

Chapter 1

Section 1.01

Ministry of Children, Community and Social Services

Child and Youth Mental Health

Follow-Up on VFM Section 3.01, 2016 Annual Report

RECOMMENDATION STATUS OVERVIEW

	# of Actions Recommended	Status of Actions Recommended				
		Fully Implemented	In Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 1	1		0.5	0.5		
Recommendation 2	5	0.75	2	2.25		
Recommendation 3	1			1		
Recommendation 4	1	1				
Recommendation 5	2			2		
Recommendation 6	2			2		
Recommendation 7	1			1		
Recommendation 8	2		1	1		
Recommendation 9	4			4		
Recommendation 10	1			1		
Recommendation 11	2			2		
Total	22	1.75	3.50	16.75	0	0
%	100	8	16	76	0	0

Overall Conclusion

As of July 5, 2018, the Ministry of Children, Community and Social Services (formerly the Ministry of Children and Youth Services) and the four child and youth mental health agencies that we visited during our 2016 audit have fully implemented or have made significant progress in implementing 24% of the recommended actions

in our 2016 Annual Report. For example, the responsibilities of lead agencies including planning for the delivery of core mental health services and supporting continuous quality improvement have been outlined in a regulation that came into force on April 30, 2018. As well, the Ministry of Children, Community and Social Services (Ministry) advised us that it will work with the agencies to finalize service contracts and communicate updates to expectations for lead agencies by the spring of

2019, before all lead agencies assume their full responsibilities in their service delivery areas.

All four agencies have updated, or are in the process of updating, their policies to require supervisory approval of key caseworker documents and decisions. In addition, three of the agencies either had already started sharing with all their staff the results of file reviews that assess compliance with service delivery requirements, or had revised their processes to start sharing them. Sharing these reviews with all their staff is meant to help ensure that issues of non-compliance are addressed across the agency. We also noted that two of the agencies had established targets for wait times for providing clients with mental health services, and either had already begun, or intended to begin monitoring actual wait times against these targets. All four agencies also indicated that they had reviewed their complaints policies and determined that they are capturing the most significant complaints.

However, the Ministry and the agencies have made little progress toward implementing 76% of the actions we recommended in our *2016 Annual Report* and informed us that they would need more time to implement the recommendations.

We note that the Ministry's responses to this report are a point-in-time reflection of planned activities and approaches from the perspective of the former Ministry of Children and Youth Services (now the Ministry of Children, Community and Social Services). The government recently announced that the Ministry of Health and Long-Term Care will be taking on responsibility for child and youth mental health from the former Ministry of Children and Youth Services. Effective October 29, 2018, policy and financial accountability for child and youth mental health transferred to the Ministry of Health and Long-Term Care. Future decisions on child and youth mental health policies, programs and services related to the recommendations in this report will be considered in the context of the transfer and integration of the Child and Youth Mental Health portfolio into the Ministry of Health and Long-Term Care's mental health system.

The status of actions taken on each of our recommendations is described in this report.

Background

The Ministry of Children, Community and Social Services (Ministry) provides funding for community-based mental health services in Ontario for children and youth (from birth up until 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. The services include counselling and therapy, intensive treatment, specialized consultation and assessment, and crisis support.

In 2017/18, the Ministry provided \$460 million in transfer payments (\$438 million in 2015/16) through its Child and Youth Mental Health program to 380 service providers (more than 400 at the time of our audit), 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 approximately 120,000 registered clients.

In our 2016 audit, we noted that many of the issues we highlighted in our 2003 audit of community-based child and youth mental health services remained significant concerns. Specifically, we found that the Ministry still did not monitor and effectively administer this program to ensure that services were timely, appropriate and effective, and delivered efficiently.

The following were some of our specific concerns in our 2016 audit of 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, which put treatment gains already achieved at risk. 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 given any help to transition to another mental health service provider.

