Creating a Foundation to Support and Empower Innovation & Quality

A Service Area Collaborative Journey

2018 CMHO Conference

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November 2018
Agenda

1. Overview
2. Quality Strategic Deployment – Governance/System Development
   • Quality (QPAAC)
   • Performance Framework
   • Shared Goals and Objectives
   • Quality Initiative
   • Priority Setting and Decision Making Guidelines
3. Interactive Demonstration of how to use the Priority Setting and Decision Making Tool
4. Discussion
Moving on Mental Health – Quality Improvement Strategy

• Moving on Mental Health is an important system quality improvement plan designed to:

• Ensure that children, youth and families are able to get mental health services in their communities that are accessible, responsive and meet their needs

• Strengthen the community-based system for delivering mental health services to bring people and organizations closer together locally and benefits everyone

• Ensuring that the CYMH organizations plan appropriate services and deploy them effectively in a coordinated, collaborative way so we can deliver on our promise to provide the best possible, safe, timely effective high quality care each day is an important responsibility that we hold.

• Lead Agencies and CSPs across Ontario have been tasked with the development of a governance and decision making process and the structures that support CYMH system transformation.

• Towards this end Lead Agencies, CSPs and the MCYS have a shared responsibility to collaborate in:
  • Child and youth mental health service planning
  • Program alignment and service delivery
  • Consistent performance reporting and measurement
  • Effective performance and financial management
Kinark as Lead Agency and Core Service Providers
Articulated a Shared Definition of Quality

**Quality:** Meeting or exceeding our customers requirements, in a cost effective way, the first time and every time. *(Excellence Canada)*

- **Timely**
  - Speaks to timeliness of service access — ensuring that children, youth and families receive the right (appropriate) level of care at the right (appropriate) time.

- **Sustainable**
  - Speaks to ensuring that resources such as clinical service time and dollars are used efficiently for maximum impact. Over the long term.

- **Consistent with current evidence informed practice**
  - Ensures that we can be confident that the services we provide will have the best possible impact on the health and well-being of the population in our catchment area.

- **Equitable**
  - Ensuring that all children and youth have the same access to services and the same quality of care regardless of socio-economic status, race, gender, orientation, language or geographic location.
Responsibilities:

• Work to ensure quality, performance management and governance lead to improvements in the delivery of safe, effective, consistent services to children, youth and their families in a cost effective and timely way.

• Share information about utilization, funding, spending and annual quality improvement plans with/between all CSPs.

• Support the coordinated execution of strategic quality and performance priorities across CSPs and community system providers.

• Consider and make recommendations about how to best manage mental health services in local communities and across service areas using the Priority Setting and Decision Making Guidelines. (alignment with local population, need, available service, funding)

• Develop locally sensitive service area specific indicators and quality tools to support continuous quality improvement
Towards this end, our shared, ever evolving quality management system includes elements of:

- **Management Responsibility** → Internal Governance Structure – (1) Across CYMH 3 service areas Performance and Accountability Committees (Q-PAAC) and (2) Service Area Specific Q-PAAC Sub-Committees
- **Resource Management** → Shared Decision Making Framework, CSDP & CMHP, Quarterly Analyses
- **Measurement Analysis** - > External and Internal Analyses, Scorecard, Dashboards, Provincial Data Resources
- **Quality Improvement** - > Residential Treatment, School Mental Health and System Access and Flow Initiatives, child and youth community planning structures, regional training model
- **Performance Management** -> Strategic Goals and Objectives, Performance Management Framework

2017-18 Kinark as Lead Agency and Core Service Providers Formalized our Shared Commitment to Building a **Quality Management System**
We needed to create tools to help us translate our shared priorities and commitment to improving access to high quality CYMH services.

Tools that would strategically align the individual quality initiatives we are all engaged in in our individual organizations in a way that would help us move from quality silos to the development of strategic system quality strengthened by shared goals and priorities within the larger quality management system.
2018-21 Operationalizing MOMH into Shared Goals and Objectives

KINARK Lead Agency – York Durham HKP CSPs - Child and Youth Mental Health
2018-2021 Value Creation and Strategic Goals

Mission, Vision, Values

Long-Term Value Creation Domains

Children, Youth and Families
Clinical Processes
Business Processes
Finances
People
Infrastructures
Partnerships

