

Legislative
Assembly
of Ontario



Assemblée
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de l'Ontario

STANDING COMMITTEE ON PUBLIC ACCOUNTS

CHILD AND YOUTH MENTAL HEALTH AGENCIES (Section 3.04, 2008 Annual Report of the Auditor General of Ontario)

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The Honourable Steve Peters, 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.

A handwritten signature in black ink, appearing to read "Norm. Sterling".

Norman W. Sterling, MPP
Chair

Queen's Park
March 2010

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2nd Session, 39th Parliament

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LIST OF CHANGES TO COMMITTEE MEMBERSHIP

LAURA ALBANESE was replaced by DAVID RAMSAY on September 15, 2009.

ERNIE HARDEMAN was replaced by TED ARNOTT on September 15, 2009.

TED ARNOTT was replaced by PETER SHURMAN on February 24, 2010.

PHIL MCNEELY was replaced by AILEEN CARROLL on March 9, 2010.

CONTENTS

INTRODUCTION	1
Acknowledgments	1
OVERVIEW	1
OBJECTIVE OF THE AUDITOR'S AUDIT	2
ISSUES RAISED IN THE AUDIT AND BEFORE THE COMMITTEE	2
Service System Development	2
Service Delivery	6
Access to Services	6
Waiting Lists	8
Case Management	10
Evidence-Based Service Delivery	10
Agency Management and Control	13
Overview	13
Agency-board Governance and Accountability	15
LIST OF COMMITTEE RECOMMENDATIONS	16

INTRODUCTION

In April 2009 the Standing Committee on Public Accounts held public hearings on the Auditor General's audit report on Child and Youth Mental Health Agencies (section 3.04 of the Auditor's *2008 Annual Report*). Senior officials from the Ministry of Children and Youth Services (Ministry) and the four Child and Youth Mental Health agencies that were audited appeared before the Committee.* The Committee endorses the Auditor's findings and recommendations. These are summarized in this Committee report which presents the Committee's findings, views, and recommendations. The Committee requests that the Ministry provide the Committee Clerk with a written response to each of the Committee's recommendations within 120 calendar days of the tabling of the report with the Speaker of the Legislative Assembly, unless otherwise specified in a recommendation.

Acknowledgments

The Standing Committee on Public Accounts extends its appreciation to officials from the Ministry, the four service provider agencies and the Children's Mental Health Ontario association for their attendance at the hearings. 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.

OVERVIEW

In his *2008 Annual Report* the Auditor General cited an estimate that only one in six children and youth with a mental health disorder receives some form of mental health service. In 2006, the Ministry had published a new Child and Youth Mental Health (CYMH) policy framework, "A Shared Responsibility," to implement changes in the system over a ten-year period. According to the Auditor, it is not yet clear whether the Ministry or agencies that are transfer payment recipients will take the initiative and be accountable for timely implementation.

The Auditor listed a number of CYMH areas requiring improvement, including the need for better waiting list information, case management standards, and quantitative output and qualitative outcome measures. He noted funding constraints faced by agencies but said that notwithstanding these constraints, agencies need to be more vigilant to ensure that they can demonstrate value for money spent.

The Auditor noted that the Ministry spent approximately \$502 million in 2007-08 under its CYMH Program. The 40 largest of the Ministry's 440 transfer payment recipients received about half of the total \$434 million in transfer payments. The Ministry also directly operates two child and youth mental health facilities.

* For a transcript of the proceedings, see Committee *Hansard*, April 29, 2009.

The Auditor highlighted research suggesting that 15% to 21% of Canadian children and youth are affected by a mental health disorder requiring intervention. Disorders appear to be increasing in frequency and severity. Suicide, for example, is the second leading cause of death among 10- to 19-year-olds in Ontario and the rate is rising.

OBJECTIVE OF THE AUDITOR'S AUDIT

The audit objective was to assess whether selected CYMH agencies had adequate policies and procedures for ensuring that:

- children requiring mental health services receive the appropriate care in a timely manner in accordance with legislative and other program requirements; and
- funding provided by the Ministry is spent prudently with due regard for economy and efficiency.

