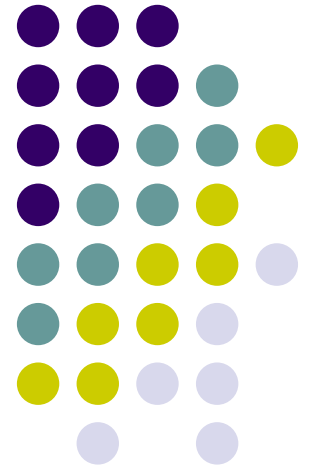


**Ministry of Children and
Youth Services
and
Ministry of Health and
Long-Term Care**

2009 Initiatives



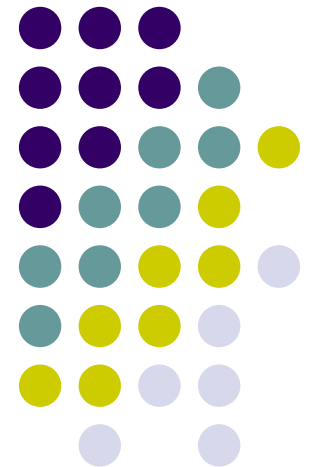
Agenda



- MCYS Strategic Framework: Update
 - *Presenter: Susan Capling, Director, Specialized Services and Supports Branch (MCYS)*
- A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health
 - *Presenter: Marian Mlakar, Director, Children and Youth at Risk Branch (MCYS)*
- Review of School Health Support Services
 - *Presenters: Debra Bell, Manager, Health Program Policy and Standards Branch (MOHLTC); Jane Cleve, Manager, Specialized Services and Supports Branch (MCYS)*
- CCAC Integrated Client Care Project
 - *Presenter: Debra Bell, Manager, Health Program Policy and Standards Branch (MOHLTC)*

Ministry Strategic Framework

Ministry of Children and Youth Services



Ministry Strategic Framework



- Core objectives:
 - **Better outcomes** for children and youth; and
 - An **enhanced experience** for clients as they engage with services.
- Strategic goals:

EVERY CHILD AND YOUTH HAS A VOICE

**EVERY CHILD AND YOUTH RECEIVES
PERSONALIZED SERVICES**

**EVERYONE INVOLVED IN SERVICE DELIVERY
CONTRIBUTES TOWARD ACHIEVING COMMON OUTCOMES**

EVERY CHILD AND YOUTH IS RESILIENT

**EVERY YOUNG PERSON GRADUATES FROM
SECONDARY SCHOOL**

Engaging our Partners



- What we've heard:
 - Support for the general direction described in the framework;
 - Goals of *Graduation from Secondary School* and *Resilience* have elicited the most discussion;
 - Importance of accounting for special needs; and
 - Looking for opportunities to move forward together.

Getting to Outcomes



- Examples of getting there:
 - Preschool Speech and Language program outcome measures tool.
 - Child Welfare Outcomes Expert Reference Group.

Getting to Outcomes



- The Preschool Speech and Language Program's outcome measures tool evaluates:
 - Parent's perception of changes in their child's language skills;
 - Changes in children's functional communication skills (i.e. his/her level of frustration, participation in book reading); and
 - Changes in child's speech and language skills as compared to normative data (i.e. milestones of typical development).

Getting to Outcomes



- In Spring 2008 the Ministry of Children and Youth Services (MCYS) established the Child Welfare Outcomes Expert Reference Group (CWOERG).
- The mandate of the reference group is to develop and recommend to the Ministry of Children and Youth Services (MCYS) a list of key outcomes for all children and youth receiving services and/or transitioning from child welfare services in Ontario, and identify what change is needed to achieve these outcomes.
- CWOERG is comprised of members from the Ontario child welfare research field, children's aid societies, youth in care/ transitioning from care, and MCYS.
- CWOERG has proposed three key outcomes and a number of provisional indicators and measures for each outcome:
 - Higher Educational Achievement
 - Higher Degree of Resiliency
 - Smoother Transitions to Emerging Adulthood

Strategic Framework- Contact Us



The document and a feedback form are available on the web in the “**About The Ministry**” section of the ministry’s website.

For feedback on the framework please email:

RealizingPotential.mcys@ontario.ca

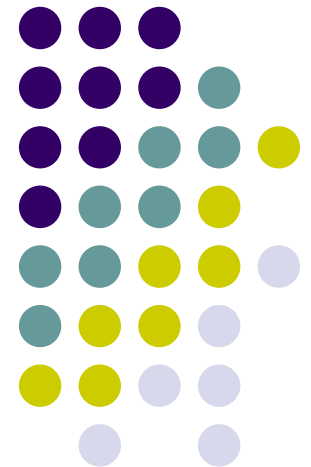
Strategic Research Fund

Shannon Fenton

A/Director, Research and Outcomes Measurement Branch

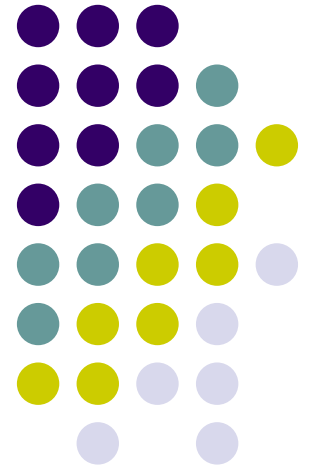
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Questions?