- The mental health needs of children and youth were not assessed consistently. Agencies are required to assess the needs of children and youth using standardized, evidence-informed assessment tools. However, at three of the four agencies we visited, in about 50% to 100% of the cases we reviewed we found either that such tool-based assessments were not completed, or that it was not evident that results from these assessment tools were used to help develop initial service plans.
- Timelines for reviewing service plans varied between agencies, increasing the risk of delay in providing children and youth with services most appropriate to their needs. Although the Ministry required agencies to review the service plan of each client regularly, it did not prescribe timelines for doing so.
- There is a risk that the mental health of children and youth can deteriorate while waiting for service, but little was done to monitor wait-time trends and their impact. 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 worked with deteriorated while waiting for service, none of the agencies we visited tracked the impact of wait times on mental health. We noted that average wait times for some services in 2015/16 exceeded six months at three of the four agencies we visited.
- Agencies did not monitor and assess client outcomes to determine whether 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.

- Neither the Ministry nor the four agencies we visited required supervisors in agencies to review and approve key decisions and documents completed by agency caseworkers.

The following were some of our specific concerns in our 2016 audit of the Ministry's administration of the Child and Youth Mental Health program:

- Similarly to when we last audited the program in 2003, the Ministry continued 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 served. In addition, we found that the Ministry's plan to implement a new needs-based funding model by 2016 had been delayed, and a timeline for its implementation had yet to be determined.
- Although the Ministry had established minimum expectations for the delivery of services, it had not implemented a process to monitor whether agencies complied with these requirements, and we found many cases where they did not. In addition, we found that the Ministry's expectations were in some respects general, increasing the risk that agencies will interpret and apply them inconsistently. For example, the Ministry required that clients on wait lists for service be informed at regular intervals about their status, but it had not defined what a regular interval should be.
- The Ministry collected information from agencies on the services they provided, their staffing levels and financial data. However, the Ministry did not review this information to assess whether significant differences between agencies in costs per client served and caseloads per agency worker were reasonable.

The report contained 11 recommendations, consisting of 22 actions, to address our audit findings.

We received commitments from the agencies and the Ministry that they would take action to address all of our recommendations.

Standing Committee on Public Accounts

On March 22, 2017, the Standing Committee on Public Accounts (Committee) held a public hearing on our 2016 audit. In December 2017, the Committee tabled a report in the Legislature resulting from this hearing. The Committee endorsed our findings and recommendations, and made 11 additional recommendations. The Ministry reported back to the Committee in April 2018. The Committee's recommendations and our follow-up on its recommendations are found in **Chapter 3, Section 3.01** of this volume of our *2018 Annual Report*.

Status of Actions Taken on Recommendations

We conducted assurance work between April 3, 2018 and July 5, 2018. We obtained written representation from the Ministry of Children, Community and Social Services (Ministry), and the four child and youth mental health agencies that we visited during our 2016 audit (Kinark Child and Family Services, Youthdale Treatment Centres, Vanier Children's Services and Children's Centre Thunder Bay) that, effective October 31, 2018, they have provided us with a complete update of the status of the recommendations we made in the original audit two years ago.

Agencies Fall Short of Consistently Meeting All Requirements When Delivering Services

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, Community and Social 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.

Status: Two agencies are in the process of implementing this recommendation by March 2019, and two agencies have made little or no progress.

Details

In our 2016 audit, we identified that the policies of the child and youth mental health agencies we visited were not always in alignment with the Ministry's new requirements for the delivery of mental health services.

In addition, we found that the agencies we visited did not always deliver services that complied with Ministry requirements designed to help ensure that children and youth receive mental health services appropriate to their needs. For example, the Ministry requires that agencies assess the mental health needs of children and youth, and this process is to include the use of standardized, evidence-informed tools intended to enhance the consistency and objectivity of assessments. We found that the agencies we visited either did not consistently complete the tool-based standardized assessments, or it was not evident that they used the results from the tool-based assessments to help update service plans and decide whether to discharge their clients from the agency.