The audit focused on the following four CYMH agencies:

- Hincks-Dellcrest Treatment Centre in Toronto;
- Associated Youth Services of Peel;
- Kinark Child and Family Services (serves York and Durham regions and Simcoe, Peterborough, and Northumberland counties, and also operates a secure-treatment facility in Oakville that accepts referrals of youth from across Ontario); and
- Youth Services Bureau of Ottawa.

The four agencies accounted for approximately \$42 million in ministry funding, which is approximately 10% of the total CYMH program funding provided to all CYMH transfer payment recipients.

ISSUES RAISED IN THE AUDIT AND BEFORE THE COMMITTEE

Significant issues were raised by the audit and before the Committee. The Committee attaches particular importance to those issues discussed below.

Service System Development

CYMH Services Not Mandated

The Auditor noted that children's mental health services had not been developed in an orderly and uniform fashion, partly due to the lack of a legislated mandate, and described the resultant system as a patchwork of services. Service provision is determined largely by the historical amount and allocation of ministry funding rather than by need and accordingly there is not a core set of mandated services. According to Children's Mental Health Ontario, the system falls far short of

meeting the service demand and each year falls further behind. The Hincks-Dellcrest Centre said that its outpatient department shrinks each year because of staff cuts related to funding issues. The Ministry stated that any decision to mandate CYMH services would be a government decision.

Policy Framework

The creation of the 2006 “A Shared Responsibility” policy framework by the Ministry recognized the need by all partners for a consistent, province-wide approach for defining and measuring mental health services for children and youth in the province. The policy framework describes in detail how the services should be delivered. It has four core goals:

- a collaborative child and youth mental health sector;
- timely access to a flexible continuum of programs;
- provision of quality and effective services for all levels of need; and
- a sector that is accountable and well managed.

The Ministry said that there are already clear benefits from the framework. One is the ability to define a mental health service under CYMH services; another is the ability to assess community level conditions. The Ministry developed the framework in consultation with the agencies. Children’s Mental Health Ontario played a leadership role. The Ministry anticipates a continuation of this type of collaborative relationship with both the Ministry and many of its transfer payment agencies sharing accountability for moving forward with the framework.

Mapping Exercise

The Ministry is conducting a mapping exercise to determine the range of required CYMH services in communities and to ensure that allocated resources are used to fulfill the mandate of the Ministry’s policy framework. Mapping will provide the Ministry and agencies with information on the types of programs and services currently available, including who receives what services and where.

The Ministry will use this mapping data to examine such issues as gaps and duplications in services and to develop a plan for moving forward. Taking the information from the mapping process, the Ministry will develop a profile of the province as well as by region and community. Then the Ministry will meet with agencies and other community representatives to determine whether the mapping picture of a particular community – compared with the policy framework’s goal – is adequate. If not, the Ministry will determine what can be done over the short or long term, given resource restrictions that may exist. The Ministry believes that this exercise will facilitate a more disciplined approach for service delivery and funding.

The exercise began during the summer of 2008. It involves a point-in-time mapping of services and supports (based on the policy framework) against twelve mental health functions for over 370 agencies across the province. These agencies

described over 1,500 programs and services. For each program or service, the Ministry now has the following information:

- the type of child or youth being served;
- the level of need;
- how long children and youth (or families) wait for a particular service;
- how much money is associated with the program; and
- a detailed description of programs.

Of the twelve large program categories, which include emergency and crisis intervention, and family support, the two most commonly offered programs relate to assessment services and intervention/treatment services. Across the continuum of programs in the province, data indicates that 20% of programs and services are directed towards children at the lowest level of risk and 18-19%, at the highest level of risk. (There are four levels of risk.) The Ministry said that as a result of information provided by the agencies it is now able to determine what proportion of children served by an agency program would, for example, be at a high level of need, at a moderate level of need or in need of an early prevention service. The Ministry said that the agencies will often serve children with a wide variety of need levels. It also said that it now better understands the type and level of needs in relation to the availability of services in a community. It is undertaking work to determine what the appropriate distribution of services should be.

The Ministry said that the analysis of mapping information will assist in demonstrating the effective use of investments, matching service delivery to outcomes and, building an evidence base to support strategic investments. It always had information on funding and the number of children served but did not have information that described the programs and services at the level of detail provided by mapping. The Ministry will also engage with regional and local CYMH service providers to develop a shared understanding of what data from the mapping exercise reveals about the CYMH sector, as it has evolved over the last 30 years.