A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health

Ministry of Children and Youth
Services



Ontario's Child and Youth Mental Health System



- The Ministry of Children and Youth Services (MCYS) has the primary responsibility for child and youth mental health programs and services in Ontario
- Child and youth mental health services are not mandated under the *Child and Family Services Act*. Programs and services are provided to the level of available resources and include prevention, early identification and intervention services for children, youth and their families from birth to 18 years of age who are at risk of, or who have developed social, emotional, behavioural, and/or psychiatric problems
- Services are delivered through:
 - over 260 children's mental health service providers that provide mental health services to children, youth and their families;
 - 2 directly operated child and youth mental health centres: Thistletown Regional Centre in Toronto and the Child and Parent Resource Institute in London;
 - 17 hospital-based child and youth mental health outpatient programs that provide day treatment; and
 - contracted agencies that provide mental health services to youth in conflict with the law.

Ontario's Child and Youth Mental Health System (cont'd)



- MCYS also funds the following programs and services:
 - The Provincial Child and Youth Telepsychiatry Program that provides agencies with access to clinical consultations with child psychiatrists through videoconferencing in rural, remote and under-serviced communities
 - The Provincial Centre of Excellence for Child and Youth Mental Health at the Children's Hospital of Eastern Ontario
 - The Akwe:go and Wasa-Nabin programs for Aboriginal children and youth living off-reserve delivered by 29 Indian Friendship Centres in order to support at-risk and high-risk urban Aboriginal children and youth
- Joint initiative with the Ministry of Education
 - The Student Support Leadership Initiative (SSL) was jointly launched with the Ministry of Education in 2008 to support enhanced collaboration across sectors, and the increased ability of children, youth and their families to navigate across systems. This is a three year, joint initiative aimed at fostering leadership within school boards and community agencies, and building/enhancing partnerships within and across school boards and community agencies

Child and Youth Mental Health Policy Framework



- In November 2006, MCYS released *A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health*.

The Framework has four over-arching goals:

1. A coordinated, collaborative and integrated child and youth mental health sector at all levels, creating a culture of shared responsibility
2. Children and youth have timely access to a flexible continuum of appropriate programs within their own cultural, environmental and community context
3. Enhanced understanding of, and ability to respond to, child and youth mental health issues through the provision of high quality and effective services at all levels of need
4. An accountable and well-managed child and youth mental health sector

Child and Youth Mental Health Policy Framework (continued)



- The Framework defines child and youth mental health as varying degrees of need on a continuum: from mental health and well-being from a prevention perspective to mental illness/disorder

Mapping: What we did



Overview

As a first step to the implementation of the Framework, MCYS conducted a province-wide survey (mapping exercise) to provide a snapshot of current service provision in the province. Implementation began by taking a comprehensive look at what was being delivered on the ground, in all places where children and youth access services. This was the most comprehensive mental health data collection exercise ever undertaken in Ontario.

Implementation

- A. Mapping is a “point in time” snapshot of child and youth mental health service delivery in 2007/08 fiscal year:
- MCYS funded agencies completed a survey for each individual program to collect data on
 - types and locations of programs and services (functions)
 - who currently receives these programs and services (target population)
 - sources of funding
 - wait times
 - 373 agencies reported on 1503 programs for 255,000 clients (not distinct)

Mapping and other sources of data



B. Additional data was collected from:

- Annual reports of Brief Child and Family Phone Interview (BCFPI) and Child and Adolescent Functional Assessment Scale (CAFAS) that are used by approximately 30% of agencies who provide services:
 - BCFPI reports on mental health issues at intake, wait times and demographics
 - CAFAS reports on functioning and severity of illness
- Data from the Ministry of Health and Long Term Care including services provided through hospitals, physicians, and community-based programs funded by the Ministry of Health and Long-Term Care
- Data from Ministry of Education including services provided in schools by psychologists, social workers and other professionals such as youth workers
- Data on incidence and prevalence from published literature, including:
 - Youth aged 14-16 received the most services
 - Children and youth with mental health issues may have functional, social and academic impairment
 - Untreated mental health issues may be associated with increased risk for criminal behaviour, substance abuse, and chronic or persistent mental health issues in adulthood
 - 15-21% of children and youth have at least one mental health issue (Waddell, 2006)

Mapping: What we found



- Mapping the system has revealed specific areas where changes are needed across health, education and child and youth sectors, moving towards the goals of the Policy Framework.
- Areas of focus include:
 - Service delivery and planning across sectors, (e.g., schools, health, agencies)
 - Screening, intake and assessment tools and processes for service planning and data collection
 - Establishing a baseline and expectations for evidence-based service delivery
 - Wait time management strategies

Next steps



- Build engagement through community workshops across the province
 - Continue to discuss mapping data to further understand and ask questions
 - Conclude mapping analysis
- Set the stage for future defining of provincial expectations on the continuum:
 - Service delivery and planning between schools and agencies
 - Screening, intake and assessment tools/processes
 - Wait time management

Provincial Emphasis on Mental Health



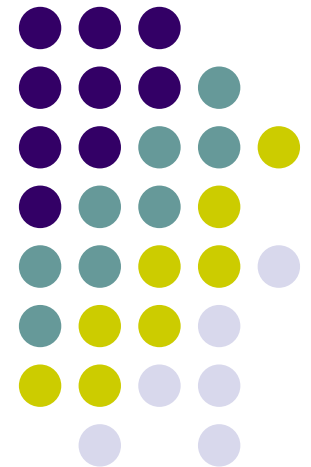
- All-party *Select Committee on Mental Health and Addictions* is recommending ways to improve access to mental health and addiction services
- Ministry of Health and Long-Term Care Advisory Group on Mental Health and Addictions comprised of consumers, family members, providers and researchers to focus on key theme areas of: system design, healthy communities, consumer partnerships, early identification and intervention, and supporting front-line workers
 - These two groups, along with feedback from community partners, will contribute to the development of a 10-year mental health and addictions strategy for Ontario

NOTE:



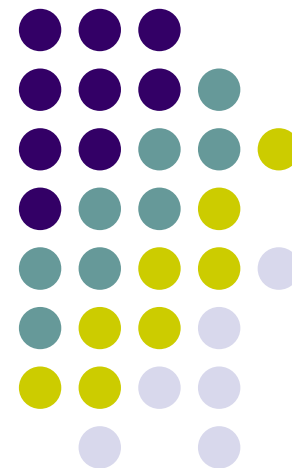
- *A Shared Responsibility: Ontario's Policy Framework on Child and Youth Mental Health* can be downloaded from the MCYS website at:
http://www.children.gov.on.ca/htdocs/English/resources/specialneeds/shared_responsibility.aspx
- For more information on *Realizing Potential: Our Children, Our Youth, Our Future Ministry of Children and Youth Services Strategic Framework 2008-2012*:
<http://www.children.gov.on.ca/htdocs/English/about/framework.aspx>

Questions?



