaningful targets.

Hospital emergency room visits by children and youth and their in-patient hospitalizations for mental health problems have increased more than 50% since 2008/09. Although this trend signals a growing problem, the Ministry has not analyzed the reasons for the increase.

In our audit this year we also found that the four agencies we visited do not always comply with

Ministry requirements for the delivery of services. Also, none of these agencies effectively monitor the outcomes of children and youth to help ensure that they are provided with timely, appropriate, and effective mental health services based on their assessed needs.

The following are some of our specific concerns about the delivery of mental health services by agencies:

- **Agencies did not always help in the transition of discharged children and youth to other service providers putting treatment gains already achieved at risk.** None of the four agencies we visited had policies to guide the actions of its staff when discharging clients that require transition to another service provider. Managing transitions is important to maintain continuity of service for clients and minimize disruption to the treatment gains they have already achieved. At one agency, we found cases where clients were discharged to the care of a Children's Aid Society while still requiring service, but were not provided any help to transition to another mental health service provider. At another agency, 50% of the discharged files we reviewed included a recommendation by the agency to transition to another service provider. However, the agency did not work with the service provider it recommended to facilitate the transition, as expected by the Ministry.
- **The mental health needs of children and youth are not assessed consistently, increasing the risk of inconsistent service decisions.** Agencies are required to assess the needs of children and youth using standardized, evidence-informed assessment tools. Standardized, evidence-informed assessment tools are intended to enhance the consistency and objectivity of assessments. However, we found such tools were either not completed, or it was not evident that results from these assessment tools were used to help develop initial service plans, in about 50% to 100% of the cases we reviewed at three of the four agencies we visited. In addition, at each of the four agencies visited, we also found that in 20% to 100% of the cases we reviewed, the agencies either did not complete evidence-informed assessment tools, or it was not evident that they used the results of these assessment tools to periodically assess the mental health services provided to children and youth to help update service plans, and to inform decisions to discharge children and youth from service.
- **Absent Ministry direction, timelines for reviewing service plans varied between agencies, increasing the risk of delaying children and youth from receiving services most appropriate to their needs.** Although the Ministry requires agencies to regularly review the service plan of each client, it does not prescribe timelines for doing so. We found that the agencies we visited had different timelines for reviewing service plans, ranging from three to six months. As well, at two of the four agencies we visited, we found that in some cases the agencies either did not follow their own timelines or did not review service plans at all as required by the Ministry.
- **There is a risk that the mental health of children and youth can deteriorate while waiting for service, but little is done to monitor wait time trends and their impact.** The agencies we visited do not currently monitor trends in wait times to assess their reasonableness and to identify issues that may require follow-up or corrective action. In addition, although most of the agency caseworkers we spoke to told us that the mental health of at least some, and as many as half, of the children they work with deteriorated while waiting for service, none of the agencies we visited track the impact of wait times on the mental health problems of children and youth waiting for service. We noted that average wait times for some services in

2015/16 exceeded six months at three of the four agencies we visited.

- **Agencies do not monitor and assess client outcomes to determine if clients benefited from the services they received.** The agencies we visited did not consistently determine and record whether clients achieved a positive outcome at the end of their mental health service, as required by the Ministry. As well, all four agencies we visited did not monitor client outcomes to assess their reasonableness and to identify trends that may require follow-up and/or corrective action to help ensure children and youth receive appropriate and effective mental health services.
- **A lack of supervision of key decisions by caseworkers could increase the risk of negative consequences for children and youth.** Neither the Ministry nor the four agencies we visited require supervisors in agencies to review and approve key decisions and documents completed by agency caseworkers.

The following are some of our specific concerns about the Ministry's administration of the Child and Youth Mental Health program:

- **Ministry does not fund agencies based on the current needs of children and youth served.** Similar to when we last audited the program in 2003, the Ministry continues to allocate the vast majority of funding to agencies based on historical allocations instead of the mental health needs of the children and youth they serve. In addition, we found that the Ministry's plan to implement a new needs-based funding model by 2016 has been delayed, and a timeline for its implementation has yet to be determined.
- **Ministry does not provide clear program requirements to agencies and there is insufficient Ministry oversight of the services delivered by agencies to help reduce the risk of inconsistent service delivery.** Although the Ministry has established minimum expectations for the delivery of services, it has not implemented a process to monitor whether agencies comply with these requirements, and we found many cases where they did not. In addition, we found that the Ministry's expectations are in some respects general, increasing the risk that they will be interpreted and applied inconsistently by agencies. For example, the Ministry requires that clients on waitlists for service be informed at regular intervals about their status, but it has not defined what a regular interval should be. As a result, we found that just one of the agencies we visited had a policy and time frame to update clients about their status while on a waitlist.
- **Ministry does not assess the reasonableness of significant differences between agencies in costs per client and client caseloads per worker to help ensure agencies are effective and efficient.** The Ministry collects information from agencies on the services they provide, their staffing levels and financial data. However, the Ministry does not review this information to identify and assess whether significant differences between agencies in costs per client served and caseloads per agency worker are reasonable. We analyzed this data for 2015/16 for all agencies and found significant variances that warrant Ministry follow-up. For example, we looked at the costs for providing five mental health services, and found that approximately one in five agencies reported average costs per client that were at least 50% higher than the provincial average. As well, between 16% and 24% of agencies reported average caseloads per worker that were at least 50% larger than the provincial average for these same services.
- **Ministry does not monitor the performance of the program or agencies to facilitate corrective action where needed, and does not collect data on all current Ministry performance indicators.** Although the Ministry introduced 13 new performance indicators

in the 2014/15 fiscal year, it is still not collecting data on three of them, and has not set targets for any of the indicators against which to measure results. In addition, even though agencies have been reporting their data on the indicators, the Ministry has not analyzed the results to identify if follow-up and corrective action is needed at specific agencies. Our analysis of the Ministry's data identified variances that should be followed up by the Ministry. For example, nearly one in five agencies reported an average wait time for intensive treatment services that was at least 50% longer than the provincial average of 89 days, and nearly one-third of agencies reported that less than 50% of children and youth who ended service with their agency had a positive response to treatment compared to the provincial average of 64%.

- **Better co-ordination with other ministries may help with the delivery of mental health services and improve the outcomes of children and youth.** Although the Ministry led the Ontario Government's Comprehensive Mental Health and Addictions Strategy (Strategy) from 2011/12 to 2013/14, the Ministry has not worked with the other ministries participating in the Strategy to identify whether further opportunities might exist to improve the way the province provides mental health services. In 2014, the responsibility to lead the Strategy transferred to the Ministry of Health and Long-Term Care.

Since 2012, the Ministry has led the implementation of the Moving on Mental Health Plan including taking a number of steps to help improve the program. Some steps taken were as follows:

- Defining core mental health services delivered by agencies.
- Committing to the Development and implementation of an equitable funding model for core mental health services delivered by agencies that reflects community needs.
- Selecting lead agencies in geographic areas that will be responsible for planning and delivering core mental health services. They will also be responsible for creating clear pathways to both core mental health services, and services provided by other sectors such as education and health, so that parents will know where to go for help and know how to get services quickly.

However, we found that while the Moving on Mental Health Plan was expected to be implemented in about three years, it has been delayed and it is unclear when the Plan is expected to be fully implemented.

This report contains 11 recommendations with 22 action items.

OVERALL MINISTRY RESPONSE

The Ministry of Children and Youth Services (Ministry) appreciates the work of the Auditor General and welcomes advice on how to further improve child and youth mental health (CYMH) services in Ontario. We are committed to addressing the recommendations to better serve the mental health needs of young people.

As part of the development of the Moving on Mental Health Plan and core mental health services, the Ministry undertook consultations to incorporate voices and input from the CYMH sector, partner ministries, the Parent and Youth Panel on System Change, and the Expert Panel on System Change.

The Ministry is committed to continuing the ongoing transformation of the CYMH system to improve services. To this end, the Ministry is building on existing work with ongoing improvements in the effectiveness, oversight and accountability of Ontario's CYMH system. In addition, the Ministry is also committed to refining performance measures, strengthening oversight, and using accountability tools.

OVERALL RESPONSE FROM CHILD AND YOUTH MENTAL HEALTH AGENCIES AND CHILDREN'S MENTAL HEALTH ONTARIO

This is a collective response of the four audited child and youth mental health (CYMH) agencies, together with Children's Mental Health Ontario (CMHO). CMHO represents more than 85 accredited community CYMH agencies providing specialized child and youth mental health treatment to children, youth, and families, including those with the most serious mental illnesses. We endorse the Auditor General's principles of better services for more children and youth that underpins this audit.

In the current context of steadily increasing demand for services and limited increases to funding in the last 10 years, CYMH agencies are challenged to implement new Ministry of Children and Youth Services (Ministry) service delivery requirements and maintain current service levels. Going forward, the CYMH agencies and CMHO will work with the Ministry to determine how best to meet all service delivery requirements while providing services to children and youth that are most appropriate to their needs on a timely basis.

Our vision is to build an exceptional mental health system for Ontario's children and we are committed to putting quality at the centre of our work. In consideration of this report, we recommend that the Ministry—in partnership with CMHO, CYMH agencies, other key stakeholders, and children, youth, and families—develop a provincial quality strategy that includes:

- provincial service standards (for example, admissions, wait time, client experience, client outcome standards);
- comprehensive performance measurement; and
- resources to support the strategy.

We thank the Auditor General for the opportunity to reflect on how we can improve our system of care. CYMH agencies alleviate pressure on other sectors such as education and health. Strong financial leadership support from the Ministry is needed to continue to build a high quality system of care. We are committed to collaborating with government, as partners, each step along the way.

2.0 Background

Refer to **Chapter 1** in this report for further background information on mental health services in Ontario.

2.1 Overview

The mental health of Ontario's children and youth is an important health issue. Approximately one in five Ontarians will experience a mental health problem in their lifetime and the majority of mental health problems begin in childhood or adolescence.

The method and responsibility for delivering mental health services to children and youth has changed over the last four decades. In the late 1970s, responsibility for child and youth mental health was transferred from the Ministry of Health to the Ministry of Community and Social Services. Prior to this transfer, services were mostly delivered through medical institutions such as hospitals and children's mental health treatment centres, and involved psychiatric assessment and treatment. This transfer was part of a significant restructuring of government social services from institutional to community-based services. Growth of community-based services followed, and service planning was largely driven by decisions at the community level with limited provincial direction on how to invest provincial funds.

In 2003, the Ministry of Children and Youth Services (Ministry) was created and now provides and funds community-based child and youth mental health programs and services in Ontario. These

programs and services target children and youth (as well as their families) from birth to 18 years of age who are experiencing, or are at risk of experiencing, mental health problems, illnesses or disorders.

In addition to services provided and funded by the Ministry, mental health services are also provided and funded by the Ministry of Health and Long-Term Care, which include primary care, psychiatry, addictions, hospital-based mental health services, and eating disorder programs. As well, the Ministry of Education has a role in promoting positive mental health, and connecting students with appropriate mental health services.

Some of the most common mental health disorders among children and youth are:

- anxiety;
- attention deficit/hyperactivity disorder (ADHD);
- depression and other mood disorders;
- schizophrenia; and
- eating disorders.

The Ministry's Child and Youth Mental Health (CYMH) program is funded under the authority of the *Child and Family Services Act* (Act). However, under the Act, the CYMH program is not mandatory and services under the program are instead provided to the level of available resources.

The Ministry provides CYMH services primarily through transfer payments to more than 400 service providers including agencies that are primarily focused on delivering CYMH services; hospital-based outpatient programs; and multi-service agencies that, in addition to CYMH services, deliver services for a number of programs funded by the Ministry, including Autism Services and Supports, Child Protection Services, Complex Special Needs, and Youth Justice Services.

In 2015/16, the Ministry spent $501 million on its CYMH program, including $438 million in transfer payments to CYMH agencies and other service providers to deliver child and youth mental health services. In 2015/16, these agencies reported over 120,000 registered clients and provided services to these children and youth that included counselling and therapy, intensive treatment, specialized consultation and assessment, and crisis support. The Ministry also funds a Tele-Mental Health Service, which provides psychiatric assessments and treatment recommendations via videoconferencing to rural, remote and under-served areas of the province; targeted programs to address mental health issues among Indigenous children and youth; and the Ontario Centre of Excellence for Child and Youth Mental Health to promote and disseminate information on evidence-based practices. In addition, the Ministry also directly operates the Child and Parent Resource Institute in London, Ontario, which provides clinical services for children and youth with complex mental health and developmental needs.