In addition to agency information, both the Ministry of Education and the Ministry of Health and Long-Term Care provided data on CYMH services that they deliver. The Ministry of Children and Youth Services funds seventeen outpatient programs housed in hospitals; a small percentage may also receive money through Local Health Integration Networks (LHINs). The Ministry of Health and Long-Term Care is responsible for addiction services for children and youth and also has a number of in-patient beds for children and youth in the mental health area.

The Youth Services Bureau of Ottawa said that the mapping exercise will be a good tool for system planning. The Ottawa organization involved staff teams in the exercise. This provided an opportunity for reflection on such factors as the strengths of its programs. The organization warned, however, that scrutinizing

resources is useful but said “there’s only so far that you can go with the resources that you do have.”

The Ministry said that it is also implementing a CYMH data and information strategy that will guide the collection, analysis and use of a variety of information. The purpose is to support effective and coherent policy, program and resource decisions for all in the sector. The strategy includes, for example, collaboration with the Mental Health Commission of Canada to conduct an updated prevalence study on mental health issues experienced by children and youth in Ontario.

Committee Recommendations

The Standing Committee on Public Accounts recommends that:

- 1. The Ministry of Children and Youth Services shall report back to the Standing Committee on Public Accounts on when the Ministry’s mapping exercise will be completed. The Ministry should also provide the Committee with information currently available on the adequacy and equity of service provision on a community-by-community basis.**

- 2. Given the Auditor General’s observation that Ontario currently has a patchwork of children and youth mental health services, which he partly linked to lack of a legislated mandate for these services, the Ministry of Children and Youth Services shall provide the Standing Committee on Public Accounts with a status report on implementation of the Ministry’s “A Shared Responsibility” policy framework, specifying how implementation is helping to address the patchwork of services issue. The Ministry should explain how data from the mapping exercise is assisting with implementation. The Ministry should also specify**
 - the impact of any funding constraints on implementation of the framework;**
 - how the Ministry will ensure an equitable level of care across the province;**
 - how the Ministry will ensure that the funds provided for mental health services are actually spent on providing such services; and**
 - how the Ministry will measure and report publicly on outcomes.**

Historical Versus Needs-based Funding

The Ministry said, in reference to a Committee question on funding for the Kasabonika Lake First Nation, that some CYMH funding is historical. It added that it would continue to provide the funding because it believes the need is still there. Funding recipients are required to meet service targets. If the funding is not used for contracted purposes then it must be returned to the Ministry.

The Ministry added that the CYMH sector is a young sector. The sector has grown up on a community-by-community basis. Funding has been allocated on a regional basis to encourage flexibility of service on a regional level. When the Ministry began to develop its policy framework it assessed the strengths of a community-based approach. The mapping exercise, as discussed earlier, is providing the Ministry with information on what it is currently funding compared to its policy framework. The Ministry said that over time, this will enable it to have a more disciplined approach to what services are delivered and also to know what it funds. The Ministry stated again that some of the funding is historical but that this does not mean that the funding is not being used to provide useful services.

First Nations

The Committee asked the Ministry how it differentiates between a political organization and a service organization when providing funding to First Nations CYMH service providers, specifically referring to the Nishnawbe Aski Nation (NAN). The Ministry said that when working with First Nations communities it is difficult to separate a political entity from a service entity. However, the Ministry, referring to NAN, said that it is funding a specific research project on youth resiliency but that it is not funding NAN's political arm.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

3. **The Ministry of Children and Youth Services shall report to the Standing Committee on Public Accounts on:**
 - **when the Ministry will be able to move towards a funding allocation model based on the delivery of specific services in each community that ensures equity, as opposed to allocating funding through a historical-based funding model; and**
 - **whether the new funding model will include accountability measures to encourage value-for-money spent.**

Service Contracts

According to the Ministry, not all CYMH service providers have a common understanding of the definition of a mental health service. The Ministry holds service providers accountable through service contracts. No agency outside government may receive Ministry funds without a service contract in place.

Service Delivery

Access to Services

According to the Auditor, referrals to CYMH services are most often made through schools, the child welfare system, families, and physicians. In 1997 the Ministry of Community and Social Services issued "Making Services Work for

People.” It is a service delivery framework for children and people with developmental disabilities which specifies parameters on such issues as point of access for residential and non-residential CYMH services.