Review of School Health Support Services

Ministry of Health and Long-Term Care,
Ministry of Children and Youth Services
and Ministry of Education



The ministries are reviewing children's school health services



- The 2005 report, *“Realizing the Potential of Home Care, Competing for Excellence by Rewarding Results”* recommended a review of School Health Support Services (SHSS) to determine how these services should be funded and coordinated. The review is being led by the Ministry of Health and Long-Term Care in partnership with the Ministry of Children and Youth Services (MCYS) and the Ministry of Education (EDU)
- A competitive procurement process (request for service (RFS)) was undertaken to select an external consultant to carry out the review. The project terms of reference and RFS were approved by all ministries, the RFS completed and discussions are underway with the successful vendor
- Representatives from stakeholders with an interest in the review will be invited to meet to hear more about the review and how they can be involved
- Expected completion date for the report is July 31, 2010
- The final report will be posted for a 30-day consultation period on the Ministry of Health and Long-Term Care's website

The review will uncover the strengths and weaknesses of the design and delivery of the SHSS and identify potential areas for improvement



Access and Equity

- Are children and families receiving appropriate and timely access to quality services that meet their needs?
- Are there regional variations in how the program is delivered? What measures have been instituted to ensure regional equity?
- How are wait times defined and measured by different CCACs? How should wait times be measured to ensure standard and equitable reporting and monitoring?
- How are children being assessed for need? Is access to SHSS consistent across Ontario (i.e. geographic equity)?

Coordination

- What are the opportunities for improved service coordination between SHSS and other children's services? For example, at key transition points (e.g. from pre-school to school-age).
- How can we ensure linkages with in-home CCAC services for children? For example, a child receiving SHSS in the school setting might also be receiving the same professional services or other CCAC services in their home, outside of school hours. What are the overlaps in service provision?

Quality

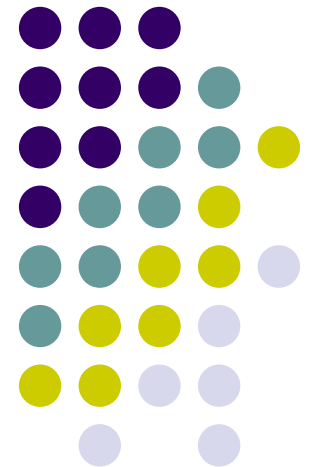
- Do the client care plans and models of service delivery reflect best practices for each type of service?
- What mechanisms do service provider agencies have in place to ensure development of high quality client care plans which utilize current research and best practices for best client outcomes?
- What kind of specific service provision models do front-line workers use when providing SHSS to clients? Are current approaches to SHSS delivery supported by research evidence and best practices?

Collecting data and information is key to a successful review



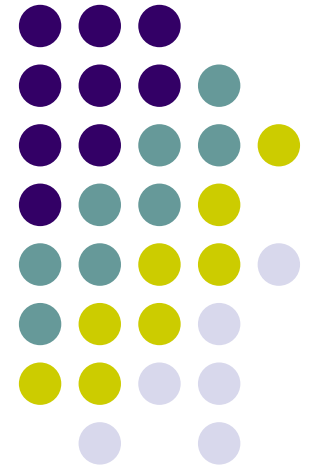
- The consultant will consult with key stakeholders regarding the questions being addressed in the review. Key stakeholders include, but are not limited to:
 - Students and families;
 - Ontario Association of Community Care Access Centres (OACCAC)
 - Ontario Association of Children’s Rehabilitation Services (OACRS)
 - Ontario Home Care Association
 - Joint CCAC-Service Provider Associations Committee composed of the Ontario Association of Community Care Access Centres, Alliance of Professional Associations for Community-Based Therapy Services, Ontario Association of Children’s Rehabilitation Services, Ontario Community Support Association, Community Healthcare Providers Network
 - LHINs
 - Individuals from publicly-funded and private schools and the home-school sector, including teachers and principals, who are impacted by SHSS
 - Public school board staff involved in administering SHSS
 - Front line workers from each type of SHSS
 - Physicians
 - Research experts, e.g. the CanChild Centre for Disability Research
 - Pre-school service providers (e.g. speech and language, infant hearing)
 - Special Education Advisory Committees
 - Minister of Education’s Advisory Council on Special Education (MACSE)

Questions?