2.2 Ministry Co-ordination with Other Ministries Providing Mental Health Services to Children and Youth

In June 2011, the Ontario government launched its Comprehensive Mental Health and Addictions Strategy (Strategy), *Open Minds, Healthy Minds*, a 10-year strategy to deliver mental health and addictions services to Ontarians in an integrated, co-ordinated and effective way. The objectives of the Strategy are to:

- improve mental health and well-being for all Ontarians;
- create healthy, resilient, inclusive communities;
- identify mental health and addiction problems early and intervene; and
- provide timely, high-quality, integrated, person-directed health and other human services.

The Ministry led the implementation of the Strategy during the first three years (2011/12-2013/14) by focusing on increasing and enhancing services and supports for children and youth in three key areas: fast access to high-quality services; early identification and support; and helping vulnerable children and youth with unique needs.

Over this period, the Ontario government identified that it spent about $190 million in support of the Strategy. Under the Strategy, a number of initiatives were introduced by the Ministries of Children and Youth Services, Health and Long-Term Care, Education, and Advanced Education and Skills Development. See **Appendix 1** for a listing of key initiatives.

Since 2014, the Ministry of Health and Long-Term Care has led the Strategy and has changed the focus to adults, transitional-aged youth and other transitions in care, as well as addictions, funding reform, and performance measurement across the system.

2.3 Changes to Ministry-Funded Mental Health Services for Children and Youth

In November 2012, *Moving on Mental Health: A system that makes sense for children and youth* was launched by the Ontario government. The Moving on Mental Health Plan (Plan) is being led by the Ministry and builds on the Ontario government's 2011 Comprehensive Mental Health and Addictions Strategy. The Plan aims to provide a simplified and improved experience for children and youth with mental health problems and their families so that, regardless of where they live in Ontario, they will know what mental health services are available in their communities and how to access the services and supports that meet their needs. At the time the Plan was announced, it was expected to take about three years to fully implement.

The Ministry's specific efforts to implement the Plan included:

1) **Defining core mental health services.** The Ministry has developed definitions for seven core community-based CYMH services. The core services and their definitions are as follows:
   - **Targeted Prevention**—These services are focused on changing views and behaviours, building skills and competencies and/or creating awareness through the provision of information, education, and programming to at-risk populations.
   - **Counselling and Therapy**—These services are focused on reducing the severity of and/or remedying the emotional, social, behavioural and self-regulation problems of children and youth.
   - **Brief Services**—These services have the same focus as counselling and therapy services, but with a shorter duration of service.
   - **Family Capacity Building and Support**—These services are focused on enhancing the ability of families to support and respond to the mental health needs of children and youth.
   - **Specialized Consultation and Assessments**—These services are designed to provide advice in the assessment, diagnosis, prognosis and/or treatment of child or youth with identified mental health needs.
   - **Crisis Support Services**—These services are immediate, time-limited services, delivered in response to an imminent mental health crisis or an urgent situation as assessed by a mental health professional that places the child/youth or others at serious risk or harm.
   - **Intensive Treatment Services**—These services are targeted to children and youth who have been diagnosed/identified with mental health problems that impair their functioning in some or many areas. Intensive treatment involves a suite of services.
2) **Establishing lead agencies in defined service areas across Ontario that will be responsible for planning and delivering core mental health services and creating clear pathways to services.** The Ministry introduced the lead agency model, in which the Ministry will contract with lead agencies that will be responsible for the core mental health services provided in their designated geographic service area. Lead agencies will be

responsible for ensuring that all the Ministry's core mental health services are available, and that all core mental health service providers meet minimum Ministry requirements; they will also monitor and evaluate the performance of core mental health services to foster continuous improvement. Lead agencies will also be responsible for establishing clear pathways to both core mental health services and services provided by other sectors in the agency's service area, such as education and health so that parents will know where to go for help and how to get services quickly. The Ministry has identified 33 geographic service areas across Ontario, and to date it has identified lead agencies for 31 of these service areas.

3) **Developing a transparent, equitable funding model.** The Ministry has hired a consultant to help develop an equitable funding model for its core CYMH services that reflects community needs.

2.4 Delivery Standards for Child and Youth Mental Health Services

In 2013, as part of its actions to address the Moving on Mental Health Plan, the Ministry released a draft service framework for child and youth mental health. The framework included definitions for seven core community-based CYMH services (as described in **Section 2.3**) and established minimum expectations for their delivery that CYMH agencies were required to comply with beginning in the 2014/15 fiscal year. This represented the first time that the Ministry had established service delivery standards for all the core CYMH services it funds. The Ministry subsequently updated its minimum expectations in July 2015 with the release of its *Program Guidelines and Requirements #01: Core Services and Key Processes*. Through these guidelines, the Ministry outlined its expectations for the delivery of core mental health services from a client's first contact with an agency to discharge from the agency following the completion of mental health services.

2.4.1 Intake and Eligibility

Currently, children, youth and parents can access the services of a CYMH agency through methods that include contacting an agency directly or referrals to an agency by a health care professional or school. The intake process often represents the first point of contact for a child, youth or family with the CYMH service system.

As part of the intake process, a CYMH agency is required to confirm a child or youth's eligibility. Eligible clients are children and youth under 18 years of age that are experiencing mental health problems along levels two, three, and four on the Ministry's CYMH continuum of needs-based services and supports, as illustrated in **Appendix 2**. CYMH agencies are also required to assess the child/youth's mental health needs and urgency using evidence-informed assessment tools. Children and youth are then to be prioritized for service based on need and urgency, and immediate crisis support and response is to be provided to those at or in crisis (for example, impulsive self-harming behaviour).

2.4.2 Service Assessment, Planning, Review and Discharge

CYMH agencies are responsible for assessing the strengths, needs and risks of children and youth. This is to be accomplished through a combination of interviews, observation, and the use of standardized evidence-informed tools. This information is then used to determine a client's mental health service and treatment needs, to further prioritize them when the level of risk associated with their mental health problems is high, to help develop a service plan for their treatment, and to establish a baseline for outcome monitoring and measurement.

CYMH agencies must collaborate with each child or youth and their family to develop a written service plan that will guide and monitor the client's mental health treatment process. The service plan is to identify the child or youth's needs and the services to be provided to meet those needs. The

plan is also to outline who has responsibility for providing the treatment services, and the goals and objectives to be achieved.

CYMH agencies are to regularly review service plans to monitor client outcomes and the status of client needs as services are being delivered. This includes reviewing the effectiveness of treatment services using information obtained through a variety of means, including interviews, observations, and standardized evidence-based tools. The service plan is to be updated when a client's needs change, if services are added or changed, or when a client is to be discharged because they have completed their services with the agency.

The discharge of a child or youth from a CYMH agency is to be a planned process between the agency and the child or youth and family, and a written discharge is to be completed for each client. Clients can be discharged from an agency because they have generally met their treatment goals. They can also be discharged if the agency does not believe the child or youth can make further progress based on available services, or if the child, youth or family decides to withdraw from services at the agency.

2.4.3 Transition to Other Services and Follow-Up after Discharge from Service

When a child or youth is being discharged from a CYMH agency, and the child or youth is transitioning to either another CYMH agency or to another service system such as the education system or the adult mental health system, the agency is expected to work in partnership with the child or youth and their family, and the service provider the child or youth is transitioning to, to facilitate continuity of care that results in minimal disruption to mental health treatment gains.

Following the discharge of a child or youth from a CYMH agency, it is considered a best practice for the agency to follow up with the child or youth within three to six months of the discharge. The follow-up is intended to assess the child or youth's mental health status, and facilitate access to services where needed.

2.5 Funding Provided to Child and Youth Mental Health Agencies

Transfer payments to CYMH agencies (as illustrated in **Figure 1**) and other service providers to deliver child and youth mental health services totalled $438 million in 2015/16, an increase of approximately $62 million or 16% over the $376 million in transfer payments in 2007/08 when we last audited CYMH agencies. The vast majority of this increase is related to new programs and initiatives introduced as part of the Ministry's response to the Comprehensive Mental Health and Addictions Strategy, as described in **Section 2.2**.

The Ministry primarily distributes funding to CYMH agencies based on historical allocations. As part of the Moving on Mental Health Plan described in **Section 2.3**, the Ministry has hired a consultant that is in the process of developing a funding model to be used to allocate funding to each of the 33 geographic service areas the Ministry has established. The Ministry's goals for the new model include that funds will be:

- distributed on the basis of a consistent definition of community need for CYMH services and defined geographic communities; and
- allocated through a consistent framework that is transparent, fair, sustainable, and responsive to community needs.

2.6 Monitoring, Performance Measurement and Reporting

The Ministry is responsible for monitoring the effectiveness of the CYMH program and the agencies that deliver CYMH services. Prior to the 2014/15 fiscal year, the Ministry had two performance indicators for CYMH services – one related to wait times and one related to outcomes for children and youth. These performance indicators, which were publicly reported by the Ministry, were suspended in the 2013/14 fiscal year.

Figure 1: Ministry Transfer Payments to CYMH Agencies, 2007/08–2015/16 ($ million)
Source of data: Ministry of Children and Youth Services

	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Base funding for CYMH services	374	376	378	383	385	382	387	411	413
New Initiatives:									
New workers in community-based agencies	–	–	–	–	11	19	19	–	–
New mental health workers in schools	–	–	–	–	5	12	13	–	–
Aboriginal mental health and addictions workers	–	–	–	–	–	3	8	8	9
Lead Agencies System Redesign[1]	–	–	–	–	–	–	–	2	10
Other	2	2	2	3	3	3	5	7	6
Total	**376[2]**	**378[2]**	**380[2]**	**386[2]**	**404[2]**	**419[2]**	**432**	**428**	**438**

1. Funding provided to agencies to support their progress toward becoming fully operational as lead agencies.
2. Excludes transfer payments for Complex Special Needs, which before 2013/14 were reported as part of Child and Youth Mental Health transfer payments.

In 2014/15, the Ministry introduced 13 new performance indicators that all CYMH agencies had to report results on. These 13 performance indicators were designed by the Ministry to support provincial monitoring of the sector and to answer the following questions:

- Who are we serving?
- What are we providing?
- How well are we serving children, youth and families?
- How well is the system performing?

See **Appendix 3** for a list and description of each of the 13 new CYMH performance indicators.

3.0 Audit Objective and Scope

Our objective was to assess whether the Ministry of Children and Youth Services (Ministry) and child and youth mental health (CYMH) agencies have effective policies and procedures for ensuring that children in need of mental health services receive appropriate and timely services in accordance with program requirements; and whether funding provided to agencies is commensurate with the value of the services provided.

Prior to commencing our work, we identified the audit criteria we would use to address our audit objectives. These were reviewed and agreed to by senior management at the Ministry and the CYMH agencies we visited. Most of our audit work was conducted between January and July 2016.

The scope of our audit included a review and analysis of policies and procedures and relevant files, including the files of children and youth receiving mental health services at the four CYMH agencies we visited (Kinark Child and Family Services, Youthdale Treatment Centres, Vanier Children's Services, and Children's Centre Thunder Bay) to assess compliance with legislated and Ministry service delivery standards. We also interviewed appropriate staff at the Ministry's head office and at four of the Ministry's five regions (Toronto, Central, West, and North), as well as at the four CYMH agencies we visited.

We also met with senior staff at Children's Mental Health Ontario, which represents more than 85 CYMH agencies, to gain a better understanding of the children's mental health sector. In addition, we spoke with representatives from: the Ontario Centre of Excellence for Child and Youth Mental Health, an organization funded by the Ministry that promotes and disseminates information to CYMH agencies on evidence-based practices; Parents for Children's Mental Health, an organization that provides a voice for children, youth and their families who face mental health challenges; and the Provincial Advocate for Children and Youth to obtain their perspective on children's mental health services in Ontario.

4.0 Detailed Audit Observations—Mental Health Agencies

4.1 Agencies Fall Short of Consistently Meeting All Requirements When Delivering Services

The policies of child and youth mental health (CYMH) agencies we visited were not always in alignment with the Ministry's new requirements for the delivery of CYMH services as outlined in **Section 2.4**, and the agencies did not always deliver CYMH services that were in compliance with Ministry requirements designed to help ensure that children and youth are provided with mental health services that are appropriate to their needs. Our specific concerns at the CYMH agencies we visited are found in the following sections.

