

STANDING COMMITTEE ON PUBLIC ACCOUNTS

CHILD AND YOUTH MENTAL HEALTH

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GENERAL OF ONTARIO)

2nd Session, 41st Parliament
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The Honourable Dave Levac, MPP
Speaker of the Legislative Assembly

Sir,

Your Standing Committee on Public Accounts has the honour to present its Report and commends it to the House.

Ernie Hardeman, MPP
Chair of the Committee

Queen's Park
December 2017

STANDING COMMITTEE ON PUBLIC ACCOUNTS
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2nd Session, 41st Parliament

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INTRODUCTION

On March 22, 2017 the Standing Committee on Public Accounts held public hearings on the audit (Section 3.01 of the Auditor General's *2016 Annual Report*) of the Child and Youth Mental Health program administered by the Ministry of Children and Youth Services.

The Committee endorses the Auditor's findings and recommendations, and presents its own findings, views, and recommendations in this report. The Committee requests that the Ministry provide the Clerk of the Committee with written responses to the recommendations within 120 calendar days of the tabling of this report with the Speaker of the Legislative Assembly, unless otherwise specified.

ACKNOWLEDGEMENTS

The Committee extends its appreciation to officials from the Ministry of Children and Youth Services, Children's Mental Health Ontario, Children's Centre Thunder Bay, Kinark Child and Family Services, Vanier Children's Services, and Youthdale Treatment Centres. The Committee also acknowledges the assistance provided during the hearings and report-writing deliberations by the Office of the Auditor General, the Clerk of the Committee, and staff in the Legislative Research Service.

BACKGROUND

Approximately one in five Ontarians will experience a mental health concern in their lifetime. Most mental health problems begin in childhood or adolescence. The Ministry of Children and Youth Services (Ministry) provides funding for community-based mental health services—such as specialized consultation and assessment, counselling and therapy, intensive treatment, and crisis support—for children and youth up to age 18. The Ministry of Health and Long-Term Care also provides mental health services for children and youth, including primary care, psychiatry, treatment for addictions and eating disorders, and hospital-based mental health services.

Related Action Plans and Strategies

Moving on Mental Health: A system that makes sense for children and youth (November 2012) is a plan that aims to “transform the experience of families seeking help” by

- creating and supporting pathways to care;
- defining core services;
- establishing community lead agencies;
- creating a new funding model; and

- building a legislative and regulatory framework.

The Ministry has led the implementation of *Moving on Mental Health* since 2012. Steps taken include

- defining core mental health services delivered by agencies;
- committing to the development and implementation of an equitable funding model for core mental health services delivered by agencies that reflect community needs;
- selecting lead agencies in geographic areas that will be responsible for planning and delivering core mental health services; and
- creating clear pathways to services provided by other sectors such as education and health.

Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy (June 2011) is a 10-year strategy that seeks to

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

Legislation

The Ministry's Child and Youth Mental Health program is funded under the authority of the *Child and Family Services Act*. Because the Child and Youth Mental Health program is not a mandatory entitlement program, services under the program are provided to the level of available resources.

Funding

In 2015/16 the Ministry spent \$501 million on its Child and Youth Mental Health program, including \$438 million in transfer payments to more than 400 agencies and service providers that collectively provided services to 120,000 children and youth. Some of these agencies primarily deliver child and youth mental health services and others are multi-service agencies delivering a number of other Ministry-funded programs such as Autism Services and Supports, Child Protection Services, Complex Special Needs, and Youth Justice Services. About \$44 million of the total funding to transfer payment agencies was allocated to Indigenous-operated agencies.

AUDIT OBJECTIVES AND SCOPE

The audit assessed whether the Ministry and child and youth mental health agencies have effective policies and procedures for ensuring that children in need of mental health services receive appropriate and timely services in accordance with program requirements, and whether funding provided to agencies is commensurate with the value of services provided.

The Office of the Auditor General (Office) interviewed staff and analyzed policies and procedures at four child and youth mental health agencies. The Office also interviewed appropriate staff at the Ministry's head office and at four of the Ministry's five regional offices.

The Office also met with representatives of Children's Mental Health Ontario, which represents more than 85 child and youth mental health agencies, to gain a better understanding of the children's mental health sector. In addition, the Office spoke with representatives of the Ontario Centre of Excellence for Child and Youth Mental Health, Parents for Children's Mental Health and the Provincial Advocate for Children and Youth to obtain their perspectives on children's mental health services in Ontario.