CCAC Integrated Client Care Project

Ministry of Health and
Long-Term Care



The “Strengthening Home Care” strategy strengthens the foundation of a publicly accountable home care sector, while addressing the issue of selection of service providers and incorporating service flexibility and innovation



The Strategy will:

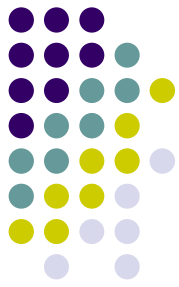
- 1. Strengthen CCAC and service provider accountability for the provision of quality home care services**
 - Through the development of a balanced scorecard for public reporting and a performance management framework to address quality of care including annual Continuous Quality Improvement Plans for CCACs and service providers
- 2. Promote better quality health outcomes for Ontarians**
 - Through changes to CCAC client service delivery based on integrated client care teams
- 3. Enhance fairness, transparency and communication in the selection of service providers for quality home care services**
 - Through improving the current competitive bidding process set out in the Ministry of Health and Long-Term Care (MOHLTC) Client Services Procurement Policy and Procedures for CCACs
 - Resumption of competitive bidding is expected for Winter 2010
- 4. Promote flexibility and innovation in service provision**
 - Through regulatory changes to enable an enhanced mandate for CCACs

The Ontario home care sector is seizing a window of opportunity to transform the Ontario health care system



- The goal of the *Integrated Client Care Project* is to move toward re-engineering Ontario's health care system to dramatically improve value for Ontarians
- As a first step, we are developing a model of care in the home care sector that is organized around clinical conditions/client care groupings and that builds partnerships/alignment with other sectors
- The project is a multi-year initiative that will develop, implement, and evaluate focused early implementation sites across Ontario to study the impacts and policy required to support this transition
- Integration with all other care delivery areas will be considered once the model has demonstrated its value in the home care sector – acute care, primary care, community care and long term care – until change has reached the entire system

The move to focus on value is based on the theory developed by Harvard Professor Michael Porter and Elizabeth Teisberg in Redefining Health Care (2006)



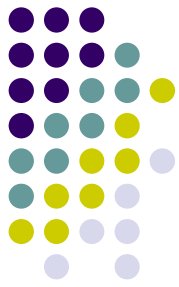
The overall health system goal must be increased value, not containing costs or increasing access

- Value can be achieved in publicly-funded and administered health care systems
- High-quality care should be less costly
- Use quality improvement to improve value and make best use of available resources
- Value needs to be measured and tracked at the client level

$$\text{VALUE} = \frac{\text{Patient/client health outcomes}}{\text{Total cost of care for the patient/client's condition}}$$

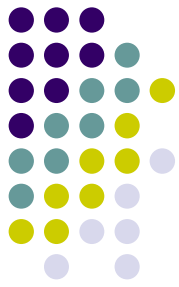
*Adapted and extended from Redefining Health Care by Michael E. Porter and Elizabeth O. Teisberg, Harvard Business School Press, 2006.

Porter and Teisberg provide additional concepts to support the transformation to a value-based system

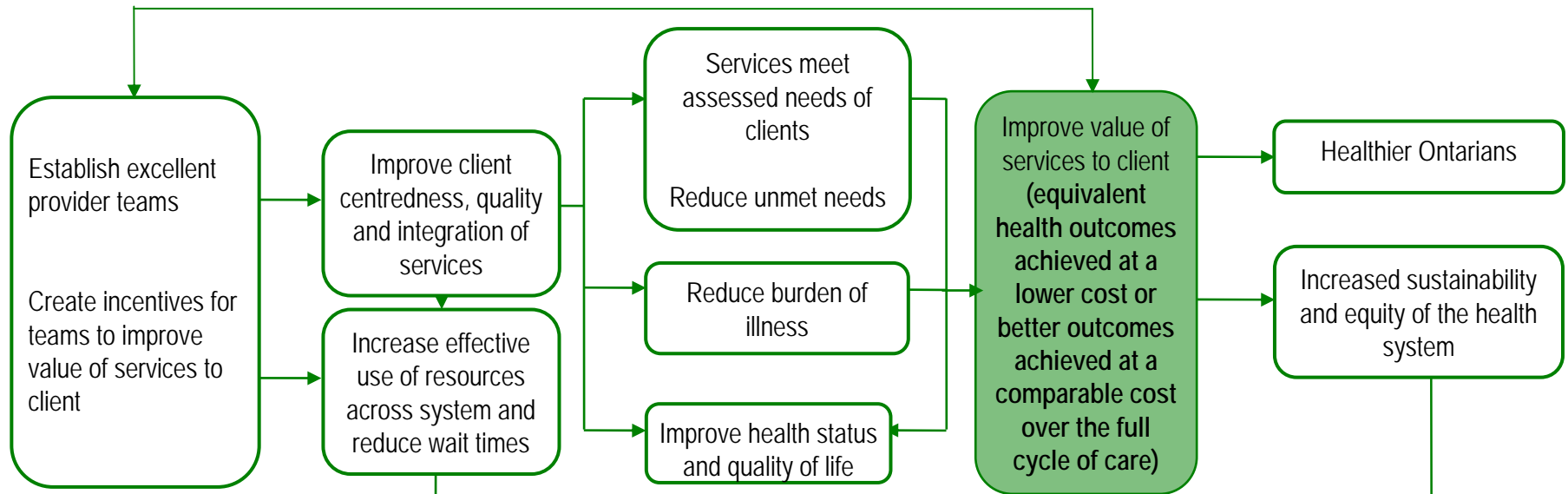


- Rewards for providers are based on results
- Care and services should be organized around clinical conditions over the full cycle of care
- Value must be driven by provider experience, scale and learning at the clinical condition level
- The organization of care should be regional and national, not just local
- Results information to support value-based accountability must be widely available
- Innovations that increase value must be strongly rewarded
- Patient and clients share responsibility for their care with providers

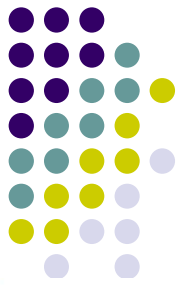
By focusing on excellent care, broader health system results can be achieved