We also found that the agencies we visited did not consistently follow the Ministry best practice of following up with clients within three to six months of discharge to assess their mental health status and facilitate access to additional services for those who need them.

All four agencies have made some progress toward developing policies that align with the Ministry's requirements and recommended practices. For example, two agencies have updated their policies to require the use of evidence-informed tools for key decisions including client assessments, service plans, changes to services and decisions to discharge clients. One of these agencies indicated that it would take until the end of 2018 for its staff

to receive sufficient training to integrate the results from these tools into reports such as service plans. The other two agencies were in the process of updating their policies to align with the Ministry's requirements for the use of evidence-informed tools by the fall of 2018.

Two of the agencies are also putting in place policies and procedures to follow up with clients after discharge. One of these agencies indicated that it planned to implement a policy by September 2018 to follow up with discharged clients after three months. Another agency indicated that it will implement a post-discharge follow-up pilot during the 2018/19 fiscal year, and review the results by March 31, 2019. The remaining two agencies had made little or no progress toward adopting this practice. One of these agencies implemented a requirement in the spring of 2018 to follow up with clients discharged from its intensive treatment services that account for just over 10% of its clients. The agency indicated that resource constraints limit its ability to follow up post-discharge with the rest of its clients. The remaining agency indicated that it is currently conducting a review that includes follow-up post-discharge, and that based on this review it will decide whether to implement a follow-up process after discharge by November 2018.

Children's Mental Health Ontario (CMHO) advised us that it is working with its member agencies and the Canadian Centre for Accreditation to update child and youth mental health accreditation standards to align with the Ministry's program guidelines and requirements. In addition, in December 2016, CMHO held discussions with agencies to share lessons learned from the 2016 audit report and to support member agencies to work toward achieving compliance with the Ministry's program guidelines and requirements. To help facilitate compliance, CMHO has also proposed to the Ministry to develop a report and a webinar, to hold an event to highlight the audited agencies' lessons learned, and to provide opportunities for agencies to address ongoing challenges related to compliance with requirements.

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

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;*

Status: Two agencies have fully implemented this recommendation, and two agencies are in the process of implementing this recommendation by December 2018.

Details

During our 2016 audit, 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 caseworkers' critical decisions and key documents, such as assessments, service plans, service plan reviews and decisions to discharge clients from the agency.

At the time of our follow-up, one agency had updated its procedures to require supervisory approval of decisions such as updates to service plans and discharge decisions. Another agency updated its policy to begin to require supervisory approval of service plans, service plan reviews and discharge decisions. The other two agencies were in the process of updating their policies to require supervisory approval of key caseworker documents and decisions. One expected to update its policy in the fall of 2018, and the other, in December 2018.

CMHO also indicated that it supports implementing supervisory approval of key caseworker

decisions and documents, and that provincial standards for supervisory approval should be established to ensure their consistency. CMHO noted that development of these provincial standards will require the assistance of the Ministry, and supports their development within the available resources.

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

- *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;*

Status: Two agencies are in the process of implementing this recommendation by the end of 2018, and two agencies have made little or no progress toward implementing this recommendation.

Details

In our 2016 audit, we identified that the Ministry had not established targeted wait times for mental health services that agencies were required to follow, and the agencies we visited did not monitor trends in wait times to assess their reasonableness and to identify issues that require follow-up or corrective action.

Two of the four agencies have established wait-time targets for the mental health services they provide. One of these agencies indicated that starting in the 2018/19 fiscal year its senior leadership had begun to review its results relative to targets, and planned to repeat this review three times a year. The other agency noted that its senior leadership planned to begin reviewing its results relative to its targets by the end of 2018 to assess their reasonableness and take action where necessary.

The other two agencies we audited had not yet developed wait-time targets for their services at the

time of our follow-up. One of these agencies indicated that before it established wait-time targets as it planned by April 2019, it was currently working on ensuring the accuracy of its wait-list data. The other agency indicated that it still required further analysis of its wait times before it could set targets. In addition, this agency informed us that it supported the development of provincial wait-time standards to ensure that it sets targets that are comparable to provincial standards.