MAIN POINTS OF AUDIT

The audit found that many of the issues highlighted in the 2003 audit remain significant concerns, noting in particular that the Ministry continues to fund agencies primarily based on historical spending instead of the current mental health needs of the children and youth they serve. The audit also noted:

We found that the Ministry still does not monitor and effectively administer this program to ensure that children and youth in need of mental health services are provided with timely, appropriate and effective mental health services, and to ensure that mental health services are delivered efficiently. While the Ministry has established program delivery requirements, it does not monitor whether agencies comply with these requirements, and its requirements are not always clear, leading to inconsistencies in service delivery across the agencies.

...

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

The audit's specific concerns about the delivery of mental health services by agencies included the following:

- The inconsistent assessment of the mental health needs of children and youth increases the risk of inconsistent service decisions.
- Little is being done to monitor wait time trends and their impact, despite the risk that the mental health of children and youth can deteriorate while waiting for services—wait times for some services in 2015/16 exceeded six months at three of the four agencies visited.
- In the absence of Ministry direction, timelines for reviewing service plans varied between agencies, increasing the risk that children and youth face delays in receiving services most appropriate to their needs.
- A lack of supervision of caseworkers who are making key decisions may increase the risk of negative consequences for children and youth.
- Agencies were not monitoring and assessing client outcomes to determine whether clients benefitted from the services they received.
- Agencies were not always helping in the transition of discharged children and youth to other service providers, thereby putting treatment gains already achieved at risk.

The audit report notes specific concerns about the Ministry's administration of the Child and Youth Mental Health program including the following:

- The Ministry does not fund agencies based on the current needs of children and youth served.
- The Ministry does not provide clear program requirements to agencies and there is insufficient Ministry oversight of the services delivered by agencies to help reduce the risk of inconsistent service delivery.
- The Ministry does not assess the reasonableness of significant differences between agencies in costs per client and client caseloads per worker to help ensure that agencies are effective and efficient.
- The Ministry does not monitor the performance of the Child and Youth Mental Health program or agencies to facilitate corrective action where needed, and does not collect data on all current Ministry performance indicators.
- Better coordination with other ministries may help with the delivery of mental health services and improve the outcomes for children and youth.

ISSUES RAISED IN THE AUDIT AND BEFORE THE COMMITTEE

The Committee feels very strongly about a number of issues raised by this audit. In particular, Members emphasized the foundational importance of analyzing the reasons for the increased number of hospitalizations and emergency room visits by children and youth with mental health concerns. The results of this analysis should inform how best to provide mental health care for children and young people.

Additionally, the Committee noted that it is important for frontline hospital staff to have protocols for discovering and addressing the mental health needs of children and youth seeking treatment at hospitals. As well, the Committee was concerned to hear of situations where young people in crisis have been discharged from hospital with instructions to go to another facility. Members stressed that it is crucial to better manage transitions between hospitals and child and youth mental health services, as well as transitions between community-based services. Young people need more help to navigate the transition to adult mental health services.

Overall, the Committee believes it is vital for the Ministry of Children and Youth Services to work more closely and collaboratively not only with the Ministry of Health and Long-Term Care and Local Health Integration Networks but also with the Ministry of Education, and other ministries, as well as with child and youth mental health agencies, and district school boards.

Among the other matters raised in the audit and before the Committee, the Committee considers the issues below to be significant.

The Committee heard that the Ministry, guided by the *Moving on Mental Health* plan, has made significant progress toward a province-wide transformation of the child and youth mental health system. This involves building a system with greater accountability tools and key performance indicators. The intention is to ensure that, across the province, children and youth with mental health challenges and their families will know what mental health services are available in their communities and how to access them.

Recognizing the importance of making quicker access to services a priority, the Ministry is in the process of identifying lead agencies for each of 33 geographic areas of the province. Ministry representatives noted that modifications have been made to the future role of lead child and youth mental health agencies, such that the Ministry will retain financial and contractual oversight of core service providers. These changes are intended to reduce administrative duplication and burden, while ensuring appropriate accountability and controllership.

At full implementation, these lead agencies will be responsible for local service planning and delivery, system management, working with core service providers and other community partners, and developing and reporting on local priorities. It was further explained that the Ministry is providing all agencies with a framework of expectations regarding the consistency of services.

The Ministry has committed to working in partnership with child and youth mental health agencies and Children's Mental Health Ontario to support continuous

quality improvement through a phased approach, beginning in summer 2017. This will include clarifying program requirements, identifying areas of improvement, supporting the sector to meet expectations over time, and implementing accountability and monitoring frameworks.