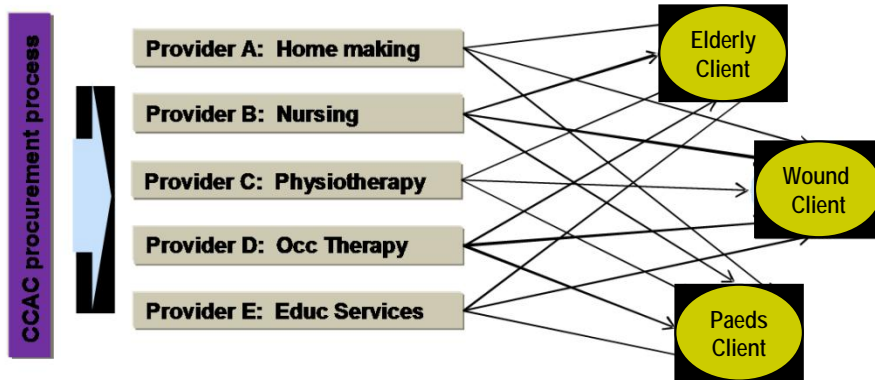
- Key project outcomes will be tracked through a strategy-based performance management approach in order to understand how the project is performing relative to its strategic goals
- Performance indicators will be developed in relation to each strategic goal and can be assessed on an ongoing basis to improve outcomes and support ongoing project development



In the Ontario home care context, care will be organized around the client's condition over the full episode of care and delivered by an integrated team

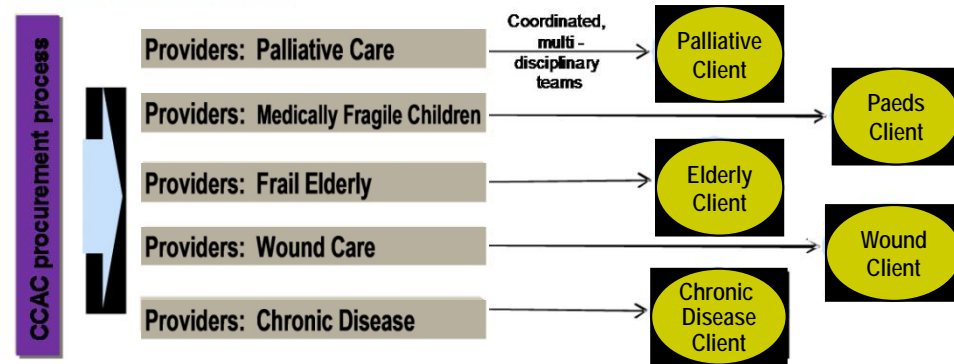


Present System



Organize around clinical condition/client grouping

* For example purposes



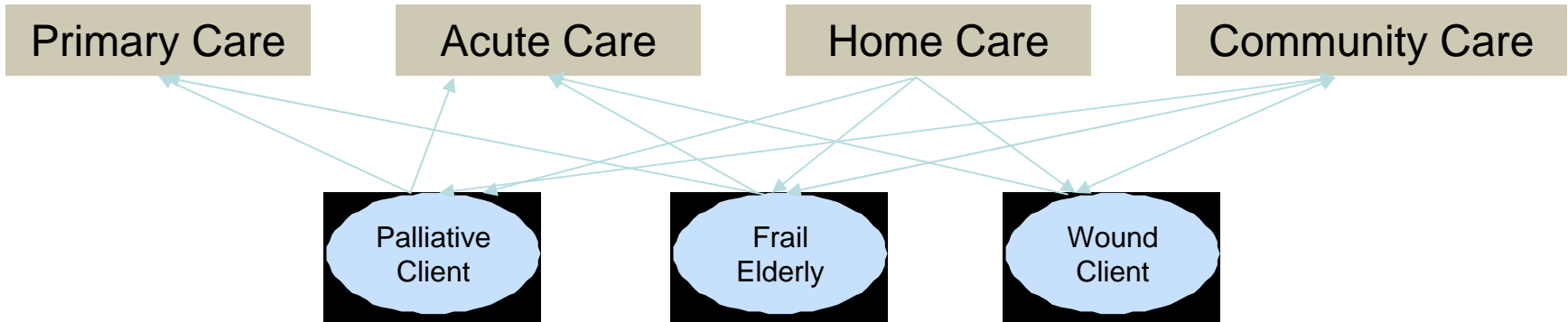
- Currently, client services are paid for on a fee per unit of service basis rather than a unified cost to achieve service goals
- Typically contracts are for individual services that are not integrated and clients requiring more than one service may receive care from several provider agencies

- Service provider teams become integrated around clinical conditions/client care groupings
- Teams are multidisciplinary and gain expertise around certain clinical conditions/client care groupings
- Competition around client outcomes drives research, quality initiatives and innovative practice
- Provides the foundation for future case costing in home care

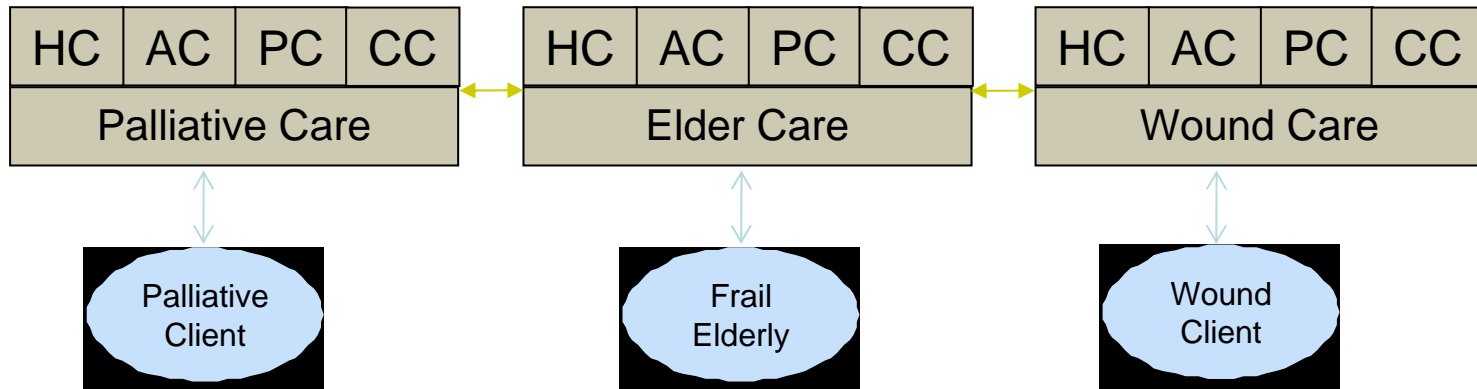
Home and community care is the entry point; however, the project aims to encompass other health service providers - acute, primary and community care, etc. in the cycle of care



