Message from the Chair

On behalf of the Mental Health and Addictions Leadership Advisory Council I am pleased to present our second annual report. In this report, we make recommendations for 2016: promoting, preventing and intervening early, closing critical service gaps, and building foundations for system transformation. We also look back on the progress made since the Council’s 2015 recommendations.

Susan Pigott
Chair, Mental Health and Addictions Leadership Advisory Council

Our work is informed by four guiding principles essential to a truly person-centered system – a system that is equitable, accessible, high-performing and recovery-oriented. Over this past year we have had many opportunities to explore the concept of a person-centered system through numerous consultations, and through two reference panels – a Lived Experience panel and a Family/Caregiver panel – that the Council (Appendix 4) established to help us with our work. In these discussions, it was emphasized that the principles of equity and recovery require special consideration and are in fact fundamental prerequisites to a high-performing, accessible mental health and addiction system.

Equity speaks to the need to create a system that is effective for all Ontarians. Ontario is a very diverse province in which French-language services, and the rights of Indigenous people, are recognized and supported by legal frameworks. Access to culturally safe, appropriate services should be the norm, not the exception. This must include support for Indigenous culture-based approaches to mental well-being. The “Equity: Excellent Mental Health and Addictions Care for All” page of this report highlights the approaches the Council is endorsing to ensure government builds equitable access to mental health and addictions services for all Ontarians, and particularly racialized and other marginalized communities.

Recovery is a closely related principle. As the Mental Health Commission of Canada explains in its Guidelines for Recovery-Oriented Practice (2015), recovery does not mean a cure to a mental health or addiction issue but reflects the idea that everyone can live “a satisfying, hopeful, and meaningful life, even when there may be ongoing limitations related to mental health problems and illnesses.” Central to this approach is the fundamental belief that recovery is not only possible but should be expected regardless of diagnosis or situation, and should be defined by the people living with the mental health and/or addiction issues themselves. Our work with the reference panels exemplifies this approach, in which those with lived experience are viewed – and view themselves – as powerful contributors to the system design process. Simply identifying recovery as a system-wide goal is not enough to create change. Genuine progress will require an investment in the development of standards, capacity building, professional education, supports, research and evaluation, and services.

In applying these principles to its work in 2016, the Council prioritized three key areas: promoting, preventing and intervening early, closing critical service gaps, and building the foundations necessary for better access to high-quality services across Ontario through increased integration, measurement, and accountability.

Over the past year, it has become increasingly evident to us that building a comprehensive mental health and addiction system will require substantial investments and an all-of-government approach, supported by ongoing dialogue and collaboration with people who have lived experience in the system, family members and caregivers. We respectfully submit our recommendations with the aim of ensuring that those investments can and will be made in a way that has maximum impact as we move together toward the vision of Ontario’s Comprehensive Mental Health and Addictions Strategy: “An Ontario where every person enjoys good mental health and well-being throughout their lifetime, and where all Ontarians with mental illness or addictions can recover and participate in welcoming, supportive communities.”
**FIRST STEPS: Progress in 2016**

In December 2015, the Council submitted its first annual report *Better Mental Health Means Better Health* to the government, providing advice on key priorities and making a number of recommendations. While system change takes time, the Council has seen some progress and is pleased that our call for action has led to the following achievements:

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Progress being made</th>
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<tbody>
<tr>
<td><strong>YOUTH</strong></td>
<td>In 2016, the Council was pleased to see the Ministry of Children and Youth Services (MCYS) working closely with the Ministry of Health and Long-Term Care (MOHLTC) and other ministries to support our work to identify priority addiction service gaps for youth (which the Council has defined as those aged 12 to 25, in recognition of the important developmental stage of emerging adulthood and to share the elements of the transformation that is taking place in the MCYS-funded community-based child and youth mental health sector). In addition, 18 Service Collaboratives were developed in communities across Ontario to improve access and transitions for children and youth. We see continued need for ongoing collaboration between ministries to provide seamless, integrated services to youth.</td>
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<tr>
<td><strong>HOUSING</strong></td>
<td>The Council understands that MOHLTC, Ministry of Housing, MCYS and Ministry of Community and Social Services are collaborating to advance our 2015 supportive housing recommendations through Ontario’s Long-Term Affordable Housing Strategy. This work is important, and follows on the incremental rollout of $16M to increase supportive housing for people with mental health and addiction issues by 1,000 units, announced in 2014. Housing continued to be a priority focus for the Council in 2016.</td>
</tr>
<tr>
<td><strong>QUALITY</strong></td>
<td>The implementation of a quality improvement initiative with Canadian Mental Health Association-Ontario and Addictions and Mental Health Ontario members, in collaboration with Health Quality Ontario, is adding important local quality improvement capacity within community-based mental health and addictions agencies. During 2016, the Council identified a set of core services and 10 system-level performance indicators, which supports further progress toward a quality-oriented system.</td>
</tr>
<tr>
<td><strong>INDIGENOUS PARTNERS</strong></td>
<td>The government’s support for a parallel Indigenous engagement process recognizes that recommendations related to Indigenous mental wellness must be identified by Indigenous people themselves. The Council understands MOHLTC, the Institute for Clinical Evaluative Studies and Indigenous partners are consulting on Indigenous data priorities, and that MOHLTC is working with the College of Nurses of Ontario to enable nurse practitioner prescribing of Suboxone, two key 2015 Council recommendations. The Council’s support for the work of Indigenous partners remains strong, and our continued engagement with partners is highlighted in this report.</td>
</tr>
</tbody>
</table>