With expert and sector consultation, the Ministry is developing a needs-based funding model for core child and youth mental health agencies. The Ministry expects the new model to be finalized this year (2017), with implementation to follow.

Provisions to enable stronger accountability tools for the child and youth mental health sector are included in the new *Child, Youth and Family Services Act, 2017*. These include the ability to issue directives and compliance orders to agencies and service providers. The Act [which was passed subsequent to the hearings] enables the making of regulations to designate agencies (including lead agencies) for child and youth mental health and assign functions to agencies.

Through ongoing work on performance indicators and system-wide data, the Ministry aims to enhance the quality and consistency of data collection province-wide. New program guidelines and expectations for children and youth mental health agencies are currently being implemented. A range of tools are now being used to monitor child and youth mental health agencies, including financial reports, risk assessments, licensing reviews, and reviewing performance indicators.

The audit report emphasized the importance of interministerial cooperation and service alignment for improving mental health outcomes. Representatives of the Ministry agreed with this recommendation and pointed to their collaboration with the Ministry of Health and Long-Term Care on the recently announced integrated youth service hubs initiative, supporting early identification and intervention.

The Committee asked about a province-wide suicide prevention plan and heard that the Ministry has made targeted investments across Ontario to support communities in developing suicide prevention plans and protocols for service providers.

A representative of Children's Mental Health Ontario told the Committee that child and youth mental health agencies have reported 10% increases in demand annually for the last several years, and that this exceeds their capacity to provide services. The Children's Mental Health Ontario representative also noted that, over the last decade, there has been a 54% increase in emergency department admissions and a 60% increase in in-patient hospitalizations of children and young people with mental health issues. The Committee heard that well-respected government researchers suggest that such increases could be indicative of a gap in the availability of community-based services.

The Committee expressed concern about the audit finding of lengthy wait times for children and youth seeking services. A representative of a community-based Child and Family Services agency explained that although provincial investments have helped to expand the services offered by agencies, without concurrent investment in increased capacity, agencies cannot reduce wait times. Representatives of Child and Family Services agencies added that agencies

have had to close down some treatment and counselling programs for lack of core funding investments.

The Committee heard that wait times are getting longer, with many children and young people waiting 18 to 24 months for specialized services. Children's Mental Health Ontario member agencies report that thousands of children and young people are waiting for treatment for moderate to intensive mental health treatment issues.

Increase in Hospitalization of Children and Youth for Mental Health Needs

Noting that both emergency-room visits and in-patient hospitalizations for children and youth have increased by over 50% since 2008/09, the audit found that neither the Ministry of Children and Youth Services nor the Ministry of Health and Long-Term Care have tracked the specific reasons for these increases.

Ministry representatives agreed with the Auditor's recommendation to analyze the increases in in-patient hospitalizations and emergency room visits by children and youth for mental health issues and use this information to reduce visits by, for example, focusing on prevention and early intervention.

Ministry of Children and Youth Services representatives told the Committee that they agree with the Auditor's recommendation to work collaboratively with other ministries that provide mental health services to leverage initiatives that result in improved mental health outcomes for children and youth. The Ministry of Health and Long-Term Care is working with the Ministry of Children and Youth Services to implement a data strategy that includes establishing a cross-sectoral set of standardized common data definitions, core data elements, performance indicators, and standardized data collection approaches.

The Committee heard that the interministerial directors' group will provide oversight and direction on the analysis and recommended action to understand and mitigate the issue of increased hospitalization and emergency room visits by children and youth with mental health issues. The directors' group will commission the Institute for Clinical Evaluative Sciences to undertake the analysis, conduct a best practice jurisdictional scan, and provide recommendations.

Committee Recommendations

The Standing Committee on Public Accounts recommends that:

- 1. The Ministry of Children and Youth Services work collaboratively with other ministries that provide mental health services to**
 - a) determine the impact of their initiatives on the mental health outcomes of children and youth, and further leverage initiatives that result in improved mental health outcomes for children and youth; and**

2016 these expectations were included in the Ministry's service contracts with core service providers.