The Auditor noted, among other issues, cases where individuals were referred to a specific service provider without necessarily having full knowledge of all available services in an area. As a result, they might not have been approaching the most appropriate service provider. The Auditor recommended that agencies should work with all service providers in their area, that there be a single point of access or collaborative efforts for assessment and prioritization for residential services, and that fewer access points and a more collaborative approach be implemented for assessment and prioritization for non-residential services.

The Ministry drew attention to an initiative, the student support leadership project, which is a collaboration between schools, school boards and child and youth mental health providers. The Ministry of Children and Youth Services and the Ministry of Education jointly support designated clusters of school boards and CYMH agencies to work together, enhancing partnerships and linkages that will better meet the needs of students and families.

The Committee asked who an MPP would call to deal with the challenge of obtaining a CYMH service that is available elsewhere, but not in a particular MPP’s constituency. The Ministry said the MPP should call the regional office of the Ministry. The Ministry would then ascertain such factors as need for that service in that particular community, and whether current services in the community provide the requested service, even if not so named.

Children’s Mental Health Ontario has observed that the cut-off point for obtaining service is increasing. This means that each year agencies deal with more acute cases in comparison with the prior year, lacking resources to intervene earlier. Earlier intervention would help avoid crises.

According to Children’s Mental Health Ontario, some children slip “under the radar.” It said that British Columbia has a routine screening program in grades 4 and 7 to try to identify children in need of help.

Committee Recommendations

The Standing Committee on Public Accounts recommends that:

- 4. The Ministry of Children and Youth Services shall report back to the Standing Committee on Public Accounts on measures undertaken to address the Auditor General’s recommendation that there be:**

- a single point of access or a collaborative placement process for all available residential services and support; and**

- **fewer access points or more collaborative efforts to assess and prioritize individual's needs and refer them to the most appropriate non-residential services and support available.**
5. **The Ministry of Children and Youth Services should assess school-based programs operating in other jurisdictions that are intended to assist children in maintaining good mental health, and should also assess any other similar programs or related studies. The Ministry should report back to the Standing Committee on Public Accounts with its assessment, specifically noting whether there are aspects of these programs or studies that are of particular relevance and use for Ontario.**
 6. **The Ministry of Children and Youth Services shall report to the Standing Committee on Public Accounts on measures that it has undertaken to address the Auditor General's recommendation that the Ministry should research best practices for ensuring that schools have the knowledge to be proactive partners in helping children in need.**

Waiting Lists

The Auditor felt more comprehensive and consistent waiting list information was needed. He said that the overall average waiting time as calculated is not meaningful because submitted data are often inaccurate or incomplete. The Auditor recommended that agencies maintain waiting list information by individual, from the time of referral to an agency to the time of service provision, and that the Ministry ensure that it receives accurate waiting list information to help it better monitor and assess unmet need on a province-wide basis.

As the Auditor and the Ministry noted, the Brief Child and Family Phone Interview (BCFPI) intake tool is used by licensed agencies to collect data on current wait times, and clients who present with problems. This information is aggregated at the agency, regional and provincial level to support planning decisions. The Ministry is reviewing intake tools used by other jurisdictions to assess whether BCFPI can be improved. Agencies using the Child and Adolescent Functional Assessment Scale (CAFAS) are able to compare their client outcome data locally or across the province. The tool is supported by research and is considered to be evidence-based. The Ministry is undertaking its review of CAFAS with a goal of improving data quality, usefulness and timeliness both for agencies and ministries. The outcome of the review will include developing options for the increase in use and usability of evidence-based tools and standardized processes across the province.

In addition, the Ministry is working with other ministries through the Institute for Clinical Evaluative Sciences (ICES) to bring together data made anonymous from a number of health and social service databases. This will enable the Ministry to undertake better research and trends analysis and to identify policy issues. The

Ministry said that all involved are committed to identifying opportunities to reduce wait times. The information obtained through the mapping exercise will play a key role as it will help the Ministry develop a better understanding of regionally specific wait times.

Children's Mental Health Ontario said that it knows that there are unacceptably long wait times and unacceptably long wait lists in this sector. It said that agencies have been dealing with this reality for 12-15 years, during a period when funding increases have not kept up with growth in demand or with inflation and growing costs.