Further (as highlighted in **Section 5.2.1**) the Ministry does not provide clear program requirements to agencies, leaving room for interpretation and, therefore, inconsistencies across CYMH agencies.

4.1.1 Agencies Did Not Consistently Follow Up with Discharged Clients, or Help in Their Transition to Other Services Putting Treatment Gains Already Achieved at Risk

The CYMH agencies we visited did not always take sufficient steps to help discharged children and youth transition to other service providers if they required additional help. As well, we found that the CYMH agencies we visited did not consistently follow up with children and youth after discharging them to determine their mental health status and whether they required additional services.

Transition of Discharged Clients to Other Service Providers

At times, a child or youth is discharged from a CYMH agency, but requires transition to either another CYMH agency or another service system, such as the adult mental health system or the education system. As described in **Section 2.4.3**, in these cases the discharging agency is expected to work in partnership with the client, their family, and the new service provider in order to minimize disruption to the mental health treatment gains the client has already achieved. However, we found that none of the agencies we visited had policies in place to guide its staff on what steps to take when a client is discharged and needs transition to another agency or service system.

Based on the discharged files we reviewed where transition was required by the child or youth, we found that in practice, two of the agencies we visited did take steps to work with clients, their family, and other agencies upon discharge and transition. However, at the other two agencies we visited, we noted the following concerns regarding transitions:

- At one agency, we identified a few cases where a child or youth was discharged to the care of a children's aid society while still requiring service, but the agency did not provide any help to transition the clients to another mental health service provider. For example:

- In one case, a youth receiving mental health services was discharged due to excessive disruption, vandalism, and violent behaviour. Although the agency recommended that the youth seek the services of another agency, there is no evidence that the agency worked with the youth or another agency to facilitate the transition and continuity of service.
- In another case, a youth requested to be discharged and transferred to a different residential placement following a combination of abusive and disruptive behaviour. While it was clear that the agency identified the youth still required mental health services, the agency noted that it did not have available alternative resources to address the youth's needs within the agency and instead discharged the youth. There is no indication that the agency attempted to transition the youth to another service provider that could meet the youth's needs.

- At another agency, 50% of the discharged client files we reviewed included a recommendation to transition to another service provider. However, the agency did not work with the agencies it recommended to clients to help facilitate the transition, putting treatment gains already achieved at risk. Instead, it simply discharged these clients and provided them with contact information for the agency it recommended with no follow-up to ensure that the client actually did transition.

Follow-Up with Discharged Clients to Determine Mental Health Status

As outlined in **Section 2.4.3**, the Ministry notes that it is considered a best practice for a CYMH agency to follow up with clients within three to six months of discharging them to assess their mental health status and facilitate access to additional services for those that need them. However, we found that while one of the agencies we visited had followed up on the status of half the discharged clients we reviewed, the other three agencies had not followed up on the status of any discharged clients.

4.1.2 Mental Health Needs of Children and Youth Are Not Assessed Consistently, Increasing the Risk of Inconsistent Service Decisions

The Ministry requires that CYMH agencies assess the mental health needs of children and youth, and this process is to include the use of standardized, evidence-informed tools that are intended to enhance the consistency and objectivity of assessments. These assessment tools (for example, assessment forms) are to be used at various points in a client's progress through CYMH services. For example, initially, they are used to determine the mental health service needs of the client and to develop the initial service plan for treatment; and, during regular reviews of the treatment services provided to clients, they are used to help make changes to services and update the service plan when a client's needs have changed, including decisions to end services and discharge a client from the agency when treatment goals have been achieved.

However, we found that, at three of the agencies we visited, these standardized assessment tools were either not always completed, or it was not evident that they were used to help develop the initial service plans of children and youth. Specifically, we found that:

- At one agency, in about half of the cases we reviewed, standardized assessment tools were not used to help develop service plans.
- At the remaining two agencies, although standardized assessment tools were completed in the vast majority of cases, it was not evident in any of the cases we reviewed that the results of these assessment tools were used to develop the client's service plan.

In addition, we found that the agencies we visited either did not consistently complete standardized assessment tools or it was not evident that the

results of completed assessment tools were used to help update service plans and determine decisions to discharge children and youth. Specifically, we found that:

- At one agency, standardized assessment tools were completed in each file we reviewed to monitor and evaluate the child or youth's response to service. However, it was not evident that the results from these tools were used to review and update the service plan in half the cases we reviewed, nor in the decision to discharge the child or youth in almost 20% of the cases we reviewed.
- At another agency, we found that in about one-third of the files we reviewed, standardized assessment tools were not completed to monitor and evaluate the child or youth's response to service; and, in the two-thirds of files we reviewed that did use the tools, it was not evident in any of them whether the results from these tools were used to review and update the service plan, or in the decision to discharge the child or youth.
- At the third agency, we noted that, in over 40% of the files we reviewed, standardized assessment tools were not completed to monitor and evaluate the child or youth's response to service. As well, it was not evident that results from these tools were used to review and update the service plan in over 70% of cases we reviewed, or in the decision to discharge the child or youth in half of the cases we reviewed.
- At the remaining agency, we found that in over 70% of the files we reviewed, standardized assessment tools were not completed to monitor and evaluate the child or youth's response to service and to inform discharge decisions.

4.1.3 Absent Ministry Direction, Timelines for Reviewing Service Plans Varied between Agencies, Increasing the Risk of Delaying Children and Youth from Receiving Services Most Appropriate to Their Needs

Although the Ministry requires CYMH agencies to regularly review the service plan of each child or youth, it does not prescribe timelines for doing so, and we found that the agencies we visited had different policies regarding timelines for reviewing service plans. Such differences increase the risk of delays to children receiving services that are most appropriate to their needs. In contrast, we noted that there are legislative requirements that CYMH agencies have to comply with when delivering services in a residential setting. These requirements include specific timelines for reviewing plans of care (which are similar to service plans, but specific to residential settings). However, we found that the agencies we visited did not always comply with legislative requirements to review plans of care of children and youth receiving mental health services in a children's residence.

Review of Service Plans

As described in **Section 2.4.2**, the Ministry requires CYMH agencies to regularly review the service plan of each child or youth to monitor client outcomes and the status of client needs as services are being delivered, and to update the plan when the child or youth is not responding to treatment as expected, or when the child or youth's needs change and services are added or removed.

While the Ministry requires the regular review of each child or youth's service plan, as noted in **Section 5.2.1** the Ministry has not established a required timeline for doing so to facilitate consistency across the province. In the absence of Ministry direction, we found that the four agencies we visited had different timelines for reviewing and updating service plans ranging from three months to six months. As well, we found that, in some cases, they either did not follow their own timelines

or did not review the service plan at all as required by the Ministry. Specifically, we found that:

- One agency had a policy that required service plans to be reviewed and updated at minimum every 12 months. We found that in all the cases we reviewed, this requirement was met. We also noted this agency revised its processes midway through the 2015/16 fiscal year and now requires service plans to be reviewed and updated every three months.
- Two agencies had policies to review and update service plans every six months. While one of these agencies complied with this requirement in all cases we reviewed, the other agency did not review and update the service plan on time in 25% of cases we reviewed. On average, these service plans were reviewed and updated more than 60 days late, including one case where the review had yet to be completed at the time of our audit and was already more than four-and-a-half months late.
- The remaining agency only had a policy to review the service plan of children and youth receiving intensive treatment services in a children's residence. This agency's requirements were based on legislative requirements (discussed below) for all licensed children's residences. Based on our review of files of children receiving intensive treatment services both in a residential and non-residential setting, we observed that in practice the agency complied with these review requirements in more than 80% of the cases we examined. However, we noted that, contrary to Ministry requirements, this agency did not have a policy that required service plans to be developed and reviewed for children and youth who were not receiving intensive treatment services (and were instead receiving other services such as counselling and therapy). While the Ministry requires that service plans be developed and regularly reviewed in such cases, the agency advised us that it did not do so.

Review of Plans of Care

While the Ministry's requirements for the CYMH program do not include specific timelines to review and update service plans, we noted that there are legislative requirements under the Child and Family Services Act that prescribe timelines for completing, reviewing and updating plans of care in licensed children's residences in Ontario, irrespective of the programs they provide. Such programs can include child welfare, children's mental health, autism and developmental disabilities, palliative care, and open and secure youth justice facilities. These requirements identify that a plan of care must be completed within 30 days of admission to a children's residence, and must be reviewed within three months and six months of admission, and every six months thereafter. Similar to service plans, plans of care also require a description of the resident's needs, services to be provided, and goals to be accomplished through the plan.

We noted that in cases where children and youth received mental health services in a children's residence, agencies did not always complete and review plans of care on time. Specifically, we found that:

- At two agencies, 70% of plans of care were not completed within 30 days of admission as required. On average, these plans were completed almost 30 days late, including one case where the plan was completed more than 100 days late. For the other two agencies we visited, more than 80% of plans of care we reviewed were completed within 30 days of admission to a children's residence as required.
- At one agency we visited, plans of care were not reviewed within three months of admission 80% of the time. On average, these plans of care were reviewed 60 days late, including one case where the plan was reviewed more than 120 days after it was required to be reviewed. At the remaining three agencies we visited, almost 90% of plans of care were reviewed within three months of admission as required.

4.1.4 Agencies Cannot Demonstrate That They Update Children, Youth and Families on When They Will Receive Service

Although the Ministry requires CYMH agencies to inform children, youth and their families at regular intervals about their status on a wait list, in the majority of cases we reviewed at the four agencies we visited, we noted that clients were not updated about when they can expect to receive service.

Once a child or youth's mental health needs are assessed, and the services to be provided have been determined, the child or youth is placed on a wait list if services are not immediately available. The Ministry does not prescribe a timeline to agencies for updating clients on their waitlist status. Wait times can be long; for example, average wait times reported to the Ministry in 2015/16 exceeded six months for both counselling and therapy and intensive treatment services at three of the four agencies we visited. However, despite lengthy wait times, just one of the agencies we visited had a policy to periodically update clients about their status on the wait list, while the other three did not. In addition, based on our review of client files, we noted the following concerns at the four agencies we visited:

- At two of four agencies we visited, it was not evident in any of the files we reviewed that children, youth and their families were updated on their status on the wait list and how much longer they could expect to wait for service.
- At another agency, although it had a policy of sending a letter every three months to update children, youth and their families about their status on the wait list, in more than half of the cases we reviewed where the wait time exceeded three months, updates on the wait list had not been provided. As well, although we noted that some wait time letters contained information about when services were expected to begin, the agency advised us that their letters typically did not do so.
- At the remaining agency, although we observed that in almost half the cases we reviewed, letters had been sent to those waiting for service acknowledging that they were on the wait list, these letters did not contain any information about when services were expected to begin.

RECOMMENDATION 1

To help ensure that children and youth are provided with mental health services that are appropriate to their needs, child and youth mental health agencies should take steps to ensure that they comply with the Ministry of Children and Youth Services requirements and recommended practices, which include, for example, using evidence-informed tools to assess the mental health needs of children and youth, in the delivery of mental health services.

RESPONSE FROM CHILD AND YOUTH MENTAL HEALTH AGENCIES AND CHILDREN'S MENTAL HEALTH ONTARIO

The audited child and youth mental health (CYMH) agencies agree with the Auditor General's recommendation and embrace the need for change and the necessity to build a high-quality children's mental health system. Over the last few years, the Ministry of Children and Youth Services (Ministry) has developed and subsequently revised program guidelines and requirements that CYMH agencies had to transition to and address within a short time frame. Children's Mental Health Ontario and the audited agencies are committed to working together with the Ministry to ensure we comply with their requirements and recommended practices while ensuring that service levels and wait times are not adversely affected.

We plan to work with the Ministry, in partnership with other CYMH agencies and other relevant stakeholders, to establish a plan to determine and implement standardized assessment tools that will be used across all service areas, along with the resources to do so.