Committee Recommendations

The Standing Committee on Public Accounts recommends that:

- 5. The Ministry of Children and Youth Services should work with lead child and youth mental health agencies in consultation with Children's Mental Health Ontario to ensure that**
 - a) service delivery policy and program requirements for agencies are clear and well understood by agencies, and that all agencies comply with these policy and program requirements for service delivery;**
 - b) all agencies have policies in place to guide staff when a client is discharged and needs to transition to another agency or service system, including to adult mental health services;**
 - c) agencies consistently follow up with children and youth after discharge to assess their status and facilitate access to additional services if needed; and**
 - d) agencies update clients on when they will receive service.**

Monitoring Services Provided

The audit noted that agencies need to better monitor the services they provide to children and youth, including supervising key decisions by caseworkers, wait time trends, prioritizing cases by risk, assessing case outcomes, and reviewing files to ensure that appropriate services are provided based on clients' specific needs.

The agencies audited told the Committee that they are committed to working with the Ministry to develop a provincial quality strategy that includes the development of provincial service standards.

The Committee urges the Ministry to work with Children's Mental Health Ontario and child and youth mental health agencies to ensure that children and youth are provided with timely, appropriate, and effective mental health services.

Committee Recommendations

The Standing Committee on Public Accounts recommends that:

- 6. The Ministry of Children and Youth Services should work with lead child and youth mental health agencies in consultation with Children's Mental Health Ontario to**
 - a) establish agency-specific targets for wait times, monitor actual wait times against these targets to assess their**

reasonableness, and follow up with corrective action when wait times are not met;

- b) assess whether periodic quality assurance reviews of agency files can help ensure that children and youth receive appropriate and effective services;**
- c) 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; and**
- d) when assessing agencies' compliance with service delivery standards, communicate the outcomes of these assessments to all agency staff to help ensure that issues of non-compliance are addressed agency-wide.**

Monitoring Caseloads

The audit found that agencies cannot demonstrate that they monitor staff caseloads to help ensure efficient and effective delivery of services. The audit report recommended that the Ministry work with Children's Mental Health Ontario and child and youth mental health agencies to develop caseload guidelines, and that agencies should periodically compare themselves against these guidelines.

Children's Mental Health Ontario and the audited agencies told the Committee that they are committed to the establishment of caseload/workload guidelines to enable comparisons across organizations. They recommended that this work be undertaken as part of a broader provincial quality strategy.

The Ministry also acknowledged the value of establishing caseload guidelines to enable comparisons across organizations and to help assess the effectiveness and efficiency of operations. A Ministry working group which includes sector partners such as Children's Mental Health Ontario will begin developing caseload guidelines with an implementation target date of fall 2018. The guidelines will take into account variables such as case acuity, case complexity, geography, and variability in the types of core services delivered.

Committee Recommendations

The Standing Committee on Public Accounts recommends that:

- 7. The Ministry of Children and Youth Services should work with lead child and youth mental health agencies in consultation with Children's Mental Health Ontario**
 - a) to develop caseload guidelines; and**
 - b) ensure that agencies periodically compare themselves against these guidelines in order to help assess the effectiveness and efficiency of their operations.**

Tracking Client Complaints

None of the child and youth mental health agencies visited by the Auditor maintained a complete log of client complaints and none analyzed complaints to identify trends requiring follow-up and/or corrective actions to improve the agency's services.

The audited agencies suggested building client experience standards into a provincial quality strategy so that the service experiences of clients are measured, and that processes are put in place focused on continuous improvement of the client experience.

Committee Recommendations

The Standing Committee on Public Accounts recommends that:

- 8. The Ministry of Children and Youth Services should work with Children's Mental Health Ontario, lead child and youth mental health agencies, and Local Health Integration Networks to**
 - a) develop a process for tracking and reviewing client complaints in order to identify trends that may require follow-up and/or corrective action; and**
 - b) build client experience standards that will measure the service experiences of children, youth, and families; and enable continuous improvement of the client experience.**

Ministry Funding for Agencies

The audit found that, as was the case during the 2003 audit, the Ministry still distributes funding to child and youth mental health agencies according to historical allocations rather than the mental health needs of the children and youth they serve.

The Ministry agreed with the Auditor's recommendation to develop a new 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. The funding allocation will be based on defined community need for child and youth mental health services with funds allocated to geographic service areas. Implementation of this new needs-based model for allocating child and youth mental health funding is scheduled to begin in 2018/19.

The Committee asked why Indigenous child and youth mental health agencies are not included in the new funding model. A Ministry representative explained that these service providers have asked to maintain a direct funding relationship with the Ministry rather than through a lead agency.

Committee Recommendations

The Standing Committee on Public Accounts recommends that:

- 9. To ensure that children and youth with mental health needs across the province consistently receive timely and appropriate services, the Ministry of Children and Youth Services should**
 - a) implement a funding model that allocates funding to child and youth mental health agencies that is commensurate with the mental health needs of the children and youth they serve; and**
 - b) develop and implement a funding model to allocate funding to Indigenous-operated agencies that is commensurate with the mental health needs of the children and youth they serve.**

Ministry Oversight

The audit found that the Ministry does not provide clear program requirements to agencies and that its oversight of agency services is insufficient.