Value Domains

Strategic Directions

1. Delivering safe, evidence-informed high quality mental health services
2. Concentrate on operational excellence in the delivery of timely, appropriate services
3. Demonstrate sound financial performance and commitment to accountability within service areas.
4. Be the core mental health service provider of choice by providing a safe, enabling, and exceptional experience for staff, other service providers and clients within human resource capacity
5. Demonstrate leadership as a health system partner in fostering collaboration and system integration with external and internal stakeholders

Strategic Map

Population & Evidence Informed Mental Health Service Delivery to Support the System-wide Care System Alignment, Management & Wellness
Evidence Informed - Change Model to Create Effective Service Bases and Effective Service Delivery Result in Optimal Mental Health Outcomes

Strategy Narrative

- Support the movement to evidence-based, evidence-informed pathways and processes to accessing quality mental health care across service areas.
- Promote support to improve and optimize mental health service quality.
- Use analytics for service planning, service delivery and risk management.
- Use CYP feedback and outcomes analyses to support service improvement.
- Deploy a population-based collaborative approach to evidence-based service planning, service delivery and program alignment to ensure the efficient, timely and equitable delivery of appropriate, effective mental health services to children, youth and families across service areas.
- Use current capacity in the most efficient way to serve clients in the region.
- Use data for performance management, quality improvement.
- Demonstrate accountability via the effective use of Ministry resources.
- Advocate for population-based system restructuring that support local children, youth and mental health service delivery.
- Promote well-being and success for staff, service providers and service recipients.
- Engage staff, service providers and service recipients in quality improvement and accountability.
- Support opportunities for advanced cross-functional learning, training and innovative care delivery roles and responsibilities.
- Provide system leadership for service area planning and program alignment.
- Collaborative, Quality, Primary Care and other community service providers to provide equitable access to standardized evidence-based/evidence-informed care in a cost-effective way.
- Support the building of healthy, resilient and inclusive communities.

Performance Dimension & Goals

1. Child, Youth and Family Experience
   - Identify clinical and business process opportunities for quality improvement.
   - Develop equity plans for marginalized populations (First Nations, Métis, and other Aboriginal peoples, and Francophones).

2. Financial Performance & Conditions
   - Develop and implement a performance and risk management plan with CSPs and Ministry.
   - Oversee and monitor provider CYMH service quality, volume, and costs on a quarterly basis.
   - Pilot and implement the QI-PAAC Priority Setting and Decision Making Guidelines/Tool.
   - Support the provincial service funding model and accountability processes.

3. Organizational Health and Well-Being
   - Increase quality and quality improvement exposure and training among staff and providers.
   - Increase collaborative partnership opportunities for staff and all levels of service.
   - Benchmarking inter-professional partnerships.