4.2 Agencies Need to Better Monitor the Services Provided to Children and Youth

The mental health of children and youth can deteriorate while they wait for mental health services. Therefore, consistently prioritizing children and youth for service based on their assessed need is critical. However, we found that none of the four agencies we visited could demonstrate that they had effective monitoring processes in place to help ensure that children and youth were consistently prioritized and provided with timely and effective mental health services based on assessed needs. In addition, we found that all four agencies did not require supervisors to review and approve key decisions and documents completed by caseworkers that are used to determine the services to be provided. As well, we found that none of the agencies had a quality-assurance process in place to periodically review whether children and youth received services that are most appropriate to their needs. Further, although we found that all four agencies periodically reviewed a sample of files of children and youth to assess their compliance with Ministry or agency-specific service delivery requirements, they could not demonstrate that the results of these reviews were used to improve compliance across the agency. Our specific concerns regarding the monitoring of mental health services by the CYMH agencies we visited are found in the following sections.

4.2.1 Lack of Supervision of Key Decisions by Caseworkers Could Increase the Risk of Negative Consequences for Children and Youth

The Ministry does not require CYMH agencies to implement mandatory supervisory approval of key decisions and documents concerning the mental health services provided to their clients to help ensure that adequate and consistent mental health services are provided to children and youth based on their needs. As a result, we found that none of the four agencies we visited had any formal supervisory requirements in place. For example, none of the agencies required a supervisor's sign-off on critical decisions and key documents made by caseworkers, such as assessments, service plans, reviews of service plans, and decisions to discharge clients from the agency.

Although not required, we noted that two of the agencies we visited had a common practice where supervisors reviewed some key documents, such as initial service plans and discharge summaries.

4.2.2 There is a Risk That the Mental Health of Children and Youth Can Deteriorate While Waiting for Service, but Little Is Done to Monitor Wait Time Trends and Their Impact

The Ministry has not established targeted wait times for mental health services that CYMH agencies are required to follow, and the CYMH agencies we visited do not currently monitor trends in wait times to assess their reasonableness and to identify issues that may require follow-up or corrective action. In addition, agencies do not track the impact of wait times on the mental health problems of children and youth waiting for service.

There is a risk that the mental health problems of children and youth can become more severe as they wait for service. At the agencies we visited, we noted that many children and youth wait a lengthy period of time for service. For example, as illustrated in **Figure 2**, at three of the four agencies we visited, the average wait times reported to the Ministry for counselling and therapy and intensive treatment services exceeded six months in the 2015/16 fiscal year.

Based on our visits, we found that just one of the four CYMH agencies we visited had a targeted time to provide mental health services to children and youth on wait lists. While we noted that this agency had set a target to provide service to 75% of children and youth within 90 days of referral to service, the agency reported that, on average over

Figure 2: Average Number of Days Children and Youth Waited for Services, 2014/15 and 2015/16[1]

Source of data: Ministry of Children and Youth Services

	Type of Service							
	Brief Services		Counseling and Therapy		Crisis Support Services		Intensive Treatment Services	
Agency	2014/15	2015/16	2014/15	2015/16	2014/15	2015/16	2014/15	2015/16
#1	78	287	233	217	14	15	248	224
#2	n/a[2]	n/a	12	12	0	1	14	11
#3	3	5	113	224	1	2	104	226
#4	33	76	74	208	n/a	n/a	127	353

1. As reported by agencies. Agency #2's wait times were estimates without records to substantiate them.
2. n/a – services not offered by agency.

a two-year period from 2013 to 2015, it provided service to just 68% of children and youth within 90 days. However, at the time of our audit, the agency advised us that it had suspended tracking and monitoring against this target because of recent changes in its service delivery model that it anticipated would temporarily increase wait times during implementation. The remaining three agencies had not set targeted times to provide services to children and youth on wait lists, and with few exceptions did not monitor trends in wait times over time to assess their reasonableness and to identify trends that require follow-up and corrective action. At the four agencies we visited, we also identified the following concerns related to wait times:

- None of the agencies captured information on the impact of wait times on the mental health problems of children and youth while they wait for service. However, most of the caseworkers at the agencies we visited indicated that the mental health problems of at least some or as many as half of the children they work with escalated while waiting for service. Significant examples of deterioration raised by caseworkers included instances where those exhibiting self-harming behaviour escalated to attempted suicide, and instances where those exhibiting aggressive behaviour escalated to a level that required police involvement and/or suspension from school.
- As noted in **Section 5.3.3**, all four agencies we visited identified that wait times captured using the Ministry's definition were of limited value to them in managing their operations, and none of the agencies used them to monitor their wait times, in part because they do not represent the wait time for a service from the date of referral to that service. **Figure 2** identifies the wait times reported by the agencies we visited, and the core services for which the Ministry has established performance indicators. While the agencies expressed that these wait times were of limited value to them, we reviewed them and determined that even with their limitations, the information highlights lengthy wait times and significant agency-to-agency differences that may nevertheless warrant agency and Ministry attention.

4.2.3 Agencies Cannot Demonstrate Children and Youth Are Prioritized for Service Based on Mental Health Needs and Risk

Although the agencies we visited told us they prioritize children and youth for CYMH services based on their mental health needs and risk as the Ministry requires, all four agencies could not demonstrate that they did so to help ensure that those presenting with the highest mental health

risk receive service first. In addition, based on our review of client files at two of the four agencies we visited, we found that, in some cases, children and youth had waited an extensive amount of time to receive service. Specifically, we found that:

- One agency had a good practice where they assessed and assigned a risk level to children and youth and then had a process to follow up and reassess the risk of low-risk clients every 90 days and high-risk clients every 30 days. However, the agency did not have documentation to illustrate that services had been prioritized using this information.
- Another agency also assessed and assigned children and youth a level of risk, but did not have documentation to illustrate that children and youth had been prioritized for service using this information. At this agency, the sample of files we reviewed identified many cases where children and youth had waited a lengthy time for service, including:
  - a case where a client with an urgent risk rating (which is third-highest in a four-tier rating system) waited 438 days for counselling and therapy without any explanation for the long wait; this was significantly higher than the average wait time reported to the Ministry for such a service by any of the agencies we visited, as illustrated in **Figure 2** in **Section 4.2.2**; and
  - cases where clients waited between 20 and 26 months for a psychological assessment that is used to help identify and determine a client's needs and services to be provided.
- Another agency had policies and processes to prioritize children up to two years old, and those requiring crisis services, but could not illustrate that all other children and youth were prioritized for service based on risk. At this agency, the sample of files we reviewed included many cases where children and youth had waited a lengthy time for service, including:
  - a case where a client waited almost 500 days, or more than four times longer than the agency average, for counselling and therapy;
  - another case where a client was still waiting for counselling and therapy after 330 days, or almost one and a half times the agency average; and
  - a case where a client waited almost 16 months for a psychiatric assessment that is used to help identify and determine a client's needs and services to be provided.
- The remaining agency did not have a policy that described how it prioritized children and youth for service, and could not demonstrate that it prioritized children and youth for service based on risk.

4.2.4 Agencies Do Not Monitor and Assess Outcomes to Determine if Clients Benefited from the Services They Received

We found that the agencies we visited did not consistently determine and record the outcomes of children and youth at the end of mental health service, as required by the Ministry. As well, all four agencies we visited did not monitor outcomes to assess their reasonableness and to identify trends that may require follow-up and corrective action, to help ensure children and youth receive appropriate and effective mental health services.

While the Ministry has not set targets for the proportion of clients that should achieve a positive outcome at the end of mental health services, we found that one of the four agencies we visited had set its own target of 80% in 2014. The agency reported that over a two-year period from 2012 to 2014, on average just 61% of clients ended service with a positive outcome. However, the agency did not assess why it did not achieve its target and what actions were necessary to meet its set target. This agency subsequently suspended monitoring against this target following a change in tools used to measure outcomes; and, in 2014/15 and 2015/16,

this agency reported to the Ministry that just 65% and 40%, respectively, of discharged children and youth achieved a positive outcome. The remaining three agencies had not established targets for outcomes and were not monitoring trends in outcomes to identify if follow-up and/or corrective action is needed. In addition, we noted that these three agencies had not recorded or reported outcomes for all children and youth who ended service, as required by the Ministry. This limits their ability to perform meaningful comparisons of outcome trends or to help identify opportunities for improvement. Specifically, we found that:

- Two of the agencies had not determined outcomes for all their clients for both 2014/15 and 2015/16, as required by the Ministry, and had instead estimated the number of clients with a positive outcome based on a sample of clients for which they had determined outcomes.
- The remaining agency had not determined outcomes for all children and youth that had ended service, as required by the Ministry, and had not recorded the correct number of total discharged children and youth.

4.2.5 Agencies Do Not Perform Quality Reviews of Files to Help Ensure the Right Services Are Provided and Cannot Demonstrate if Compliance Reviews are Used to Improve Agency Practices

Although CYMH agencies do perform compliance reviews to ensure, for example, service plans are completed, they do not perform quality assurance reviews to determine whether children and youth received the most appropriate services based on their mental health needs. In addition, with respect to the compliance reviews performed, agencies could not demonstrate that they communicated the results of their reviews across the agency so that all employees were made aware of deficiencies and could correct them in their own files.

RECOMMENDATION 2

To help ensure that children and youth who need mental health services are provided with services that are timely, appropriate to their needs, and effective, child and youth mental health agencies should review and enhance their processes to monitor the delivery of mental health services in the following areas:

- assess whether requiring supervisory approval of key caseworker decisions and documents that guide mental health services can help improve the quality and consistency of services provided to children and youth;
- establish agency-specific targets for wait times and monitor wait times against such targets to assess their reasonableness, and follow up and take corrective action where necessary;
- establish targets for the proportion of children and youth they expect to achieve positive outcomes at the end of service, and monitor outcomes against such targets to follow up and take corrective action where necessary;
- communicate the outcomes of file reviews that assess compliance with service delivery requirements to all agency staff to help ensure issues of non-compliance are addressed across the agency; and
- assess whether implementing periodic quality assurance reviews of files at agencies can help ensure that children and youth receive appropriate and effective services.

RESPONSE FROM CHILD AND YOUTH MENTAL HEALTH AGENCIES AND CHILDREN'S MENTAL HEALTH ONTARIO

The audited child and youth mental health (CYMH) agencies agree with the Auditor General's recommendation and are committed to continuing to put quality at the centre of their

work. The CYMH agencies and Children's Mental Health Ontario (CMHO) are aligned with the Ministry of Children and Youth Services (Ministry) in the need for strong clinical practice and appropriate monitoring of quality.

To fully respond to the recommendation the audited CYMH agencies and CMHO will work with the Ministry, in partnership with other CYMH agencies and other relevant stakeholders, to ensure there is a consistent effort to review and enhance monitoring processes provincially and address all areas of the Auditor General's recommendation.

One opportunity to set standards would be with respect to service wait times. We recommend that wait time benchmarks for select CYMH services be established.

4.3 Agencies Cannot Demonstrate They Monitor Staff Caseloads to Help Ensure Efficient and Effective Delivery of Services

We found that the Ministry still has not developed caseload benchmarks or guidelines for the CYMH program that CYMH agencies can use to compare against their own caseloads and assess their reasonableness. When we last audited the delivery of CYMH services by agencies in 2008, we recommended that agencies should establish reasonable staff-to-client or workload benchmarks. However, at the time of our follow-up to that audit in 2010, just one of the agencies audited in 2008 had established workload benchmarks. The agencies noted difficulties in establishing benchmarks because of a lack of relevant information for child and youth mental health services, and because of the variability of programs and client needs. As well, the agencies highlighted that they required the Ministry's support to develop workload benchmarks because of a lack of resources.

During our current audit, we also found that none of the CYMH agencies we visited based their staffing levels on an assessment of workload. In addition, while the agencies we visited had both documented and informal benchmarks that they indicated they used for most groups of employees, in most cases the agencies could not demonstrate that these benchmarks were based on comparisons with other agencies or best practices. As highlighted in **Section 5.2.2** and **Section 5.3.2**, we found there are differences in average caseloads and wait times between agencies in the province across all core mental health services that require review to identify potentially inefficient or ineffective and untimely service delivery. Perhaps just as significant a concern, we also found that none of the agencies we visited could demonstrate that they periodically monitored their staff caseloads for reasonableness and to identify variances from benchmarks that require follow-up and/or corrective action.

RECOMMENDATION 3

The Ministry of Children and Youth Services should work with Children's Mental Health Ontario and child and youth mental health agencies to develop caseload guidelines; and agencies should periodically compare themselves against these guidelines to help assess the effectiveness and efficiency of their operations.