The Committee heard that in 2015 the Ministry released program guidelines and requirements defining the expectations of child and youth mental health lead agencies and service providers in the provision of each of the core services and key processes. The Ministry is committed to building on these requirements in partnership with child and youth mental health agencies by identifying further areas for improvement, and further defining and clarifying program requirements. The Ministry will also develop and implement a process to monitor agency compliance with the Ministry's program expectations.

By fall 2018 the Ministry will augment its existing program, service, and oversight tools and processes to better monitor core service providers' performance as well as client outcomes.

The Auditor recommended that the Ministry establish accountability agreements describing the responsibilities of both the Ministry and lead Child and Youth Mental Health agencies. Currently, the Ministry is working to operationalize the role of the lead child and youth mental health agencies. The Ministry will retain financial and contractual oversight of core service providers. The Ministry is working with lead child and youth mental health agencies to develop appropriate accountability agreements before these agencies assume their full responsibilities. These agreements will clearly articulate and support lead child and youth mental health agencies in their roles and responsibilities, including planning for the delivery of core services and supporting continuous quality improvement.

Committee Recommendations

The Standing Committee on Public Accounts recommends that:

- 10. To ensure that consistent and appropriate services are provided to children and youth across Ontario, the Ministry of Children and Youth Services should work with lead child and youth mental health agencies to**
 - a) further define Ministry of Children and Youth Services program requirements so that they can be consistently applied across Ontario by all agencies that deliver mental health services;**
 - b) implement a process to monitor whether child and youth mental health agencies are delivering mental health services according to Ministry of Children and Youth Services requirements; and**
 - c) explore opportunities to expedite the creation of clear and coordinated pathways to core mental health services, and services provided by other sectors, so that children and youth are connected with the right service regardless of where they request services.**

Performance Measurement

The audit noted that, consistent with previous audits, individual agency performance is still not being effectively measured against targets, and the Ministry still does not effectively monitor client outcomes or overall program performance against measurable and meaningful targets.

It was explained that the Ministry is working with the child and youth mental health sector on the ongoing development of performance indicators and the collection of data on agency caseloads, individuals serviced, and associated costs. The Ministry will also periodically review agency caseloads and costs per individual served to assess their reasonableness and work with the sector and/or individual agencies in instances that require follow-up and/or corrective action.

Working with sector partners, the Ministry will assess the feasibility of collecting information to inform analysis of long-term outcomes for children and youth who have accessed mental health services.

Committee Recommendations

The Standing Committee on Public Accounts recommends that:

- 11. To help ensure that the Child and Youth Mental Health program is performing as intended to deliver consistent and effective services to Ontario's children and youth who need it, the Ministry of Children and Youth Services should work with Children's Mental Health Ontario, and child and youth mental health agencies, to**

- a) 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;**
- b) implement performance indicators that measure the long-term outcomes of children and youth who have accessed mental health services to assist the Ministry of Children and Youth Services to measure the effectiveness of the program and inform future policy decisions;**
- c) collect data on the number of children and youth with specific mental health concerns that will help inform future policy decisions to better address the needs of children and youth;**
- d) set targets for the Ministry of Children and Youth Services performance indicators and use the data it collects to identify instances that may require follow-up and/or corrective action; and**
- e) ensure that publicly reported results on the performance of the Child and Youth Mental Health program provide information that is both accurate and meaningful.**

CONSOLIDATED LIST OF COMMITTEE RECOMMENDATIONS

The Standing Committee on Public Accounts recommends that:

- 1. The Ministry of Children and Youth Services work collaboratively with other ministries that provide mental health services to**
 - a) determine the impact of their initiatives on the mental health outcomes of children and youth and further leverage initiatives that result in improved mental health outcomes for children and youth; and**
 - b) further analyze increases in in-patient hospitalizations and hospital emergency room visits by children and youth for mental health issues, assess the nature of these visits, and use this information to put in place actions to reduce visits by, for example, focusing on health promotion, prevention, and early intervention.**
- 2. The Ministry of Children and Youth Services, in consultation with Children's Mental Health Ontario**
 - a) investigate and analyze the reasons for the long wait times for children and youth in need of mental health services; and use this analysis to reduce wait times for children and youth seeking mental health services; and**
 - b) investigate and analyze the reasons for the increasing number of emergency room visits and in-patient hospitalization of children and youth with mental health needs; and use this analysis to enable more children and youth with mental health needs to access mental health care services outside of hospital settings.**
- 3. The Ministry of Children and Youth Services work in consultation with Children's Mental Health Ontario and Local Health Integration Networks to help hospitals develop and implement protocols and assessment tools for assessing the mental health needs of children and youth seeking treatment at hospitals.**
- 4. The Ministry of Children and Youth Services work in consultation with Children's Mental Health Ontario and Local Health Integration Networks, hospitals, and lead child and youth mental health agencies to develop and implement system navigation protocols for better managing clients' transitions between hospitals and child and youth mental health services, as well as transitions between community-based services.**

5. **The Ministry of Children and Youth Services should work with lead child and youth mental health agencies in consultation with Children's Mental Health Ontario to ensure that**
 - a) **service delivery policy and program requirements for agencies are clear and well understood by agencies, and that all agencies comply with these policy and program requirements for service delivery;**
 - b) **all agencies have policies in place to guide staff when a client is discharged and needs to transition to another agency or service system, including to adult mental health services;**
 - c) **agencies consistently follow up with children and youth after discharge to assess their status and facilitate access to additional services if needed; and**
 - d) **agencies update clients on when they will receive service.**

6. **The Ministry of Children and Youth Services should work with lead child and youth mental health agencies in consultation with Children's Mental Health Ontario to**
 - a) **establish agency-specific targets for wait times, monitor actual wait times against these targets to assess their reasonableness, and follow up with corrective action when wait times are not met;**
 - b) **assess whether periodic quality assurance reviews of agency files can help ensure that children and youth receive appropriate and effective services;**
 - c) **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; and**
 - d) **when assessing agencies' compliance with service delivery standards, communicate the outcomes of these assessments to all agency staff to help ensure that issues of non-compliance are addressed agency-wide.**

7. **The Ministry of Children and Youth Services should work with lead child and youth mental health agencies in consultation with Children's Mental Health Ontario**
 - a) **to develop caseload guidelines; and**
 - b) **ensure that agencies periodically compare themselves against these guidelines in order to help assess the effectiveness and efficiency of their operations.**

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- 8. The Ministry of Children and Youth Services should work with Children’s Mental Health Ontario, lead child and youth mental health agencies, and Local Health Integration Networks to**
 - a) develop a process for tracking and reviewing client complaints in order to identify trends that may require follow-up and/or corrective action; and**
 - b) build client experience standards that will measure the service experiences of children, youth, and families; and enable continuous improvement of the client experience.**

 - 9. To ensure that children and youth with mental health needs across the province consistently receive timely and appropriate services, the Ministry of Children and Youth Services should**
 - a) implement a funding model that allocates funding to child and youth mental health agencies that is commensurate with the mental health needs of the children and youth they serve; and**
 - b) develop and implement a funding model to allocate funding to Indigenous-operated agencies that is commensurate with the mental health needs of the children and youth they serve.**

 - 10. To ensure that consistent and appropriate services are provided to children and youth across Ontario, the Ministry of Children and Youth Services should work with lead child and youth mental health agencies to**
 - a) further define Ministry of Children and Youth Services program requirements so that they can be consistently applied across Ontario by all agencies that deliver mental health services;**
 - b) implement a process to monitor whether child and youth mental health agencies are delivering mental health services according to Ministry of Children and Youth Services requirements; and**
 - c) explore opportunities to expedite the creation of clear and coordinated pathways to core mental health services, and services provided by other sectors, so that children and youth are connected with the right service regardless of where they request services.**

 - 11. To help ensure that the Child and Youth Mental Health program is performing as intended to deliver consistent and effective services to Ontario’s children and youth who need it, the Ministry of Children and Youth Services should work**

with Children's Mental Health Ontario, and child and youth mental health agencies, to

- a) 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;**
- b) implement performance indicators that measure the long-term outcomes of children and youth who have accessed mental health services to assist the Ministry of Children and Youth Services to measure the effectiveness of the program and inform future policy decisions;**
- c) collect data on the number of children and youth with specific mental health concerns that will help inform future policy decisions to better address the needs of children and youth;**
- d) set targets for the Ministry of Children and Youth Services performance indicators and use the data it collects to identify instances that may require follow-up and/or corrective action; and**
- e) ensure that publicly reported results on the performance of the Child and Youth Mental Health program provide information that is both accurate and meaningful.**