4. System Integration & Change
   - Evaluate current standardized child and youth mental health services.
   - Strategy to improve service integration, transparency and access to appropriate levels of care.
   - Cross-sectoral work stream includes and supports local community planning and initiatives.
<table>
<thead>
<tr>
<th>MCYS Questions</th>
<th>MCYS Indicators</th>
<th>Indicators</th>
<th>2015-16 Ontario Performance Result</th>
<th>2016-17 Ontario Performance Result</th>
<th>Change from PY</th>
<th>2015-16 Ontario Counts</th>
<th>2016-17 Ontario Counts</th>
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<td>73%</td>
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<td>53%</td>
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<td>(103/110)</td>
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<td>Proportion of clients receiving Intensive Services who presented with Complex Needs</td>
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<td>73%</td>
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<td>(148/144)</td>
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<td>Ages of children and youth served</td>
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<td>(148/144)</td>
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<td>(148/144)</td>
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<td>(148/144)</td>
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<td></td>
<td>Proportion of clients receiving Intensive Services who presented with Complex Assessed Needs</td>
<td>Q CYMH</td>
<td>67%</td>
<td>53%</td>
<td>-14.7%</td>
<td>(97/111)</td>
<td>(103/110)</td>
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<td></td>
<td>Proportion of clients receiving Intensive Services who presented with Complex Needs</td>
<td>Q CYMH</td>
<td>81%</td>
<td>73%</td>
<td>-8.7%</td>
<td>(79/77)</td>
<td>(148/144)</td>
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<td>Proportion of the total children and youth who were clients that received Brief Services</td>
<td>Q CYMH</td>
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<td>33%</td>
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<td>(77/99)</td>
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<td>Proportion of the total children and youth who were clients that received Counselling/Therapy Services</td>
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<td>44%</td>
<td>42%</td>
<td>-2.1%</td>
<td>(112/128)</td>
<td>(122/126)</td>
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<td>20%</td>
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<td>(56/80)</td>
<td>(52/57)</td>
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<td>Proportion of total children and youth who were clients that received Intensive Services</td>
<td>Q CYMH</td>
<td>12%</td>
<td>14%</td>
<td>2.1%</td>
<td>(100/111)</td>
<td>(112/126)</td>
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<td>Average number of days children and youth who were clients that received Intensive Services were enrolled in Brief Services</td>
<td>Q CYMH</td>
<td>31</td>
<td>60</td>
<td>29.0%</td>
<td>(74/79)</td>
<td>(79/79)</td>
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<tr>
<td></td>
<td>Average number of days children and youth were enrolled in Counselling/Therapy Services</td>
<td>Q CYMH</td>
<td>146</td>
<td>164</td>
<td>15.0%</td>
<td>(112/128)</td>
<td>(122/126)</td>
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<tr>
<td></td>
<td>Average number of days children and youth were enrolled in Counselling/Therapy Services (discontinued in 16/17)</td>
<td>Q CYMH</td>
<td>12</td>
<td>10</td>
<td>-2.0%</td>
<td>(118/129)</td>
<td>(123/126)</td>
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<td>Average number of days children and youth enrolled in Crisis Services</td>
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<td>28</td>
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<td>(53/60)</td>
<td>(55/57)</td>
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<td>Average number of days children and youth were enrolled in Intensive Treatment Services</td>
<td>Q CYMH</td>
<td>159</td>
<td>131</td>
<td>-18.0%</td>
<td>(98/111)</td>
<td>(103/110)</td>
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<td>Average number of days children and youth were enrolled in Intensive Services</td>
<td>Q CYMH</td>
<td>246</td>
<td>197</td>
<td>-24.0%</td>
<td>(100/111)</td>
<td>(104/110)</td>
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<td>Service duration</td>
<td>Average number of direct service hours delivered for Brief Services</td>
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<td>35</td>
<td>38</td>
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<td>(73/79)</td>
<td>(79/79)</td>
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<td>Average number of days children and youth were enrolled in Counselling/Therapy Services</td>
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<td>78</td>
<td>97</td>
<td>24.0%</td>
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<td>(125/126)</td>
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<td>Average number of direct service hours delivered for Counselling/Therapy Services</td>
<td>Q CYMH</td>
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<td>97</td>
<td>24.0%</td>
<td>(117/128)</td>
<td>(125/126)</td>
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<td>Average number of days children and youth were enrolled in Crisis Services</td>
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<td>9</td>
<td>8</td>
<td>-1.0%</td>
<td>(58/59)</td>
<td>(55/57)</td>
</tr>
<tr>
<td></td>
<td>Average number of days children and youth were enrolled in Intensive Treatment Services</td>
<td>Q CYMH</td>
<td>159</td>
<td>131</td>
<td>-18.0%</td>
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<td>(103/110)</td>
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<tr>
<td></td>
<td>Average number of days children and youth were enrolled in Intensive Services</td>
<td>Q CYMH</td>
<td>246</td>
<td>197</td>
<td>-24.0%</td>
<td>(100/111)</td>
<td>(104/110)</td>
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<td>Service utilization</td>
<td>Proportion of clients with Positive Outcomes</td>
<td>Q CYMH</td>
<td>62%</td>
<td>67%</td>
<td>5.5%</td>
<td>(142/149)</td>
<td>(144/153)</td>
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<td>Proportion of clients who ended their CYMH service with an agency and had a positive outcome</td>
<td>Q CYMH</td>
<td>62%</td>
<td>61%</td>
<td>0.9%</td>
<td>(142/149)</td>
<td>(144/153)</td>
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<td>Clients receiving Brief Services</td>
<td>Proportion of clients who ended their CYMH service with an agency and had a positive outcome</td>
<td>Q CYMH</td>
<td>62%</td>
<td>61%</td>
<td>0.9%</td>
<td>(142/149)</td>
<td>(144/153)</td>
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<td>Proportion of clients who ended their CYMH service with an agency and reported having a positive outcome</td>
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<td>62%</td>
<td>61%</td>
<td>0.9%</td>
<td>(142/149)</td>
<td>(144/153)</td>
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Quality Improvement Initiatives

• 3 Service Area Residential Review and Next Steps
• School Mental Health Quality Review of Current Partnerships and Services
• Identification of Critical Path through Acute Care Community Resources (PRHC, Southlake)
• 3 Service Area Clinical and Capacity Building Training Model
• Establishment and Support to Inclusive Community Planning Structure for Children and Youth Services
QPAAC – Decision Making & Priority Setting Guidelines

Purpose:
• Transparent, evidence informed decision-making model used to strategically align initiatives and investments with previously agreed upon population based system goals and priorities.