RESPONSE FROM THE MINISTRY, CHILD AND YOUTH MENTAL HEALTH AGENCIES, AND CHILDREN'S MENTAL HEALTH ONTARIO

The Ministry of Children and Youth Services (Ministry), Children's Mental Health Ontario (CMHO), and the audited child and youth mental health (CYMH) agencies agree with the Auditor General's recommendation, and acknowledge the value of working toward the establishment of caseload guidelines, to enable comparisons across organizations and to help assess the effectiveness and efficiency of operations.

The Ministry will work with the sector, including CMHO, CYMH agencies and other

relevant stakeholders, to develop caseload guidelines that will take into account variables that impact caseloads such as case acuity, case complexity, geography and variability in the types of core services delivered.

4.4 Client Complaints Are Not Always Tracked by Agencies to Identify Areas That May Require Improvement

None of the CYMH agencies we visited maintained a log of client complaints (with the exception of complaints escalated to senior management) illustrating the type of complaint, when it was received and if and how complaints were resolved. Agencies also do not analyze complaints to identify trends that may require follow-up and/or corrective action to improve the agency's services provided to children and youth.

Clients can bring forth complaints for a variety of reasons, such as the length of wait lists for service, dissatisfaction with service delivery, and alleged harassment or abuse by agency staff members. Although each agency we visited had a documented complaints policy and process, none of the agencies maintained a log of all client complaints. Three of the four agencies we visited recorded only the complaints that were escalated to senior management, while the remaining agency recorded complaints that were escalated to any level of management. All other client complaints across all four agencies were not recorded in a log. Instead, we were informed that information related to all other client complaints is retained in individual client files. As a result, the complaint logs at the agencies we visited contained between just one and 21 total complaints for the last five years combined.

Since the agencies did not maintain logs of all client complaints related to their delivery of CYMH services, the agencies also did not analyze client complaints to identify trends over time, including by type of complaint to determine if follow-up and/or corrective action is necessary to improve the agency's services to children and youth.

RECOMMENDATION 4

To help improve the quality of the mental health services they provide, child and youth mental health agencies should track all client complaints and periodically review them to identify trends that may require follow-up and/or corrective action.

RESPONSE FROM CHILD AND YOUTH MENTAL HEALTH AGENCIES AND CHILDREN'S MENTAL HEALTH ONTARIO

The audited child and youth mental health (CYMH) agencies agree with the Auditor General's recommendation and will examine their existing client complaint policies to ensure that they capture all significant complaints. The CYMH agencies and Children's Mental Health Ontario (CMHO) concur that tracking complaints can provide helpful information to improve service quality. As clients are at the centre of care, we agree that identifying trends and building solutions to optimize client service is critical.

Fundamentally, complaints speak to the experience of children, youth, and families at CYMH agencies—but they are only one indicator. We will work with the Ministry of Children and Youth Services towards building client experience standards that holistically measure the service experiences of children, youth, and families and ensure that there are processes in place focused on continuous improvement of the client experience.

5.0 Detailed Audit Observations—Ministry of Children and Youth Services

5.1 Ministry Does Not Fund Agencies Based on Needs of Children and Youth Served

As was the case when we last audited the Mental Health Services program in 2003, the Ministry still distributes funding to CYMH agencies according to historical allocations, rather than the mental health needs of the children and youth they serve. In addition, the Ministry's plan to implement a new needs-based model to allocate CYMH funding for 2015/16 has been delayed and a timeline for its implementation has yet to be determined. As well, we were advised that the new needs-based model will not be used to allocate funding to Indigenous-operated agencies.

5.1.1 Agencies Are Still Not Funded Based on Assessed Need to Help Ensure Fair Distribution of Limited Funding

Similar to when we last audited the CYMH program in 2003, base funding that accounts for about 90% of total CYMH funding to agencies (as illustrated in **Figure 1** in **Section 2.5**) continues to be provided based on historical allocations. Although the Ministry committed to ensuring its limited funding is appropriately allocated to CYMH agencies based on the needs of the children and youth they serve, it has yet to undertake an assessment of CYMH needs at either a system-wide level or agency level.

Further, as highlighted in **Section 5.2.2**, we found that there are significant differences between agencies in costs per client served across core mental health services. These differences may be indicative of funding inequities between agencies. However, the Ministry has not investigated and assessed the reasonableness of these differences.

5.1.2 Ministry's Planned Funding Model to Allocate Funding Based on Mental Health Needs Has Been Delayed

The Ministry had targeted to fully implement the 2012 Moving on Mental Health Plan, which included a new funding model, in approximately three years. In 2015/16, when the new funding model was expected to be implemented, the Ministry only then hired a consultant to research and develop a new funding model. The funding model is intended to distribute funding to each of the 33 service areas the Ministry has established based on a consistent definition of CYMH community needs. However, the Ministry has not yet determined the process by which it will allocate funding to individual agencies within each service area. The Ministry also informed us that it still has not established a timeline for the implementation of the new funding model, and does not expect to have a timeline for the model's implementation until later in the 2016/17 fiscal year.

5.1.3 Funding for Indigenous-Operated Agencies Will Not Be Included in the Ministry's Future Funding Model to Ensure They Are Funded Based on the Needs of Those They Serve

Although the Ministry is in the process of developing a new funding model to allocate CYMH funding based on CYMH needs, the Ministry does not currently plan to incorporate funding to Indigenous-operated agencies in the new model. Instead, the Ministry expects to continue funding these agencies based on historical allocations. Funding allocated to Indigenous-operated agencies in 2015/16 totalled about $44 million.

RECOMMENDATION 5

To help children and youth to have access to consistent mental health services in Ontario, the Ministry of Children and Youth Services should:

- work to develop and implement as quickly as possible a funding model that allocates funding to child and youth mental health agencies that is commensurate with the needs of the children and youth they serve; and
- put in place a funding model to also allocate funding to Indigenous-operated agencies based on the mental health needs of the children and youth they serve.

MINISTRY RESPONSE

The Ministry of Children and Youth Services (Ministry) agrees with the Auditor General's recommendation to develop and implement a funding model as quickly as possible. The Ministry has collaborated with community members, research experts and partner ministries to support the development of a new funding model.

The Ministry anticipates the completion and finalization of the model in early 2017, with implementation anticipated to begin in 2018/19. The new funding allocation model will be based on defined community need for child and youth mental health (CYMH) services with funds allocated to geographic service areas. The Ministry will also take steps to determine the process it will use to allocate funding to individual CYMH agencies within each geographic service area.

The Ministry agrees in principle with the Auditor General's recommendation to allocate funding to Indigenous-operated agencies based on the mental health needs of children and youth they serve. Working with Indigenous partners, the Ministry will explore funding approaches for Indigenous-led CYMH services that reflect the mental health needs of Indigenous children and youth. The Ministry will then determine the risks and benefits of implementing these funding approaches to support better outcomes for Indigenous children and youth.

5.2 Insufficient Oversight of Mental Health Services Leading to Inconsistent Service and Non-Compliance at Agencies

Similar to when we last audited the CYMH program in 2003, we found that the Ministry is still not monitoring whether CYMH agencies provide appropriate services to children and youth and whether such services represent value for money spent. Since our last audit, the Ministry has established service requirements that CYMH agencies must follow in their delivery of mental health services. However, we found that several of these requirements are not clear, resulting in inconsistent practices among agencies delivering services. In addition, we found that there is insufficient oversight from the Ministry to ensure services are delivered by agencies in compliance with the Ministry requirements. We also noted differences among agencies in their costs per individual served and the number of clients served by agency staff. The Ministry does not review the reasonableness of these differences to determine if follow-up or corrective action is needed. Furthermore, the implementation of lead CYMH agencies, which is intended to help create clear, co-ordinated pathways to CYMH services, and to improve the quality, consistency, and availability of services, is delayed and expected to take more than twice as long as initially planned.

5.2.1 Ministry Does Not Provide Clear Program Requirements to Agencies and There Is Insufficient Ministry Oversight of Services Delivered by Agencies to Help Reduce the Risk of Inconsistent Service Delivery

Although the Ministry established minimum expectations for the delivery of core mental health services that CYMH agencies were required to follow beginning in 2014/15, these expectations are in some respects general, increasing the risk that they will be interpreted and applied inconsistently by CYMH agencies. For example:

- As identified in **Section 2.4.2**, the Ministry requires that the assessment of both the mental health needs of children and youth, and their response to mental health services and treatment, is to include the use of evidence-informed tools. However, the Ministry does not prescribe the specific tools to be used by agencies, which would help facilitate consistent results between agencies. Across the agencies we visited, we found that three different tools were being used. All agencies we visited informed us that it would be beneficial to have a standardized tool used by all agencies to help ensure consistency and comparability of results.
- While the Ministry requires that clients on waitlists be informed at regular intervals about their status, it has not provided guidelines for acceptable intervals. As a result, we found (as noted in **Section 4.1.4**) that just one of the agencies we visited had a policy to update clients about their status while on a waitlist, and in practice none of the agencies had informed the majority of clients about their status on the waitlist, including how much longer they should expect to wait before receiving service.
- As described in **Section 2.4.2**, the Ministry requires CYMH agencies to regularly review the service plan of each child or youth to monitor client outcomes and the status of client needs as services are being delivered, and to update the plan as needed. However, the Ministry has not defined what a regular basis is, nor has it provided guidelines for acceptable time frames for reviewing and updating service plans. As a result, at the agencies we visited, we found (as noted in **Section 4.1.3**) that their timelines for reviewing and updating service plans differed significantly, ranging from three to six months.

In addition, the Ministry has not implemented a process to monitor whether CYMH agencies are delivering core mental health services that comply with Ministry requirements and that are most appropriate to their clients' needs. As noted in **Section 4.1**, our review of files at the four agencies we visited identified a number of examples where CYMH agencies did not comply with the Ministry's requirements.

RECOMMENDATION 6

To enhance its oversight of the Child and Youth Mental Health (CYMH) program and to help ensure that consistent and appropriate services are provided to children and youth across Ontario, the Ministry of Children and Youth Services (Ministry) should:

- work with child and youth mental health agencies to further define its program requirements so that they can be consistently applied across Ontario by all agencies that deliver mental health services; and
- implement a process to monitor whether child and youth mental health agencies are delivering mental health services according to Ministry requirements.

MINISTRY RESPONSE

The Ministry of Children and Youth Services (Ministry) agrees with the Auditor General's Recommendation. In 2014/15, following the establishment of core child and youth mental health (CYMH) services as part of the Moving on Mental Health Plan, the Ministry implemented minimum expectations for core services and key processes that apply consistently to all Ministry-funded core service providers.

The Ministry is committed to building on these requirements, in partnership with child and youth mental health (CYMH) agencies, by identifying areas for improvement and further defining and clarifying program requirements, while recognizing the clinical expertise and decision-making that appropriately resides with service providers.

The Ministry will also develop and implement a process to monitor CYMH agency compliance with the Ministry's program expectations.

5.2.2 Ministry Does Not Assess the Significant Differences between Agencies in Costs per Client Served and Client Caseloads to Help Ensure Agencies Are Effective and Efficient

To ensure agencies are operating efficiently and effectively, and that the Ministry is obtaining value for the funding it provides, the CYMH agencies must report to the Ministry data about the services they are providing, their staffing, and finances. However, the Ministry does not assess this information to identify whether significant differences between agencies in costs per client served, and caseloads per agency worker, are reasonable or require Ministry follow-up and/or corrective action.

We obtained and analyzed the data reported by all the CYMH agencies, and determined that there were significant variances between the agencies' reported costs per case and caseloads per worker when compared to provincial averages. We noted that the Ministry had not performed its own analysis to identify and follow up on the reasonableness of such variances. **Figure 3** illustrates that the average cost per individual served by core service differed significantly between agencies and compared to the provincial average, and **Figure 4** illustrates that the average caseload at agencies also differs significantly between agencies and from the provincial average. Based on the data we reviewed, we noted the following significant differences from the provincial average that warrant Ministry follow-up to assess their reasonableness and to determine if corrective action may be required:

- Across all five core services identified in **Figure 3**, we found that about 20% of agencies reported average costs that were at least 50% higher than the provincial average cost.
- Across all five core services identified in **Figure 4**, between 16% and 24% of agencies reported average caseloads that were at least 50% larger than the provincial average. As well, almost 10% of agencies reported average caseloads for counselling and therapy that were more than twice the provincial average, and almost 15% of agencies reported average caseloads for intensive treatment services that were more than twice the provincial average. On the other hand, we found that across all five core services, between 26% and 49% of agencies reported caseloads that were less than half of the provincial average.