CMHO also indicated that it supports the development of provincial wait-time targets, where there are adequate resources to meet those targets. In addition, CMHO informed the Ministry that it is willing to lead an initiative to provide recommendations to the Ministry for the development of wait-time benchmarks.

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

- *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;*

Status: One agency is in the process of implementing this recommendation by the end of 2018. Three agencies have made little or no progress toward implementing this recommendation.

Details

During our 2016 audit, we found that none of the four agencies we audited had targets in place for the proportion of children and youth they expected to achieve a positive outcome at the end of service. As well, none of the four agencies monitored the outcomes of children and youth who had received services to assess the outcomes and to identify trends that may require follow-up and corrective action.

At the time of our follow-up, one of the agencies was in the process of implementing this recommendation. The agency has established a target for the proportion of children and youth it expects to achieve positive outcomes at the end of service, and its senior management plans to begin monitoring outcomes relative to its target by the end of 2018 in order to follow up and take corrective action where necessary.

The other three agencies have not yet set a target for the proportion of positive outcomes at the end of service. One agency indicated that it planned to set a target in conjunction with other service providers in its region by the end of 2019. The two other agencies indicated that they planned to set their targets by March 2019. One noted that it was currently monitoring client outcomes to help it set its target, and the remaining agency indicated that it was currently working on ensuring it has recorded client outcomes properly.

CMHO indicated its continued support for the recommendation, but also for the development of standardized outcome measurement tools, and provincial targets for the proportion of children and youth who are expected to achieve positive outcomes. CMHO noted that developing provincial targets will require the assistance of the Ministry.

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

- *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;

Status: One agency has fully implemented this recommendation. Two agencies are in the process of implementing this recommendation by February 2019, and one agency has made little or no progress toward implementing this recommendation.

Details

In our 2016 audit, we found that although the agencies we visited performed compliance reviews of client files to ensure, for example, that service plans were completed, 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.

One agency has fully implemented this recommendation. It has made a presentation to all staff of the results of its file audits to assess compliance, to help ensure that issues of non-compliance are addressed by all case-carrying staff. The agency advised us that it plans to repeat this process in the fall of 2018.

Another two agencies were in the process of implementing this recommendation at the time of our follow-up. One of these agencies currently expects its managers to share with their team issues identified during file audits that are specific to their team. The agency also indicated that following the completion of file audits in the summer of 2018, it plans to begin sharing a summary of its file audit results during staff meetings with all staff, and to email all staff a summary of the results. The other agency had updated its processes to require sharing the results of file audits with staff, and indicated that it planned to begin sharing results with all staff by February 2019.

The remaining agency could not provide us with documentation to support a plan for sharing the results of file audits with all staff. It indicated to us, however, that it does expect supervisors to share the results of file audits with their teams.

- *assess whether implementing periodic quality assurance reviews of files at agencies can help ensure that children and youth receive appropriate and effective services.*

Status: One agency is in the process of implementing this recommendation by March 2019.

Three agencies have made little or no progress toward implementing this recommendation.

Details

In our 2016 audit, we found that although the agencies we audited perform compliance reviews of client files to ensure, for example, that service plans are completed, agencies do not perform quality assurance reviews to determine whether children and youth received the most appropriate services based on their mental health needs.

One agency recently reviewed a sample of its discharge decisions in 2017 to assess their appropriateness. It found that, due to a lack of available documentation, almost 30% of the files it reviewed required further investigation to determine whether the discharge decision was appropriate. The agency indicated that in addition to following up to take corrective action on these files, it planned to undertake a review of discharge decisions in 2018 and explore opportunities for quality reviews of other key decision points in client files during the 2018/19 fiscal year.

The other three agencies had not yet put in place processes to implement quality assurance reviews of files to ensure that children and youth receive appropriate and effective services. One of these agencies indicated that it planned to include some quality checkpoints in its current compliance file audit checklist by the fall of 2018. Another agency indicated that it was conducting research toward developing quality assurance tools for reviews of its files by the end of 2018. The remaining agency also indicated that it supports implementing these reviews, and indicated it planned to do so by April 2019.