Waiting List Triage

The Kinark Child and Family Services said that wait list triaging is a matching process involving an examination of BCFPI data, the type of problem and the array of services available. Those with less severe problems may receive less intensive services. For example, the organisation would hold a large group program – a parenting program in an auditorium – for those with less severe problems or intensive individual work for those with more severe problems. The organisation keeps detailed wait time information for every client.

The Hincks-Dellcrest Centre explained that under its triage process, if someone comes in with an urgent need, that person may receive service faster than others. The organization's representative said "the flaw there is that you've got to have a crisis to get service, it seems." Others on the wait list will receive some contact, perhaps minimal. The representative described it as a "churning list" and said "the list is still a problem."

Children's Mental Health Ontario noted that there is no wait time strategy for the children's mental health system. There are no targets. The organization said that academic research indicates that the average wait time in the system far exceeds what clinicians would set as targets, had they been asked to do so.

The Ministry is not proposing to set wait time targets, partially, it said, because it needs to conduct research and gather evidence to ensure that it has good data on wait times. The mapping exercise will provide information on regional variation in wait times. The Ministry will also examine the potential of benchmarking those wait times and will review best practices. It wants to determine how to measure, monitor and reduce wait times before considering establishing targets.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

- 7. The Ministry of Children and Youth Services shall provide the Standing Committee on Public Accounts with a status report on wait times for children and youth mental health services that includes the following information:**

- **data obtained from the mapping exercise on regional variations in wait times;**
- **steps taken by the Ministry to investigate agencies' concerns that children and youth need to be in crisis to receive service;**
- **measures undertaken by the Ministry to deal with communities that have significantly higher wait times for services;**
- **and measures undertaken by the Ministry to ensure timely access to appropriate services.**

Case Management

The Auditor discussed entry and exit procedures at residential and non-residential facilities and noted that the Ministry specifies more procedural requirements for residential facilities than non-residential ones. The Auditor reviewed sample cases for both and found that in some instances non-residential facilities did not comply with their own internal policies. He recommended that all agencies should develop case management standards for their non-residential programs and develop an internal quality-assessment or peer-review process to help ensure that case management standards are being met.

The Ministry noted that assessing cases can be complex and said that most agencies have multi-disciplinary teams. Intake screening is conducted through the BCFPI. The decision is then taken whether the case is referred to a social worker, psychologist or psychiatrist.

The Committee asked whether staffing was adjusted at residential facilities in cases where not all beds were filled. The Youth Services Bureau of Ottawa said that staffing is adjusted for volume of occupancy. Over the course of the three years that the Bureau's short stay residential crisis unit has been in operation, the occupancy has progressively increased (as have the number of calls to the crisis line, as well as visits by the mobile team). The Bureau described it as a preventative service designed to avoid involvement of the child protection system or the youth justice system, which it said was far more intrusive and expensive. The program is regional and the crisis line, which functions 24-hours, is a backup for nine agencies in the region that lack round the clock capacity. The residence is also available to them.

Evidence-Based Service Delivery

The Auditor's review of programs at the agencies noted that while some programs delivered were evidence-based practices, many others were not.

The main performance measures are:

- **quantitative: program output measures such as the number of clients served and the number of direct service hours provided; and**

- qualitative: outcome measures that evaluate changes in a client's condition as a result of the service provided.

The Auditor said that the introduction of the Child and Adolescent Functional Assessment Scale (CAFAS), a tool to assess the degree of impairment in children and to evaluate treatment outcomes, is an important component of measuring outcomes and implementing evidence-based service delivery. He noted that two agencies have the capacity to analyze their own CAFAS data and to prepare reports on results achieved by their various programs and services. He recommended that agencies, in consultation with the Ministry, should use evidence-based practices to make the best use of funding, that they should report more meaningful and consistent information about the quantity of services they provide, and that they should develop meaningful qualitative benchmarks.

The Ministry said that agencies licensed to use BCFPI and CAFAS are able to compare their own service data and outcomes with other service providers in their region. The ability of agencies to compare their client and outcome data locally or across the province is a key factor in support of informed practice. As is the case with BCFPI, the Ministry said that it is undertaking a review of assessment tools in other provinces to see whether CAFAS can be improved. The goal is to improve data quality, usefulness and timeliness for both agencies and the ministries. The outcome of the review will include developing options for increase in use and usability of evidence-based tools and a standardized process across the province.