Figure 3: Average Agency Costs of Core Services per Individual Served (All Agencies), 2015/16

Source of data: Ministry of Children and Youth Services

Type of Core Service	Province-Wide Average* ($)	Highest* ($)	Lowest* ($)
Brief Services	937	3,021	151
Counselling and Therapy	1,681	3,939	224
Crisis Services	1,539	4,448	226
Intensive Treatment Services	12,506	50,352	639
Specialized Assessment and Consultation	1,680	5,107	188

* Figures exclude extreme outliers.

Figure 4: Individuals Served per Full-Time-Equivalent Worker (All Agencies), 2015/16

Source of data: Ministry of Children and Youth Services

Type of Core Service	Province-Wide Average #	Highest #	Lowest #
Brief Services	141	481	9
Counselling and Therapy	71	309	12
Crisis Services	100	295	12
Intensive Treatment Services	16	112	1
Specialized Assessment and Consultation	93	287	17

Note: Numbers exclude extreme outliers.

RECOMMENDATION 7

To help ensure that child and youth mental health agencies provide services that are both effective and efficient, and to ensure that the Ministry of Children and Youth Services is obtaining value for the funding it provides, the Ministry should periodically review agency caseloads per worker and costs per individual served; assess the reasonableness of costs and caseloads; and identify instances that require follow-up and/or corrective action.

MINISTRY RESPONSE

The Ministry of Children and Youth (Ministry) agrees with the Auditor General's recommendation. In order to support child and youth mental health (CYMH) agencies to be both effective and efficient, the Ministry will continue to work with the sector on the ongoing development of performance indicators and the collection of CYMH data. The Ministry will build upon this work to also include data to be collected with respect to agency caseloads, individuals served and associated costs.

The Ministry will also periodically review agency caseloads and costs per individual served to assess their reasonableness and to work with the sector and/or individual agencies in instances that require follow-up and/or corrective action.

5.2.3 Ministry's Plan to Improve Program Delivery through the Implementation of Lead Agencies Has Been Delayed

As identified in **Section 2.3**, the Ministry had targeted to fully implement the 2012 Moving on Mental Health Plan in approximately three years. The Plan included establishing 33 lead agencies across the province that would be responsible for providing core mental health services in their designated geographic service area, as well as monitoring the quality of services provided. However, four years after the Plan was introduced, 31 lead agencies have been identified so far, but none have assumed their full responsibilities yet. The Ministry now expects it will take until 2019/20 for all lead agencies to assume their full responsibilities. As well, in our discussions with staff at the Ministry and the lead CYMH agencies we visited, we identified concerns that might prevent lead CYMH agencies from effectively carrying out their responsibilities, and the Ministry from meeting the objectives of the Moving on Mental Health Plan, including:

- While the Ministry expects that some lead agencies will begin assuming their responsibilities for delivering core mental health services in their geographic area as of April 1, 2017, the Ministry has not yet developed accountability agreements that identify the specific responsibilities of the lead agencies, and the timeline for assuming their responsibilities is unclear.
- As outlined in **Section 2.3**, lead CYMH agencies will be expected to monitor the quality of core mental health services delivered in their area. However, all of the lead agencies we visited expressed concerns that the current Ministry performance indicators are insufficient to do so. They also identified that consistent client outcome measurement tools need to be implemented across the system for client outcomes to be comparable and monitoring to be effective.
- To support the goal of the Moving on Mental Health Plan to create clear, co-ordinated pathways to services, lead CYMH agencies are responsible for developing a community mental health report for their service area that focuses on the child and youth mental health services and supports delivered by other sectors such as education, health, child welfare, and youth justice. However, all lead agencies we visited indicated that they expect it will take several years, and as long as 10 years, before a fully functional community

mental health report is in place where all parties are aware of available services in the area and how to access them, and that regardless of where a youth or family first approaches for service, they will end up in the right place.

RECOMMENDATION 8

To ensure it meets the objectives of the Moving on Mental Health Plan, the Ministry of Children and Youth Services (Ministry) should work with lead child and youth mental health agencies to:

- establish accountability agreements that clearly describe the responsibilities of both the Ministry and the lead child and youth mental health agencies before lead agencies assume their responsibilities to provide core mental health services in their service delivery area; and
- explore opportunities to expedite the creation of clear and co-ordinated pathways to core mental health services, and services provided by other sectors, to help ensure that children and youth are connected with the right service regardless of where they approach service.

MINISTRY RESPONSE

The Ministry of Children and Youth Services (Ministry) agrees with the Auditor General's recommendation. Accountability has been a key priority for the Ministry throughout the Moving on Mental Health (MOMH) transformation. As the Ministry continues to work to operationalize the role of lead child and youth mental health (CYMH) agencies, modifications have been made to the future role of lead CYMH agencies, such that the Ministry will retain financial and contractual oversight of core service providers. These changes reduce administrative duplication and burden, while ensuring appropriate accountability and controllership.

The Ministry is working with lead CYMH agencies to develop appropriate accountability agreements before they assume their full responsibilities. These agreements will clearly articulate and support lead CYMH agencies in their roles and responsibilities, including planning for the delivery of core services and supporting continuous quality improvement.

As noted in the report, the development of clear, coordinated pathways is expected to take several years. With key foundations of MOMH now in place, the Ministry is placing greater emphasis on opportunities to expedite the creation of clear and coordinated pathways. As an important first step, the Ministry will work with lead CYMH agencies and experts to identify and build on best practices in the lead CYMH agencies' core community mental health reports.

The Ministry will also continue to engage with the Ministry of Health and Long-Term Care and partner ministries on the development of clear pathways, including transitions from youth to adult services, and transitions between hospitals and primary care to community-based services.

5.3 Ministry Does Not Effectively Measure the Performance of the Child and Youth Mental Health Program and Agencies

As in our previous audits of the Ministry's administration of the CYMH program, we continue to note that individual agency performance is still not being effectively measured against targets, and that the Ministry still does not effectively monitor client outcomes or overall program performance against measurable and meaningful targets. Since our last audit of CYMH agencies in 2008, the Ministry has developed performance indicators and collected data on these indicators from CYMH agencies. However, the Ministry is not using this data to monitor the performance of the CYMH program or CYMH agencies. As well, the indicators the Ministry is collecting data on may not be sufficient to enable the Ministry to comprehensively assess the performance of the CYMH program and CYMH agencies.

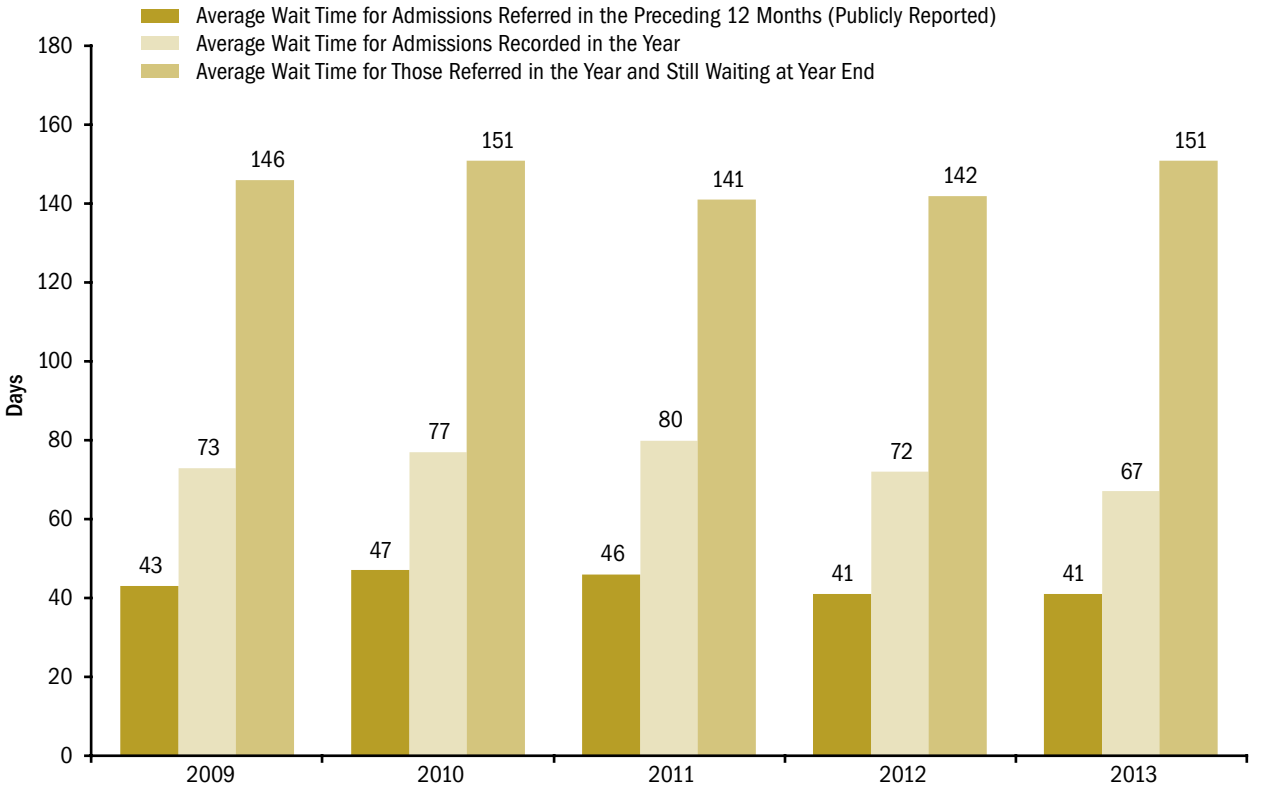
5.3.1 Publicly Reported Performance Indicators on Wait Times and Child and Youth Mental Health Outcomes Are Misleading

Although the Ministry established 13 new performance indicators in the 2014/15 fiscal year, it has yet to publicly report on any of them. In addition, performance indicators that were previously reported publicly—wait times to receive service and outcomes for those who completed service—were incomplete and misleading (reporting of these performance indicators was discontinued in 2013/14). Specifically, the Ministry publicly reported misleading results that presented the Ministry's program in the most favourable light rather than reporting complete, unbiased results. Specifically, we found that:

- The Ministry collected and reported results on these indicators from only a subset of child and youth mental health agencies (approximately 100) and did not identify that they were incomplete and did not reflect the results from all agencies.
- The Ministry reported results on certain clients and excluded others, skewing the results. The Ministry only reported wait times for children and youth that had sought and received service in the same year. Those who sought service in a given year, but received service in a subsequent year were excluded from the results. As well, the Ministry did not share the average wait time of those still waiting for service at the end of each year. **Figure 5** demonstrates that although the Ministry publicly reported that those who had sought and received service in 2013 waited an average of 41 days, it did not report that the average wait time for all who had received service in 2013 was actually 67 days, and that at the end of 2013 those that were still waiting for service had been waiting for an average of 151 days.
- The Ministry chose to publicly report the percentage of children and youth that showed any improvement in function at exit from mental health services instead of the percentage that

Figure 5: Average Wait Times for Mental Health Services, 2009–2013 (Days)

Source of data: Ministry of Children and Youth Services



showed a clinically meaningful improvement as defined by an assessment tool used by the Ministry. As illustrated in **Figure 6**, a lower number of children and youth demonstrated a meaningful improvement than those who demonstrated any improvement at all. For example, in 2013, while 76% of children and youth showed an improvement, 66% showed a clinically meaningful improvement at exit from mental health services.