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

Recommendation 3

The Ministry of Children, Community and Social 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.

Status: Little or no progress.

Details

In 2010, in the follow-up to our earlier audit of child and youth mental health agencies' delivery of child and youth mental health services, agencies identified difficulties in establishing benchmarks for caseloads, and highlighted that they required the Ministry's support to develop benchmarks because of a lack of resources. In our 2016 audit, we found that the Ministry had still not developed caseload benchmarks or guidelines for the child and youth mental health program that agencies could use to compare against their own caseloads and assess their reasonableness.

Although the Ministry has established plans, and engaged the Ontario Centre of Excellence for Child and Youth Mental Health (Centre) to work toward developing recommendations for caseload guidelines, significant work remains outstanding before this recommendation is implemented.

The Ministry worked with the Centre on a plan to engage stakeholders to develop recommendations for caseload guidelines, and the Centre then established a working group that it co-chairs with Children's Mental Health Ontario (CMHO) and includes representation from child and youth mental health agencies. The Centre and CMHO provided a draft interim report to the Ministry in June 2018 that recommended that caseload guidelines should not be developed; instead, they recommended that workload guidelines should be

developed. The Ministry advised us that it remains committed to implementing the recommendation to develop caseload guidelines, and has not made any decisions regarding the recommendation in the interim report. The Ministry expects a final report from the Centre and CMHO in December 2018. It advised us that it plans to review and analyze the recommendations from the report along with other research and data on caseloads to determine next steps in the development of caseload guidelines.

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

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.

Status: All four agencies have fully implemented this recommendation.

Details

In our 2016 audit, we found that none of the agencies we audited maintained a log of all client complaints relating to their service delivery. Instead, agencies only recorded and logged complaints escalated to management and/or senior management. All other complaints across all four agencies were not logged. 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 agencies did not maintain logs of all client complaints, 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.

All four agencies indicated that they have reviewed their policies and determined that they are capturing the most significant complaints. CMHO and the agencies we audited also identified

that they regard a robust complaint process as a part of measuring the experience of clients. They also continue to support the development of provincial client experience standards to provide a more comprehensive picture of service quality. They note that compliance with such standards could include indicators ranging from relatively minor issues to the most serious complaints. CMHO and the agencies note that these standards would allow agencies to better identify trends where services are not meeting client expectations, and to take corrective action as appropriate. However, both the CMHO and the agencies indicated that they will require the Ministry's support for this initiative.

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

Recommendation 5

To help children and youth to have access to consistent mental health services in Ontario, the Ministry of Children, Community and Social 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;*

Status: Little or no progress.

Details

During our 2016 audit, we found that, as was the case when we audited the Mental Health Services program in 2003, the Ministry was still distributing funding to the agencies according to historical allocations rather than the mental health needs of the children and youth they serve. In addition, we noted that the Ministry had delayed its plan to implement a new needs-based model to allocate mental health funding to agencies by the 2015/16 fiscal year, and had not yet set a timeline for its implementation.

The Ministry engaged a consultant and developed a funding model that is intended to allocate funding to agencies based on the needs of the communities they serve. The funding model is designed to allocate 90% of funding to agencies based on the socio-economic factors in the communities they serve, including the child and youth population, the number of lone-parent families, the unemployment rate, education levels, the number of visible minorities and the number of low-income families. However, the Ministry has not set a timetable to implement the new funding model, and has not determined whether it will use the new model to allocate funding to the agencies.

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

- *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.*

Status: Little or no progress.

Details

In our 2016 audit, we noted that although the Ministry was in the process of developing a new funding model to allocate funding based on child and youth mental health needs, the Ministry did not have a plan to incorporate funding to Indigenous-operated agencies in the new model. Instead, the Ministry expected to continue to fund these agencies based on historical allocations.