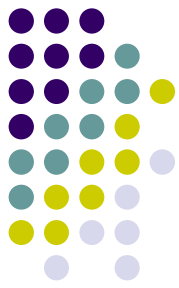
Present System: Organize around health service provider



Future State: Organize around client condition



A selection process was applied to determine which clinical diagnoses have the greatest impact on home care resources and also align with the project's value principles



Data Considerations

- High service utilization in home and community care
- Available costing data of home and community care utilization groupings
- Ability to compare health system clinical diagnosis groupings with home and community care client care groupings

Value Principle Considerations

- Significant potential to improve client outcomes
- Significant potential for efficiencies and cost savings
- Grouping requires interventions of multiple care providers
- Grouping requires specialized interventions
- Opportunities to leverage ongoing activities in this grouping
- Opportunities to create linkages to acute, primary and community care
- Established, measurable client outcomes
- Possible to set up a method for measuring client outcomes
- Possible to create and retrieve information from an integrated client record

Five client care groupings have been identified for the project's early implementation sites

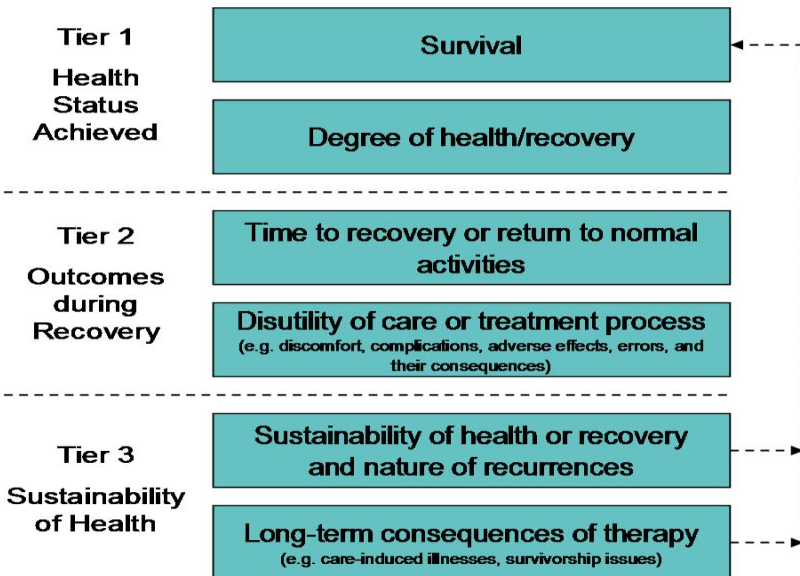
1. Wound Care Clients
2. Palliative Clients
3. Frail Elderly Clients
(75+ with 2 or more clinical conditions)
4. Chronic Diseases (e.g. Diabetes)
5. Medically Fragile Children

The goal of achieving value for clients will ultimately be achieved where quality is determined by health outcomes



1. Improved client outcomes

- Indicators will be developed for each tier and will be specific to each clinical condition/client grouping



2. Improved cost/service efficiency

- Average cost per client remains the same or lower over the cycle of care
- Cost of intervention the same or lower compared to cost saving as a result of the intervention (for example, through reduced hospital visits)
- Cost impact on home care, primary care, acute care and community sectors tracked

3. Ultimate outcome: Improved value

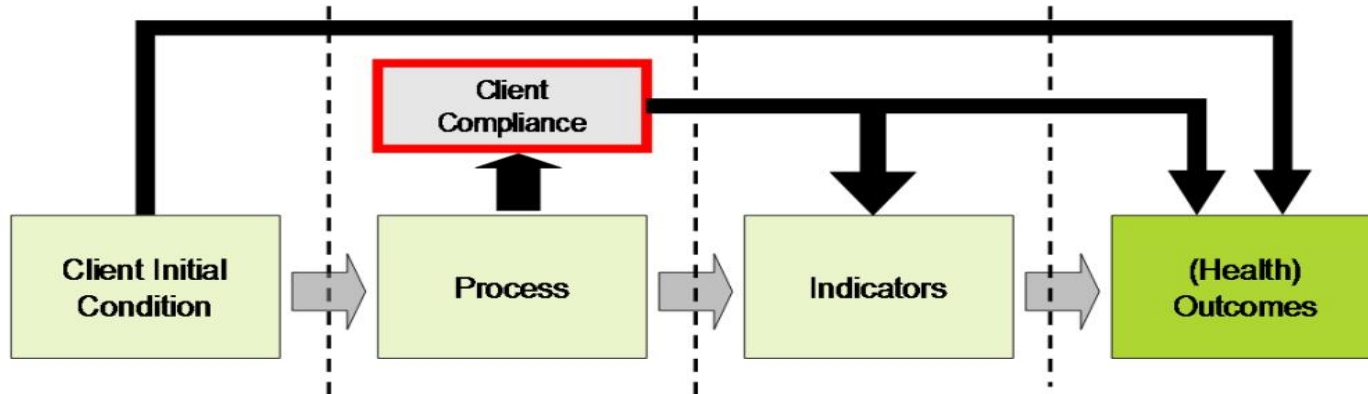
- Equivalent health outcomes achieved at a lower cost or better outcomes achieved at a comparable cost over the full cycle of care