Children's Mental Health Ontario said that there is a commitment in the sector to move to an evidence-based practices system but described this as a complicated and intensive process that requires staff time that is not currently available. The Youth Services Bureau of Ottawa signed a research partnership agreement with the University of Ottawa. The Bureau wants to leverage the relationship to help focus on evidence-based practices and program evaluation.

Children's Mental Health Ontario noted the Auditor General's assessment that agency analysis of CAFAS and BCFPI data is a best practice but said that resources do not currently exist for many agencies to conduct this type of analysis. It said that agencies have collectively tried to manage an accreditation program that establishes consistency in service delivery and holds agencies to account for those accreditation standards. However, it noted that fewer than 100 agencies participate in the accreditation program. It also said that BCFPI and CAFAS are also only used in some agencies and that other agencies do not have consistent screening or outcomes measurement tools.

The Ministry pointed out that while CAFAS and BCFPI are only used in 120 agencies, they represent a large percentage of service delivery in the province. It said that CAFAS, in particular, yields effectiveness data. For those agencies not using CAFAS, the Ministry looks at inputs and outputs from a service data perspective. The Ministry says that it expects agency boards to work with senior

staff regarding continuous quality improvement. The Ministry notes, however, that it has not yet systemized this for all contract agencies.

Agencies, under the Ministry's contracting process, are required to report quantitative service data to the Ministry. It funds agencies according to this data. Children's Mental Health Ontario said that agencies report quarterly on their output but cited the Auditor's observation that everyone is counted the same way regardless of the extent and type of service received. The organization described the resultant data as primitive. It said that the sector is a long way from having consistent outcomes data across the system.

The Ministry noted the difference between outputs and outcomes. It said there is some measure of outcomes through CAFAS, though noted difficulties in measuring this owing to such factors as diversity in presenting symptoms and intervention. The Ministry funds the Children's Hospital of Eastern Ontario to help provide expertise on what interventions and clinical practices work versus those that do not. The Ministry said this should lead to outcomes. It said it does not disagree with Children's Mental Health Ontario that "we're a long way from having good, robust outcome data, but we're all committed to getting there."

The Ministry said that it must not just benchmark issues such as wait times, but also issues such as levels of client risk and need, quality of programs and services delivered, and success rates for interventions. The improvement level associated with different programs is collected through CAFAS. However, until the benchmarking exercise is conducted, it will not be possible to identify reasonable goals for improvement.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

- 8. The Ministry of Children and Youth Services shall provide the Standing Committee on Public Accounts with a status report on evidence-based service delivery that includes information on the following:**
 - **the results of the Ministry's review of intake and assessment tools used by other jurisdictions and what major potential improvements are under consideration for the Brief Child and Family Phone Interview (BCFPI) intake tool and the Child and Adolescent Functional Assessment Scale (CAFAS) tool;**
 - **assessment tool benchmarking undertaken by the Ministry;**
 - **plans the Ministry has to ensure that in future all agencies use standardized intake tools and standardized outcome measurement tools; and**
 - **how outcomes from agencies that do not currently use CAFAS could be systematically monitored to ensure consistency.**

Agency Management and Control

Overview

The Auditor noted that total transfer payments to child and youth mental health agencies have steadily increased over the past 10 years. However, most of the net increases resulted both from funding new direct service initiatives and from transferring activities in and out of the program. Over the same period, annual ministry funding increases for agencies' core programs, including their administrative activities, have until recently been minimal or non-existent. As noted earlier, agencies cited an inability to meet growing demand because of funding constraints.

Children's Mental Health Ontario expressed surprise at the number of transfer payment agencies funded from the budget. It could not identify 300 of the organizations receiving funding and said that large amounts of the CYMH budget are dispersed to agencies that do not collect standardized data through BCFPI and CAFAS. Children's Mental Health Ontario wonders what occurs in those agencies because it knows so little about them.