Although the Ministry identified that it is discussing service delivery models and funding approaches with First Nations, Inuit and Métis partners in the context of holistic services and nation building, it has not yet determined how and when it will implement this recommendation.

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

Recommendation 6

To enhance its oversight of the Child and Youth Mental Health program and to help ensure that consistent and appropriate services are provided to children and youth across Ontario, the Ministry of Children, Community and Social 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;*

Status: Little or no progress.

Details

In our 2016 audit, we found that although the Ministry had established minimum expectations for the delivery of core mental health services for agencies to follow beginning in 2014/15, these expectations were in some respects general, increasing the risk that agencies would interpret and apply them inconsistently.

The Ministry has committed to lead a review of its program guidelines and requirements to update them and to ensure they are consistently interpreted and applied, leveraging the work and expertise of the Ontario Centre of Excellence for Child and Youth Mental Health. The Ministry plans to convene a reference group to provide advice on the review by December 2018, and to complete its review and update its program guidelines and requirements by June 2019. Based on the review, the Ministry also plans to develop implementation tools and supports for the agencies over the course of the 2018/19 and 2019/20 fiscal years.

- *implement a process to monitor whether child and youth mental health agencies are delivering mental health services according to Ministry requirements.*

Status: Little or no progress.

Details

During our 2016 audit, we found that the Ministry did not have a process to monitor whether agencies were delivering core mental health services that complied with Ministry requirements and were most appropriate to their clients' needs. In addition, our review of files at the four agencies we visited identified a number of examples where agencies did not comply with the Ministry's requirements.

Although the Ministry has not made significant progress on this recommendation, the Ministry plans to conduct an analysis of the current state of mental health agencies' compliance with its program guidelines and requirements by the end of 2018. After that, the Ministry plans to develop an oversight and monitoring framework to address identified gaps in agencies' compliance by June 2019, and to implement processes and tools to monitor agencies' performance, and to follow up as required by July 2019.

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

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, Community and Social 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.

Status: Little or no progress.

Details

In our 2016 audit, we noted that to ensure that agencies were operating efficiently and effectively, and the Ministry was obtaining value for the funding it provided, the agencies were required to report to the Ministry data about the services they were providing, their staffing and finances. However, we found that the Ministry did not assess this information to identify whether differences between agencies in costs per client served and caseloads per agency worker were reasonable or required Ministry follow-up and/or corrective action.

Although the Ministry has made little progress toward implementing this recommendation, it informed us that it plans to address it. By the fall of 2018 it plans to develop baseline costs per unit of service (e.g. cost per individual served), and by March 2019 it expects to analyze trends to inform acceptable ranges for costs and to help determine instances that require follow-up.

The Ministry also advised us that it plans to develop and implement guidelines for costs per unit of service by June 2019. It plans to develop reports to monitor agencies' compliance to the guidelines for costs per unit of service by February 2020, and to begin reviewing agencies' compliance to guidelines as part of the management of its contracts with agencies by June 2020. The Ministry also advised us that depending on the outcome of its work to develop caseload guidelines, it intends to put in place similar processes to monitor caseloads.

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

Recommendation 8

To ensure it meets the objectives of the Moving on Mental Health Plan, the Ministry of Children,

Community and Social 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 lead child and youth mental health agencies before lead agencies assume their responsibilities to provide core mental health services in their service delivery area;*

Status: In the process of being implemented by March 2019.

Details

In our 2016 audit, we noted delays in the Ministry's plans to implement the Ontario Government's Moving on Mental Health Plan, which included establishing 33 lead child and youth mental health agencies that would be responsible for providing core mental health services in designated geographical areas. We found that none of the lead agencies had assumed their full responsibilities. During our audit, the Ministry informed us that it expected it would take until 2019/20 for all lead agencies to assume their full responsibilities. We also found that even though the Ministry expected some lead agencies to begin assuming these responsibilities as of April 1, 2017, the Ministry had not yet developed accountability agreements that identify their specific responsibilities.