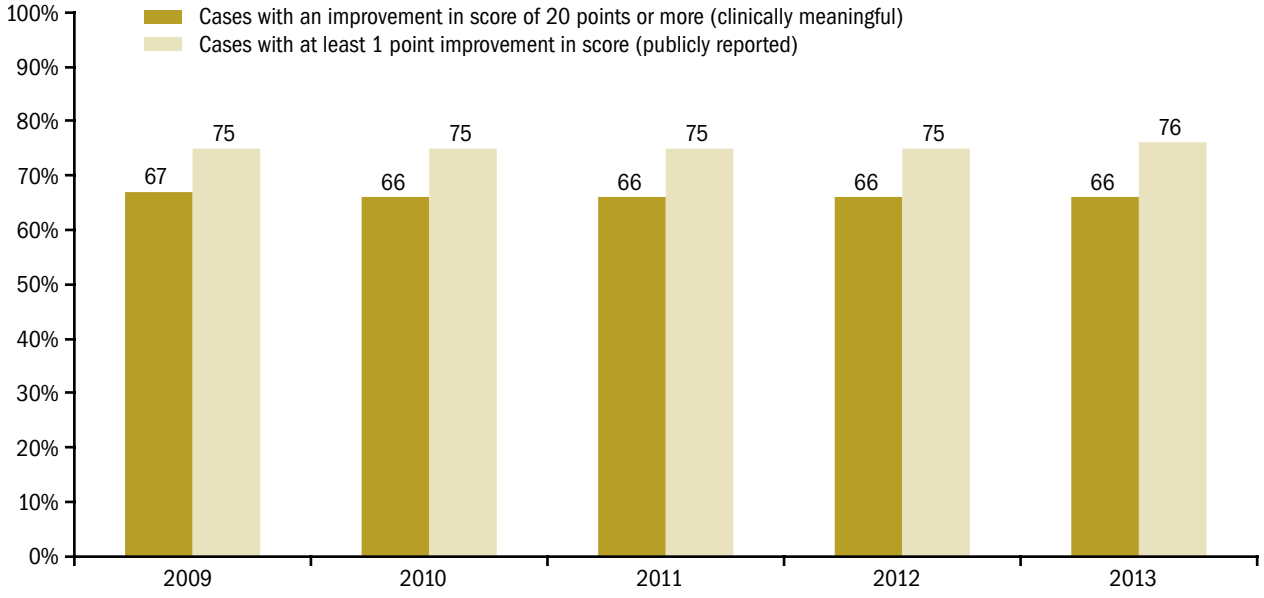
5.3.2 Ministry Does Not Monitor the Performance of the Program or Agencies to Facilitate Corrective Action Where Needed and Does Not Collect Data on All Current Ministry Performance Indicators

The Ministry is not yet using data collected from CYMH agencies on its performance indicators to monitor the performance of the CYMH program and CYMH agencies. In addition, the Ministry is not yet collecting data on all 13 of its new CYMH performance indicators, and it has not established targets for these indicators against which to measure the results reported by CYMH agencies. Specifically, we noted that:

- Data is only being collected on 10 of the Ministry's 13 new performance indicators described in **Appendix 3**. The Ministry has yet to determine when it will begin to collect data on the remaining three performance indicators, which include:
  - number of incidents (including serious occurrences and client complaints);
  - client perception of the service system; and
  - value for investment (basis of measurement to be determined, but to include the unit cost of services).
- Although the Ministry introduced its 13 new performance indicators in 2014/15, we noted it has not yet set targets for these indicators against which to measure the effectiveness of CYMH agencies.
- The Ministry has not analyzed the agency data collected on the indicators it introduced in 2014/15 to identify if follow-up and/or corrective action is needed at CYMH agencies. We obtained the Ministry's data and conducted

Figure 6: Percentage of Children and Youth Showing Improved Functioning at Exit from Mental Health Services, 2009–2013

Source of data: Ministry of Children and Youth Services



Note: The Ministry publicly reported the percentage of children and youth who showed any improvement (at least 1 point) in function at exit from mental health services instead of the percentage that showed a clinically meaningful improvement (20 points or more).

our own analysis, excluding data the Ministry deemed to be incomplete or inaccurate. Based on this analysis, we noted variances that warrant follow-up by the Ministry to determine if corrective action is needed and to identify potential leading practices that can be shared to promote improvement across all agencies. For example, we noted that in 2015/16:

- Nearly one in five agencies reported an average wait time for Intensive Treatment Services that was at least 50% longer than the provincial average of 89 days. We also noted that one in four agencies reported an average wait time that was at least 50% longer than the provincial average wait time for both Brief Services (33 days) and Counselling and Therapy (78 days). On the other hand, between almost 40% and almost 50% of agencies reported wait times for Brief Services, Counselling and Therapy, and Intensive Treatment Services that were less than half the provincial average.
- Nearly one-third of agencies reported that less than 50% of children and youth who ended service with their agency had a positive outcome compared to the provincial average of 64% across all agencies in 2015/16. Conversely, almost 40% of agencies reported that more than 80% of children and youth who ended service with their agency had a positive outcome.

- Prior to the introduction of its new CYMH performance indicators in 2014/15, the Ministry collected data on two performance indicators as described in **Section 5.3.1**—one related to wait times for child and youth mental health services, and another related to the outcomes of children and youth who had exited from mental health services. We noted that the Ministry collected these results in aggregate from third parties rather than from each individual agency, and so was not able to analyze the extent to which the results differed between agencies to determine if follow-up and/or corrective action was needed. We obtained a breakdown of agency-specific results and analyzed and identified significant differences that warrant follow-up. For example, we noted that:
  - While the average wait time for children and youth that received mental health services in 2013 was 67 days (as shown in **Figure 5** in **Section 5.3.1**), we noted that the average wait time at more than one in five agencies exceeded 100 days, including some where the average wait time exceeded 200 days.
  - While the percentage of children and youth that showed a clinically meaningful improvement in function at exit from mental health services was 66% in 2013 (as shown in **Figure 6** in **Section 5.3.1**), we noted that at 13% of agencies, less than 50% of children and youth showed a meaningful improvement at exit from services.

5.3.3 Ministry Performance Indicators Are Not Sufficient to Monitor the Performance of the Program and Agencies

The Ministry's current performance indicators for the CYMH program are not sufficient to effectively monitor the performance of the CYMH program and CYMH agencies. Specifically:

- The Ministry has identified a number of additional indicators that would help in measuring the performance of the CYMH program. However, the Ministry told us that a new Business Intelligence solution is required to collect the data for these additional indicators, as well as to enhance its ability to analyze data on existing performance indicators, including results specific to individual clients. However, full implementation of this solution is not expected until the 2019/20 fiscal year.
- The Ministry's current performance indicators do not capture the long-term outcomes of the children and youth that have received mental

health services through the CYMH program. Yet, the Ministry notes that unaddressed mental health issues can lead to poor academic achievement and higher school drop-out rates, unemployment, poverty, homelessness, and increased risk of criminal behaviour. Capturing data on long-term indicators could provide a more complete picture of the CYMH program's effectiveness, and inform future policy direction. The CYMH agencies we visited also noted that it would be beneficial to have performance indicators in place that measure the long-term outcomes of children and youth that have received CYMH services, such as high school graduation rates; post-secondary school enrolment rates; incarceration rates; and the percentage that access social assistance.

- The Ministry does not collect data on the number of children and youth by specific mental health illnesses or disorders to help inform future programming and policy decisions.
- CYMH agencies are required to assess and report on whether children and youth have had a positive outcome when services are completed or ended. However, we found that agencies are using different tools to measure positive outcomes and that the Ministry has not required a standardized measurement tool to be used. Putting in place standardized tools was highlighted as a priority in the 2011 Comprehensive Mental Health and Addictions Strategy (described in **Section 2.2**). As well, all CYMH agencies we visited and Children's Mental Health Ontario indicated that standardized assessment tools should be implemented to enable the meaningful comparison of results across the system on an objective basis.
- The Ministry may not be appropriately measuring wait times. The Ministry defines wait time as the time between first contact with the agency and receipt of service. Key steps—such as the time between first contact with the agency and assessment of mental health needs, and between referral to a service and receipt of service—are not captured to identify where problem areas exist. As such, the Ministry's definition of wait time may be too narrow and lead to misleading results. For example, if a client of a CYMH agency receives a service and is then referred to another service at a later date, the Ministry measures wait time from the client's first contact with the agency to the start date of that second referred service rather than from the date of referral to the start of that referred service; in this case, the wait time is incorrectly inflated. All four agencies we visited noted that wait times as defined by the Ministry were of limited value to them for managing their operations. Suggestions for improvement included capturing wait times from referral to receipt of a specific service, and capturing how much time a child or youth spends waiting for service compared to their time spent receiving service.

RECOMMENDATION 9

To help ensure the Child and Youth Mental Health program is performing as intended to deliver consistent and effective services to Ontario's children and youth who need it, the Ministry of Children and Youth Services (Ministry) should:

- work with Children's Mental Health Ontario, and child and youth mental health agencies, to identify and implement performance indicators and data requirements that are sufficient, consistent and appropriate to use to periodically assess the performance of the program and the agencies that deliver it;
- assess whether implementing performance indicators that measure the long-term outcomes of children and youth who have accessed mental health services can assist the Ministry to measure the effectiveness of the program and inform future policy decisions;
- assess whether collecting data on the number of children and youth with specific

mental health illnesses and disorders may help inform future policy decisions to better address the needs of children and youth; and

- set targets for its performance indicators and use the data it collects to identify instances that may require follow-up and/or corrective action.

MINISTRY RESPONSE

The Ministry of Children and Youth Services (Ministry) agrees with the Auditor General's recommendation and will assess its performance indicators and data elements with its sector partners, including Children's Mental Health Ontario and child and youth mental health (CYMH) agencies, and evolve them as the transformation of the CYMH program takes place to ensure the Ministry has sufficient information to assess the performance of the CYMH program and agencies that deliver CYMH services.

A CYMH Data Working Group was recently established with membership from a range of Ministry staff and lead CYMH agencies. The Ministry will work with this group to seek recommendations on new and revised performance indicators. The Ministry will use CYMH performance data to assess CYMH agency performance. This data will also be used to inform service delivery and policy design.

The Ministry will also work with its sector partners to assess feasibility of collecting information to inform analysis of long term outcomes for children and youth who have accessed mental health services.

Through the implementation of the business intelligence solution, the Ministry will also begin to receive additional data to more effectively serve children and youth, and undergo system planning.

The Ministry will also establish benchmarks for its performance indicators and compare performance data to benchmarks to evaluate, address and improve performance.

RECOMMENDATION 10

To ensure the public's confidence in the Child and Youth Mental Health program is maintained, the Ministry of Children and Youth Services should ensure that publicly reported results on the performance of the program provide information that is both accurate and meaningful.

MINISTRY RESPONSE

The Ministry of Children and Youth Services (Ministry) agrees with the Auditor General's recommendation. Through consultation with stakeholders, the Ministry is working to develop meaningful performance measures that will be reported publicly.

In addition, the Ministry has established a preliminary process to improve the consistency of data reporting. The planned implementation of a new business intelligence solution is expected to further improve the accuracy of reported data, will facilitate the collection of standardized client and service data and will support improved data quality.

5.4 Better Co-ordination with Other Ministries May Help with the Delivery of Mental Health Services and Improve the Outcomes of Children and Youth

The Ministry led the Comprehensive Mental Health and Addictions Strategy (Strategy) from 2011/12 to 2013/14, and introduced a number of initiatives, along with the other participants in the Strategy, the Ministries of Health and Long-Term Care, Education, and Advanced Education and Skills Development (as outlined in **Appendix 1**). We noted that the government's goals for the Strategy include reducing wait times, improving mental health outcomes, and reducing the per person cost of mental health services. However, to date the

Ministry has not worked with the other participating Ministries to determine the impact of their initiatives on the mental health outcomes of children and youth, or to identify and further leverage the initiatives that have led to positive outcomes.

We also found that the Ministry has not worked with the Ministries of Health and Long-Term Care, Education, and Advanced Education and Skills Development to identify whether further opportunities exist to improve the outcomes of children and youth, and potentially reduce wait times and the government's costs to provide mental health services, such as by focusing additional resources on mental health promotion, prevention, and early intervention. While the Ministry has not worked in co-ordination with these Ministries, the increase in emergency room visits and in-patient hospitalizations by children and youth for mental health issues is signalling a growing problem.

We obtained data from the Ministry of Health and Long-Term Care that indicates that between 2008/09 and 2015/16, emergency room visits by children and youth up to 18 years of age for mental health problems have increased by over 50% while emergency room visits for all reasons by all Ontarians have increased by just 17% over this same time frame. As well, based on data from the Canadian Institute for Health Information, we noted that from 2008/09 to 2014/15, in-patient hospitalizations for children and youth aged 5 to 24 for mental health problems also increased by over 50% in Ontario even though hospitalizations for all other conditions across Canada have actually declined.