The Ministry said that it knows what it is funding in those agencies and has transfer payment accountability agreements with each one. The Ministry said that the mapping exercise will assist it in determining whether it is funding what it should be funding.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

- 9. The Ministry of Children and Youth Services shall report back to the Standing Committee on Public Accounts on measures undertaken by the Ministry to consolidate and rationalize the number of service providers.**

Purchasing Policies and Procedures

The Auditor said that most large private- and public-sector organizations require that goods and services be acquired through a competitive process that seeks to achieve the best value for money spent and promotes fair dealings and equitable relationships with vendors. Two of the four agencies he reviewed had no such policies and procedures. He recommended that agencies, in consultation with the Ministry, should establish requirements for a competitive process for major purchases of goods and services as well as clear, board approved policies for payment of discretionary expenditures such as meals and hospitality.

Acquisition of Professional Services

The Auditor discussed instances of lack of evidence regarding selection of an individual or firm by agencies for service provision from such professionals as psychiatrists, psychologists and lawyers. Some agencies lacked written agreements for this service provision and invoices often lacked sufficient detail.

The Auditor recommended that agencies provide better selection and payment documentation, create formal, written agreements for major contracts, and ensure that invoices received are sufficiently detailed.

General Expenditures and Use of Agency Credit Cards

Additionally, he recommended that in order to help ensure that all agency payments are reasonable, agencies should formally delegate authority to specific persons to approve purchases and authorize payments, obtain and keep detailed receipts, and review and approve credit-card statements more promptly.

Use of Agency Vehicles and Reimbursement for Use of Personal Vehicles

The Auditor noted issues regarding use of agency vehicles and reimbursement practices for the use of personal vehicles. He recommended that agencies should ensure that the number of vehicles that they own or lease is justified by an assessment of their transportation needs. The Auditor also recommended agencies periodically review and assess for reasonableness the usage information for owned or leased vehicles and ensure that personal vehicle use claims for business are detailed.

The Ministry reported that it has now provided all of its agencies with a set of best practice guidelines on procurement, contracting and the use of credit cards. The Ministry's expectation is that those best practices will be put in place. They incorporate the internal OPS policies with respect to reimbursement of travel, meals and hospitality costs and fleet management and the use of other road transportation. For the procurement of goods and services, including the use of credit cards and purchasing cards, the Ministry's internal policies have been adapted for use externally. Agencies are to compare their current policies against these good practices and to make adjustments accordingly.

Children's Mental Health Ontario said that the four audited agencies have addressed these issues raised by the Auditor. It further said that it found the Auditor's recommendations useful and disseminated the best practice guidelines to all of its members. The organization is working with its members to ensure that these recommendations are implemented.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

10. The Ministry of Children and Youth Services report back to the Standing Committee on Public Accounts with a list of those transfer funding recipients that have and have not implemented policies recommended by the Ministry on

- **procurement of goods and services, including the use of credit cards and purchasing cards; and**
- **reimbursement of travel, meals and hospitality costs and fleet management and other transportation costs.**

Agency-board Governance and Accountability

The Auditor noted that as is commonly the case with the not-for-profit sector, agencies have no memberships or broader interest groups to which they must report about operations and the prudent use of funds. The Auditor recommended that agencies should continually assess their options for strengthening board governance and accountability structures. He said, for example, agency membership could be extended to include children's advocates or individuals who represent the interests of service recipients, as is done by some Children's Aid Societies.

The Ministry said that all of the agencies have a board of directors. The government's transfer payment accountability directive requires a board of directors to be in place when the Ministry funds an agency. The Committee noted that an exception might be First Nations communities where the structure is not really conducive for not-for-profit boards. The Ministry said that it ensures that there is some capacity for oversight in those communities whether it is through the band council or other oversight bodies.

The Ministry reported that in recent years it has encouraged agencies to have a "youth voice" on their boards, though this is not a mandatory requirement. The Ministry's strategic plan includes a goal of enhanced participation and a place for clients and for children and youth in the decision-making process around services. The Youth Services Bureau of Ottawa said that it has developed a mechanism for those who have participated in the Bureau's youth engagement program (some of those most at-risk in the community) to meet with the board, attend board retreats, report to the board on a regular basis and engage the board in their activities.

Children's Mental Health Ontario does not fully agree with all of the Auditor's recommendations on governance. It said that a good number of agency board members are parents of children who have received services from agencies. A "consumer voice" exists on agency boards. However, Children's Mental Health Ontario agreed that the youth voice has not been present in many agencies until recently. It said that an increasing number of agencies are now following the example of such organizations as the Youth Services Bureau of Ottawa to engage young people in the governance of their organizations.