In 2018, the Ministry reiterated that it expects that all lead agencies will assume their full responsibilities in 2019/20; a regulation outlining the responsibilities of lead agencies, including planning for the delivery of core mental health services and supporting continuous quality improvement, came into force on April 30, 2018. As well, the Ministry advised that it will work with agencies to finalize service contracts and communicate updates to lead agency expectations by the spring of 2019 before all lead agencies assume their full responsibilities.

- *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.

Status: Little or no progress.

Details

In our 2016 audit, we noted that the goals of the Ontario Government's Moving on Mental Health Plan included the creation of clear, co-ordinated pathways to services. To support this goal, we noted that lead child and youth mental health agencies were responsible for developing a community mental health report for their service area that focused 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 expected it would take several years, and possibly as long as 10 years, before a fully functional community mental health system was in place so that all parties would have knowledge of available services in their area and how to access them.

The Ministry's plans to address this recommendation include leveraging lead agencies' reports dealing with core service delivery and community mental health over the course of the 2018/19 fiscal year, in order to identify promising practices.

In addition, the Ministry plans to work with the Ministry of Health and Long-Term Care, as well as other ministries and stakeholders to identify priorities such as supporting co-ordinated pathways from schools to child and youth mental health agencies, and to begin work on these pathway priorities in 2018. The Ministry anticipates that by 2020 it will complete its work in areas such as sector guidelines on identified pathway priorities.

The Ministry is also working with the Ministry of Health and Long-Term Care to support the implementation of 10 demonstration youth wellness hubs. These hubs are walk-in centres where young people aged 12 to 25 can get one-stop access to mental health and addictions services. The hubs also provide primary care, education,

and employment and housing services for youth. The Ministry advised us that it is supporting the development of a framework for evaluating this initiative, and the results would be used in expediting the creation of clear and co-ordinated pathways to services.

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

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, Community and Social 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;*

Status: Little or no progress.

Details

In our 2016 audit, we noted that the Ministry's performance indicators for the child and youth mental health program were not sufficient to monitor the performance of the program and the agencies effectively. In addition, we noted that the Ministry was not collecting data on all 13 of its new performance indicators. During our 2016 audit, we also noted that the Ministry identified a number of additional indicators that would help measure the performance of the program. However, the Ministry told us that a new Business Intelligence (BI) solution was required to collect the data for these additional indicators and full implementation of the solution was not expected until the 2019/20 fiscal year.

The Ministry established a working group in 2017 that included child and youth mental health agencies and the Centre of Excellence for Child and Youth Mental Health to review and provide feedback on its performance indicators. Based on this feedback, it made changes to both the description and method of calculating of some of the indicators. However, the Ministry is still not collecting data on all of its 13 performance indicators and did not have a timeline for doing so. In addition, it has not introduced new performance indicators to help measure the performance of the mental health program, and does not expect to complete the implementation of its BI solution at all agencies until April 2020. The BI solution will capture anonymized client-level data, and the Ministry expects that its implementation will enable better analysis of performance data and mental health outcomes. The Ministry noted that based on the data collected using the BI solution, it will refine, augment and change its indicators over time as the system matures.

- *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;*

Status: Little or no progress.

Details

In our 2016 audit we identified that the Ministry's performance indicators do not capture the long-term outcomes of the children and youth who have received mental health services through the child and youth mental health program. The agencies we visited in the course of our audit indicated that it would be beneficial to have performance indicators in place that measure the long-term outcomes of people who have received child and youth mental health services. For example, such outcomes could be high-school graduation rates, post-secondary

school enrolment rates, incarceration rates, and the percentage that access social assistance.

The Ministry has made little progress toward implementing this recommendation to date. It indicated that it plans to review and determine long-term outcome indicators and associated data measures, and assess the feasibility and suitability of collecting more detailed outcome data by March 2019.

- *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;*

Status: Little or no progress.