Some Opportunities for Use:
• Allocation and possible reallocation of core services and funding set in the annual Core Service Delivery Plan (CSDP)
• Review and respond to proposed changes and enhancements to existing service delivery models (excluding internal practice changes unless they result in substantive changes to planned service targets or associated populations)
• Determine targeted investment dollar spend
• Provide MOHLTC with descriptions of the state of current service system and identify priority needs within the service area
2018-19 Priority Setting and Decision Making Guidelines Process Flow

1. Initiate
   - Q-PAAC
   - Commence Review
     - Current CYMH initiatives
     - Potential new initiatives
   - Q-PAAC Agreement
     - May meet local needs
     - Has external validation
   - Define Scope
   - Create Plan

2. Prioritize
   - Current CSDP/CMHP
     - Define Criteria
     - Engagement
   - Gather & Analyze Evidence
     - Engagement
   - Assign Current and/or Potential Score & Rationale

3. Recommend
   - Q-PAAC
   - Ministry shares their decision and rationale with Q-PAAC and Kinark LA

4. Communicate
   - Q-PAAC
   - Q-PAAC Core Service Providers and Kinark as LA shares decision with stakeholders. CSP's provide new initiatives, community partners, and other stakeholders as appropriate
   - Q-PAAC monitors impact and updates the Ministry

Engagement with Stakeholders to Facilitate Local Needs Based CYMH Community Planning Process

Q-PAAC strives to holistically understand 'place' and involves communities in the process of understanding their needs, priority setting, and agreeing on solutions.
Q-PAAC Decision Making and Priority Setting Guidelines

EXAMPLE: Wait Time Improvement Initiatives

- A call for proposals focused on improving Access to Counselling and Therapy would lead the Q-PAAC to consider the Decision Making Priority Areas and Evaluation Criteria in the tool and then based on this call agree to adjust the weighting accordingly...and give a higher weight to the “Access” criteria.
- At the extreme, if improving Access was the only goal of the process then all the other criteria listed below could be assigned “zero” weights, meaning that while they were considered, they were not felt to be relevant to the particular process.

Steps

1. Identify relevant broad categories that will serve as your decision making priorities and associated criteria.
2. When presented with options that require review, consider all priorities and criteria in the tool
3. Determine which criteria are relevant (based on the priorities)
4. Assign non-zero weights to relevant criteria
5. Score submissions using the framework criteria in the tool. (For example each criteria is out of 10)
6. Multiply by weight (score) for each criteria for each course of action
7. Sum total scores for each course of action
8. Determine initial rankings (based on scores)
9. Consider eliminating courses of action from further consideration

### Table: Domain, Criteria, Weight

<table>
<thead>
<tr>
<th>Domain</th>
<th>Criteria</th>
<th>Weight</th>
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<tbody>
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<td>Access</td>
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<td>Effectiveness</td>
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100%
Demonstration Example (Facilitated Groups)

Should all Children’s Mental Health Services Providers utilize a Common Assessment Tool?
2018-19 Quality Management System: A Shared Quality Journey

• When combined, all of our individual quality initiatives we are engaged in will help us move from quality silos to the development of **strategic system quality strengthened by shared goals and priorities** within the larger quality management system.
Reflections on Our Shared Quality Journey - Discussion

Laying the foundations to improve service quality and capacity

In its role as Lead Agency for child and youth mental health (CYMH) services in Durham, York, and Haliburton/Kawartha Lakes/Peterborough service areas, Kinark, in collaboration with our 19 service agency partners, has focused attention on service quality.

Quality Committees have now been established in each of the three service areas. Work is well underway to build our ability to use data and client experience to monitor how well the CYMH system is meeting service demand, the needs of families and the effectiveness of core service programs. Our quality journey strives to ensure that children and youth are achieving positive outcomes through current and future service delivery.

“At Frontenac, we welcomed the opportunity to work with Kinark, as lead agency, to assess our residential treatment program. The experience was positive thanks to the review team. Staff and youth were included in the process and their input was valued. We look forward to receiving the results, and to making further quality improvements based on the recommendations.”

Marlene E. Pike, Executive Director, Frontenac Youth Services

Left to right: Marlene Pike, Breanna Costelloe (Kinark) and Wendy Rech mieć (Frontenac).
Questions?

Thank you!