Based on M.Porter & E. Olmsted Teisberg, *Redefining Health Care*, Harvard Business School Press, 2006

Important process and early outcome indicators will serve as early sign posts to provide confidence that intervention is on track for achieving expected outcomes in the longer term

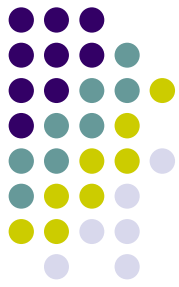


- The project anticipates that longer-term and ultimate outcomes will not be achieved within the immediate evaluation timeframes, therefore proposed key metrics to gauge early success include:
 1. Unscheduled ED visits and hospital use
 2. Overall reduced use of long-term care home beds and reduced numbers of high care needs clients among new admissions to long-term care
 3. Client, caregiver and provider experience (including caregiver burden)
 4. Improved self-management capacity, health and recovery
 5. Reduce unmet needs
 6. Efficiency of the intervention



M.Porter & E. Olmsted Teisberg, Redefining Health Care, Harvard Business School Press, 2006

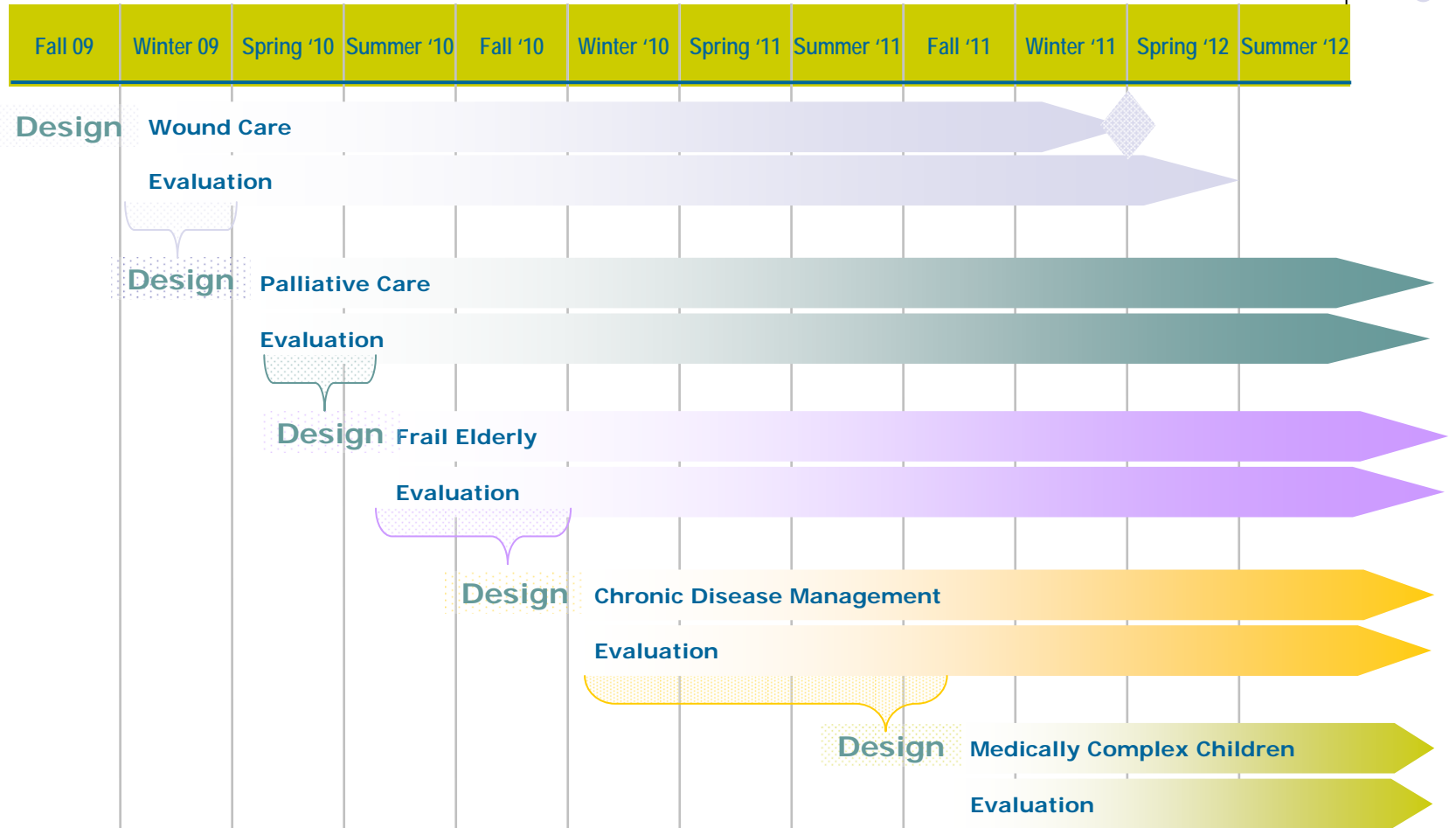
Project evaluation will enrich our understanding of the key success factors in developing effective integrated systems



Evaluation will include:

- Rigorous evaluation of the impact and effectiveness of the project's early implementation sites in relation to project process, structure, and expected outcomes
- Review of the impact on client's and caregiver experience at the CCAC level
- Analysis of key indicators at provincial and CCAC and Local Health Integration Network (LHIN) levels
- Economic analysis and return on investment