The specific reasons for these increases in hospital utilization for mental health problems have not been tracked by either the Ministry or the Ministry of Health and Long-Term Care. Nevertheless, both the Ministry and the Ministry of Health and Long-Term Care indicate that community-based CYMH services can help prevent mental health problems from escalating and requiring visits to an emergency room or admission to hospital in-patient services. As well, although neither Ministry has comprehensively compared the cost of community-based CYMH services to hospital-based mental health services, both Ministries highlighted that community-based CYMH services, such as those focused on prevention and early intervention, can be provided at a lower cost than mental health services in a hospital. However, the Ministry advised us that it has not worked with the Ministry of Health and Long-Term Care to assess whether allocating additional resources to community-based CYMH services can help improve the outcomes of children and youth requiring mental health services; reduce in-patient hospitalizations and visits to emergency rooms for mental health problems; and lower the government's overall costs for mental health services. A number of sources highlight that exploring such opportunities may help achieve the government's goals to improve mental health outcomes and reduce costs, including the following:

- Children's Mental Health Ontario (CMHO), which represents more than 85 CYMH agencies in Ontario, has highlighted that timely access to community-based CYMH services can help prevent mental health crises from occurring and reduce the use of costly visits to hospital emergency departments. CMHO has also identified that the community-based sector does not have the capacity to provide treatment to all children and youth who need it, and that due to long wait times in the community-based sector for treatment, youth often go to hospitals. CMHO has proposed that funding for community-based CYMH services should be increased to help reduce costlier hospitalizations and reduce the government's overall costs.
- A recent report by the Canadian Institute for Health Information (Institute) noted that although there are several possible explanations for the increase in the use of hospitals in Canada by children and youth with mental health issues, the increase could point to a shortage of community-based services. The Institute also notes that experts suggest that services delivered at home and in communities

are the most effective when treating children and youth, and that repeat hospitalizations for mental disorders may indicate challenges in obtaining appropriate care in the community. As well, the Institute notes that bolstering the services of community-based CYMH agencies can help support improved outcomes for children and youth, reduce hospital use, and result in cost savings.

- Other recent reports have also identified that poor access to community-based services have likely contributed to increases in emergency room visits for mental health conditions in Ontario. As well, the Ontario Mental Health and Addictions Leadership Advisory Council (Council) identified in its 2015 annual report that mental health promotion, prevention, and early intervention can improve mental health outcomes. In addition, the Council identified that mental health promotion and prevention can yield significant net cost savings. The Council was appointed by the Ontario government in 2014 to provide advice on the implementation of the government's 2011 Comprehensive Mental Health and Addictions Strategy (described in **Section 2.2**).

RECOMMENDATION 11

To help meet the goals of the Comprehensive Mental Health and Addictions Strategy for improving mental health outcomes and reducing the per person cost of mental health services, the Ministry of Children and Youth Services should work with other ministries that provide mental health services to:

- determine the impact of their initiatives on the mental health outcomes of children and youth, and further leverage initiatives that result in improved mental health outcomes for children and youth; and
- further analyze the increases in in-patient hospitalizations and hospital emergency room visits by children and youth for mental health issues, assess the nature of these visits, and use this information to put in place actions to reduce visits by, for example, focusing on promotion, prevention and early intervention.

MINISTRY RESPONSE

The Ministry of Children and Youth Services (Ministry) agrees with the Auditor General's recommendation. Inter-ministerial co-operation and alignment of services is key to providing seamless services and supports on the ground. The Ministry has been working collaboratively with the Ministry of Health and Long-Term Care (MOHLTC), the Ministry of Education, and the Ministry of Advanced Education and Skills Development to implement initiatives that improve service delivery for children and youth.

The Ministry will build on qualitative assessments of initiatives introduced under Ontario's Comprehensive Mental Health and Addictions Strategy. The Ministry, along with government partners, will establish baseline child and youth mental health indicators with the intent to measure initiative outcomes and leverage best practices to further improve mental health outcomes for children and youth.

The Ministry also commits to working with MOHLTC to analyze and understand the rates of in-patient hospitalizations and hospital emergency room visits by children and youth experiencing mental health issues in order to take steps to reduce such visits by, for example, focusing on prevention and early intervention.

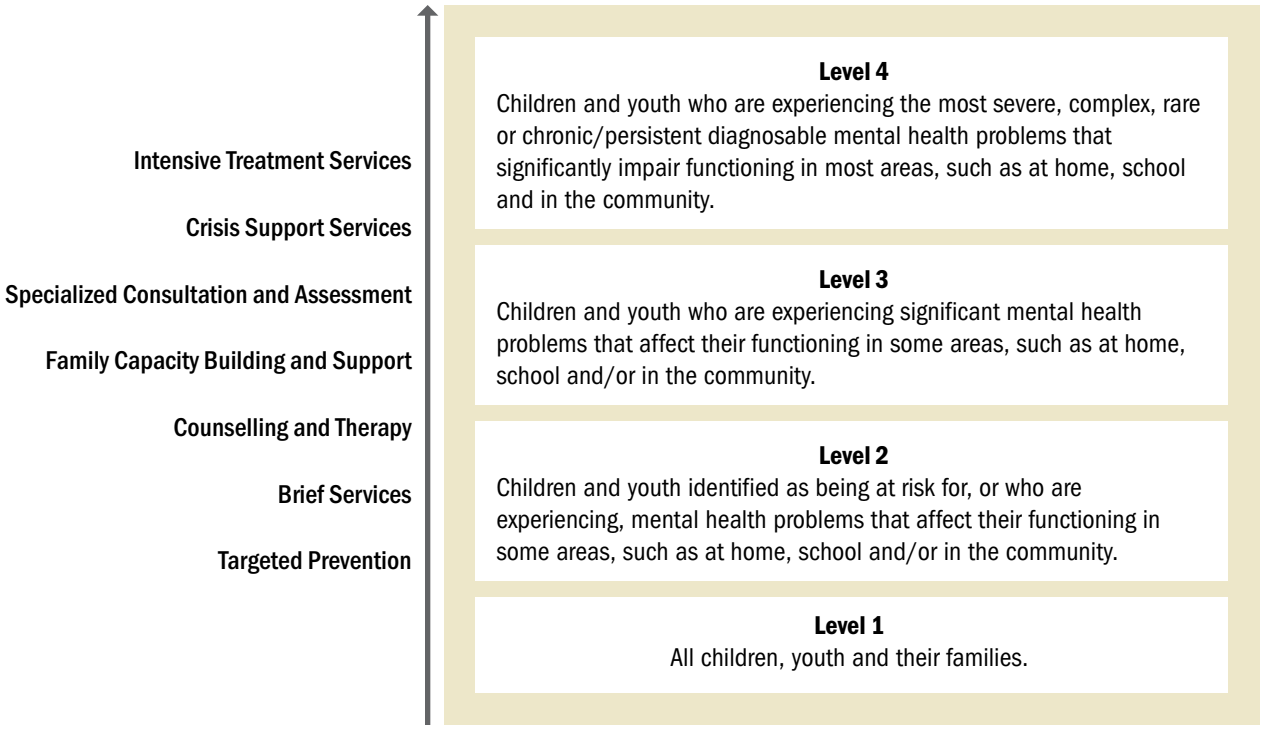
Appendix 1: Key Initiatives under the Mental Health and Addictions Strategy

Source of data: Ministries of Children and Youth Services, Health and Long-Term Care, Education, and Advanced Education and Skills Development

Ministry of Children and Youth Services (MCYS)
New community-based workers — MCYS provided funding to community-based child and youth mental health agencies to hire new workers to provide mental health services to children and youth in the community and in schools.
New Aboriginal workers — MCYS provided funding to hire and train Aboriginal Mental Health and Addictions workers in high-needs Aboriginal communities.
New mental health court workers — MCYS provided funding for new workers to expand service to new court sites to keep youth out of the justice system and refer them instead to community-based services.
Youth Suicide Prevention Plan — MCYS launched a youth suicide prevention plan focused on supporting communities in their local youth suicide prevention efforts to better respond to young people in crisis.
Tele-Mental Health expansion — MCYS expanded the Tele-Mental Health service that provides access to specialized mental health consultations and psychiatric assessments to rural, remote and underserved communities via videoconferencing technology.
Ministry of Health and Long-Term Care (MOHLTC)
Mental health and addictions nurses in district school boards — MOHLTC implemented nurses to work with district school boards and local schools to support the early identification and treatment of students with potential mental health and/or addiction issues.
Expansion of eating disorders treatment services — MOHLTC expanded eating disorder treatment services, including in-patient, day treatment, and out-patient programs for children and youth. The expansion included additional nurses and the introduction of new services for those with eating disorders.
18 service collaboratives — MOHLTC established service collaboratives in 18 communities with service providers working to improve access and transitions to mental health and addiction supports for children, youth and families across services and sectors.
Ministry of Education (MEDU)
Mental health leaders — MEDU implemented a mental health leader in each district school board in the Province to provide mental health leadership support in their school board, and to develop and implement a board-specific, comprehensive student mental health and addictions strategy.
School mental health (ASSIST) — MEDU implemented a provincial school support team designed to help school boards with the development and implementation of their mental health and addictions strategy, and to help school boards to build educator capacity for mental health literacy, to introduce evidence-based mental health promotion and prevention programs, and to help address specific mental health needs in the board.
Preface to curriculum — Beginning in 2013, a new preface has been added to the beginning of all recently revised curriculum documents entitled "Supporting Students' Well-Being and Ability to Learn." This preface sets the context for the educators' role in promoting and supporting healthy development for all students in all subject areas and includes a sub-section entitled "The Role of Mental Health."
Ministry of Advanced Education and Skills Development (MAESD)
Good2Talk postsecondary mental health helpline — MAESD implemented a post-secondary mental health helpline (Good2Talk) that provides bilingual 24/7 services that address the mental health needs of post-secondary students, including students who raise general mental health issues including depression, drug and alcohol dependencies, relationship problems, suicide ideation and other concerns.
Mental Health Innovation Fund — MAESD implemented the Mental Health Innovation Fund to fund projects with the potential to improve mental health services and outcomes for Ontario's post-secondary students.

Appendix 2: Continuum of CYMH Needs-Based Services and Supports

Source of data: Ministry of Children and Youth Service's *Program Guidelines and Requirements #01: Core Services and Key Processes*



Appendix 3: New CYMH Performance Indicators

Source of data: Ministry of Children and Youth Services

Priority Area		Performance Indicator	Definition
Who are we serving?	P1	Proportion of Child and Youth Population Served	Number of children and youth served as a proportion of child and youth population, by community, with reference to estimated prevalence of mental health problems of 20%.
	P2	Profile of Children and Youth Served	Proportion of clients served in a given period, by gender and age at intake. Proportion of clients by category of assessed need and severity of need at time of first assessment.
	P3	Ages of Children and Youth Served	Average age of clients at intake.
	P4	Profile of Clients With Complex Mental Health Needs	The proportion of clients who display multiple needs, require multiple services and/or are involved with multiple providers.
What are we providing?	P5	Service Utilization	Proportion of clients by each core service, as a percentage of all services in a given period.
	P6	Service Duration	The average length of time between service start date and service end date, by service, for a given period.
	P7	Clients Receiving Brief Treatment Requiring No Other Services	Number of clients receiving brief treatment that require no further services.
How well are we serving children, youth and families?	P8	Clients with Positive Outcomes	Proportion of clients with positive response to treatment in a given period, based on all services in the service plan. Includes reduction in severity of needs, improved coping/functioning/strengths, identified goals being achieved and client perception of outcome.
	P9	Client and/or Parent/ Caregiver Perception of Positive Outcome (used to inform P8)	The proportion of clients with a perception of the service outcome as positive in a given period.
	P10	Number of Incidents (including serious occurrences and client complaints)	The number of incidents in a given period by type.[1]
How well is the system performing?	P11	Average Wait Times for Clients Receiving Services	Average length of time that clients wait for specific treatment services (not including clients who are scheduled for services at their request) in a given period.
	P12	Client Perception of the Service System[2]	Clients' perceptions of their experience with the service system (e.g., survey items to include wait times, integrated care, client involvement, service delivery and transitions).[1]
	P13	Value for Investment	Initially, total dollars invested in the program over time. In future, analysis will take into account number of clients served, varied levels of needs, severity and outcomes (to determine *value* for investment).[1]

1. This information is not currently collected.
2. Clients are children/youth and parents/caregivers.