Details

In our 2016 audit, we identified that the Ministry does not collect data on the number of children and youth with specific mental health illnesses or disorders to help inform future programming and policy decisions.

The Ministry indicated that to address this recommendation, it is going to be working with the Canadian Institute for Health Information (CIHI) to facilitate data collection and reporting on mental health illnesses and disorders from a subset of child and youth mental health agencies. By November 2018, the Ministry plans to assess whether data collected from a subset of agencies can be extrapolated and appropriately applied at a provincial level to help inform policy decisions.

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

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

Status: Little or no progress.

Details

In our 2016 audit, we identified that the Ministry was not using data collected from child and youth mental health agencies on its performance indicators to monitor the performance of the program and agencies. In addition, the Ministry was not collecting data on all 13 of its new mental health performance indicators, and it had not established targets for these indicators against which to measure the results reported by the agencies.

The Ministry indicated that it first plans to fully implement its new Business Intelligence (BI) solution at all agencies by April 2020, and then begin collecting data using this system for three years before establishing targets for its performance indicators in 2024. The Ministry advised us that the BI solution will capture anonymized client-level data that will enable better target-setting and analysis of performance data.

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

Recommendation 10

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

Status: Little or no progress.

Details

In our 2016 audit, we noted that although the Ministry had established 13 new performance indicators in the 2014/15 fiscal year, it had yet to publicly report on any of them. In addition, we found that discontinued performance indicators that had previously been reported publicly—on wait times to receive service, and outcomes for those who completed service—were incomplete and misleading.

The Ministry does not publicly report on its current performance indicators, and has not identified a date by which it will share data publicly. However, the Ministry has shared data on its performance indicators from the 2015/16 fiscal year with the Institute for Clinical Evaluative Sciences (ICES). ICES subsequently publicly published *The Mental Health of Children and Youth in Ontario: 2017 Scorecard* in June 2017. The ICES scorecard included data on some of the Ministry's performance indicators.

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

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, Community and Social 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;*

Status: Little or no progress.

Details

In our 2016 audit, we identified that the Ministry led the Comprehensive Mental Health and Addictions Strategy from 2011/12 to 2013/14, and introduced a number of initiatives along with other ministries participating in this strategy, such as the Ministries of Health and Long-Term Care, Education, and Advanced Education and Skills Development. However, we found that the Ministry had not worked with 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.

The Ministry has not made significant progress toward implementing this recommendation. However, the Ministry informed us that it plans to work with the Ministries of Health and Long-Term Care, Education, and Training, Colleges and Universities (formerly Advanced Education and Skills Development) to develop common indicators to measure the mental health outcomes of children and youth by September 2020. The Ministry indicated that it then intends to use these indicators to measure the impact of the initiatives and assess if specific initiatives require their own evaluation framework. In addition, the Ministry plans to fully implement its Business Intelligence solution at all agencies by April 2020. The Ministry expects that implementation of this solution, which will capture anonymized client-level data, will enable better analysis of mental health outcomes and better targeting of investments.

- *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 the information to put in place actions to reduce visits by, for example, focusing on promotion, prevention and early intervention.*

Status: Little or no progress.

Details

In our 2016 audit, we noted that between 2008/09 and 2015/16, emergency room visits by children and youth for mental health problems had increased by over 50%. In addition, we noted that between 2008/09 and 2014/15, in-patient hospitalizations of children and youth had also increased by over 50%. We also found that the Ministry had 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, for example, by focusing additional resources on mental health promotion, prevention and early intervention.

To gain a better understanding of increased emergency department utilization rates by children and youth for mental health and addictions issues, the Ministry engaged ICES, which in 2017 provided the Ministry with a report examining the data. The Ministry advised us that it is currently working with the Ministry of Health and Long-Term Care to complete a comprehensive analysis of available data on the use of hospital-based mental health services by children and youth by the fall of 2018. The Ministry indicated that this work will be used to inform future policy decisions. However, the Ministry has not established a timeline for when it expects to use this information to put in place actions to reduce hospital visits.