The project is developing and implementing sites through a phased approach to ensure dynamic alignment of project design and evaluation to support a continuous quality improvement approach



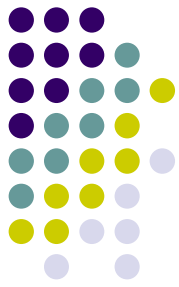
Systemic change is challenging but we expect significant progress to report by this time next year. Over time, it is expected that the learning from this project will produce “Ontario Principles” for value in health care



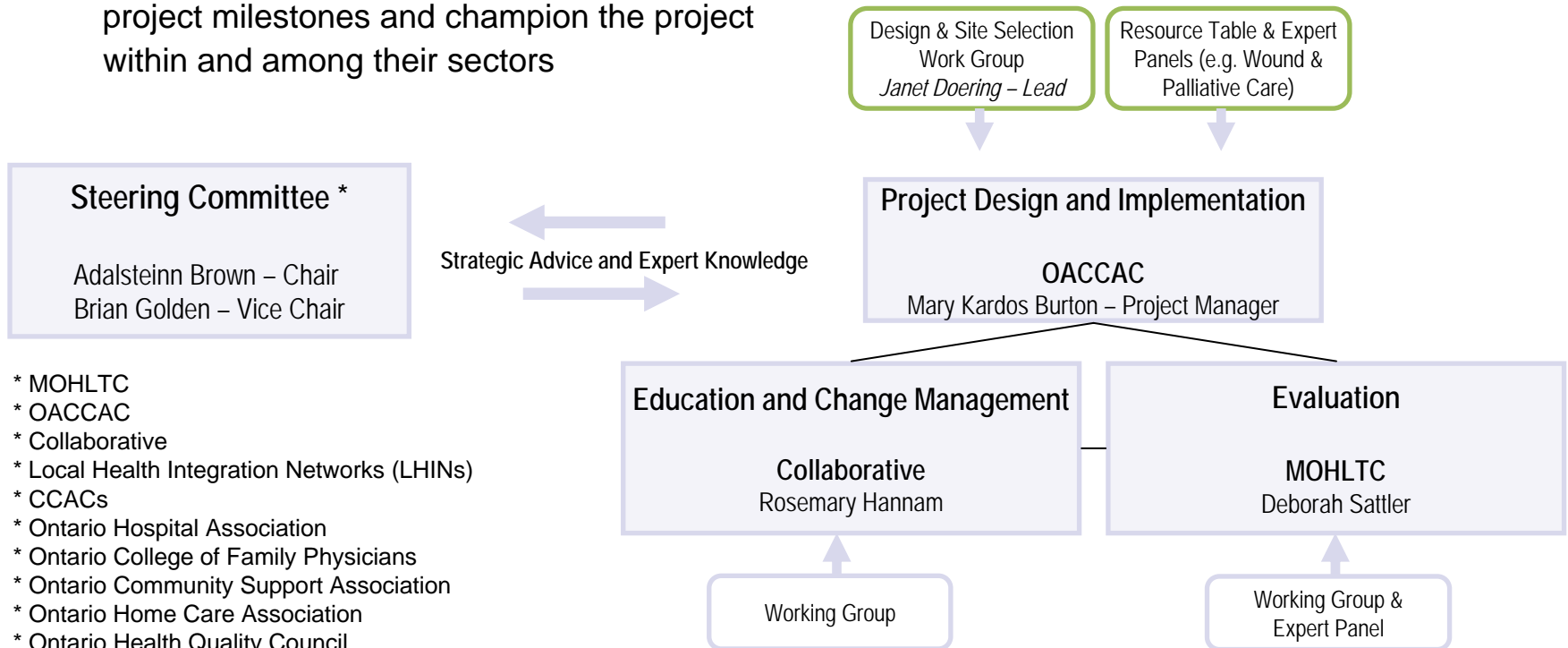
Key considerations:

- Measuring and monitoring quality outcomes for the client
- Establishing appropriate bundled reimbursement for the care intervention
- Balancing risk for providers and CCACs
- Contracting considerations
- Appropriate performance rewards for providers and CCACs
- Accommodating differences between rural and urban delivery areas
- Expanding the cycle of care to include acute care and primary care

The project has engaged a number of organizations, experts and senior leaders across the health care system

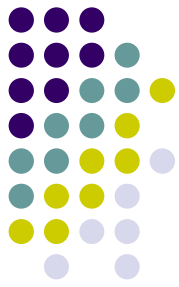


- The project has three sponsors: the MOHLTC, the Ontario Association of Community Care Access Centres (OACCAC), and the Collaborative for Health Sector Strategy, Rotman School of Management, University of Toronto (Collaborative)
- The project's steering committee is comprised of senior leaders from across the health care spectrum to provide strategic direction and expert knowledge to support the achievement of key project milestones and champion the project within and among their sectors



- * MOHLTC
- * OACCAC
- * Collaborative
- * Local Health Integration Networks (LHINs)
- * CCACs
- * Ontario Hospital Association
- * Ontario College of Family Physicians
- * Ontario Community Support Association
- * Ontario Home Care Association
- * Ontario Health Quality Council
- * Home Care Research Chair

Integrated Client Care Project: Contact Information



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- The project is committed to transparency:
 - The OACCAC has launched a website for public posting of steering committee and resource table terms of reference, meeting minutes, education sessions, presentations, memo's, updates, etc.
 - The project has committed to publicly reporting on the results of the first early implementation site
 - The site can be accessed at <http://www.ccac-ont.ca> through “About Us”, “Quality & Transparency”, “Integrated Client Care Project”

Questions?