LIST OF COMMITTEE RECOMMENDATIONS

The Standing Committee on Public Accounts recommends that:

- 1. The Ministry of Children and Youth Services shall report back to the Standing Committee on Public Accounts on when the Ministry's mapping exercise will be completed. The Ministry should also provide the Committee with information currently available on the adequacy and equity of service provision on a community-by-community basis.**
- 2. Given the Auditor General's observation that Ontario currently has a patchwork of children and youth mental health services, which he partly linked to lack of a legislated mandate for these services, the Ministry of Children and Youth Services shall provide the Standing Committee on Public Accounts with a status report on implementation of the Ministry's "A Shared Responsibility" policy framework, specifying how implementation is helping to address the patchwork of services issue. The Ministry should explain how data from the mapping exercise is assisting with implementation. The Ministry should also specify**
 - the impact of any funding constraints on implementation of the framework;**
 - how the Ministry will ensure an equitable level of care across the province;**
 - how the Ministry will ensure that the funds provided for mental health services are actually spent on providing such services; and**
 - how the Ministry will measure and report publicly on outcomes.**
- 3. The Ministry of Children and Youth Services shall report to the Standing Committee on Public Accounts on:**
 - when the Ministry will be able to move towards a funding allocation model based on the delivery of specific services in each community that ensures equity, as opposed to allocating funding through a historical-based funding model; and**
 - whether the new funding model will include accountability measures to encourage value-for-money spent.**
- 4. The Ministry of Children and Youth Services shall report back to the Standing Committee on Public Accounts on measures undertaken to address the Auditor General's recommendation that there be:**

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- a single point of access or a collaborative placement process for all available residential services and support; and
 - fewer access points or more collaborative efforts to assess and prioritize individual's needs and refer them to the most appropriate non-residential services and support available.
5. **The Ministry of Children and Youth Services should assess school-based programs operating in other jurisdictions that are intended to assist children in maintaining good mental health, and should also assess any other similar programs or related studies. The Ministry should report back to the Standing Committee on Public Accounts with its assessment, specifically noting whether there are aspects of these programs or studies that are of particular relevance and use for Ontario.**
 6. **The Ministry of Children and Youth Services shall report to the Standing Committee on Public Accounts on measures that it has undertaken to address the Auditor General's recommendation that the Ministry should research best practices for ensuring that schools have the knowledge to be proactive partners in helping children in need.**
 7. **The Ministry of Children and Youth Services shall provide the Standing Committee on Public Accounts with a status report on wait times for children and youth mental health services that includes the following information:**
 - data obtained from the mapping exercise on regional variations in wait times;
 - steps taken by the Ministry to investigate agencies' concerns that children and youth need to be in crisis to receive service;
 - measures undertaken by the Ministry to deal with communities that have significantly higher wait times for services;
 - and measures undertaken by the Ministry to ensure timely access to appropriate services.
 8. **The Ministry of Children and Youth Services shall provide the Standing Committee on Public Accounts with a status report on evidence-based service delivery that includes information on the following:**
 - the results of the Ministry's review of intake and assessment tools used by other jurisdictions and what major potential improvements are under consideration for the Brief Child and Family Phone Interview (BCFPI) intake tool and the Child and Adolescent Functional Assessment Scale (CAFAS) tool;

- **assessment tool benchmarking undertaken by the Ministry;**
 - **plans the Ministry has to ensure that in future all agencies use standardized intake tools and standardized outcome measurement tools; and**
 - **how outcomes from agencies that do not currently use CAFAS could be systematically monitored to ensure consistency.**
- 9. The Ministry of Children and Youth Services shall report back to the Standing Committee on Public Accounts on measures undertaken by the Ministry to consolidate and rationalize the number of service providers.**
- 10. The Ministry of Children and Youth Services report back to the Standing Committee on Public Accounts with a list of those transfer funding recipients that have and have not implemented policies recommended by the Ministry on**
- **procurement of goods and services, including the use of credit cards and purchasing cards; and**
 - **reimbursement of travel, meals and hospitality costs and fleet management and other transportation costs.**