These actions are a promising start, but more must be done. Our 2016 recommendations lay out concrete actions that build upon achievements to date in order to take us closer to delivering on the Strategy, and provide our advice to guide its implementation.
EQUITY: Excellent Mental Health and Addictions Services and Supports for All

The issues of diversity and marginalization are many-layered, and interact with mental health and addiction in complex ways. Low-income Ontarians, newcomers, racialized groups, lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals, and people with disabilities, for example, have different lived experiences and widely varied needs. This underscores the importance of continued engagement and consultation with people who have lived experience, families and caregivers, to ensure that we understand and address these needs effectively.

EQUITY AND ANTI-RACISM

Racialized groups, people with disabilities, immigrants, refugees, homeless and LGBTQ people are more likely to experience poor mental health and increased addiction issues due to discrimination and uneven access to social supports. They also face added barriers when accessing quality mental health and addictions services.

The Council uses the Ministry of Health and Long-Term Care’s Health Equity Impact Assessment Tool to ensure that its work will not further negatively impact marginalized groups. The Council and MOHLTC are also working with the Anti-Racism Secretariat to identify concrete ways to collaborate to advance equity. Making equity a reality requires change at many levels: how we make decisions, collect data, and plan and deliver services. Moving forward, the Council advises that government apply an equity lens to all dimensions of mental health and addiction system transformation.

ONTARIO’S FRENCH-LANGUAGE SERVICES

French-speaking communities are the largest minority language group in Ontario. About 53% of Francophones have no access, or very limited access, to mental health and addictions services in French. The Council will be actively supporting the Ministry of Health and Long-Term Care throughout its collaborative work with other ministries and agencies to help ensure the strategy addresses the French-language needs of Ontarians. One early recommendation is the need to collect client and service language data alongside other key data to assess and reduce access gaps for Francophones.

INDIGENOUS ENGAGEMENT

In March 2016, following the release of the Final Report of the Truth and Reconciliation Commission of Canada, the government of Ontario released The Journey Together: Ontario’s Commitment to Reconciliation with Indigenous Peoples. These reports set the stage for all Ontarians to walk alongside Indigenous people into a new era of reconciliation. These reports also align with the parallel Indigenous engagement process that the Ontario government announced as part of Phase Two of the Strategy. The Indigenous engagement process supports 10 Indigenous partners to carry out community engagement activities intended to identify mental health and addiction priorities, and ensure that the right culturally-appropriate investments will be made available both on- and off-reserve.

In October 2016 the Council met with Indigenous partners to explore intersections between our work and theirs under the Strategy. As a result of these meetings, and a shared commitment to continued collaboration, the Council would like to use the platform of this report to call upon government to:

1. Increase access to community-based, Indigenous designed, developed and delivered services.
2. Ensure mainstream system transformation results in an improved, culturally safe service experience for Indigenous people and communities and that local service planning gives a greater role to First Nations, Inuit and Métis partners.
3. Actively create and integrate Indigenous approaches to mental wellness and well-being that are holistic, inclusive of the whole family and address needs across the life span from a social determinants of health perspective.

The Council looks forward to further collaboration in these and other areas as part of the journey to reconciliation in Ontario.

1 Ontario Ministry of Health and Long-Term Care, French Language Health services Working group, Health Care Services for Franco-Ontarians: A roadmap to better accessibility and accountability, 2005.
MOVING FORWARD: Our Recommendations

In fulfilling its mandate, the Council remains acutely aware of the need to work within the constraints of limited resources – particularly when considering multi-year system reform on a large scale.

As a result, our recommendations for 2016, summarized below, have been carefully measured against three strategic considerations.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Strategic consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. PROMOTE, PREVENT, AND INTERVENE EARLY</strong></td>
<td>How and where should we invest in mental health promotion, prevention and early intervention to maximize impact on the mental health and well-being of all Ontarians and those living with mental health and addiction issues while reducing the burden on the healthcare system?</td>
</tr>
<tr>
<td><strong>2. CLOSE CRITICAL SERVICE GAPS</strong></td>
<td>How and where should resources be applied to address critical system weaknesses that adversely affect people with mental health and addiction issues and impede our progress toward system transformation?</td>
</tr>
<tr>
<td><strong>3. BUILD FOUNDATIONS FOR SYSTEM TRANSFORMATION</strong></td>
<td>How can we make foundational investments today that will most effectively lead us toward future system integration and transformation?</td>
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</table>

With those strategic aims in mind, we believe the 2016 recommendations collectively represent a powerful step forward toward the vision of Ontario’s Comprehensive Mental Health and Addictions Strategy – a vision that puts people at the center of a strengths-based, high-performing, accessible, equitable, culturally appropriate and recovery-oriented mental health and addiction system.

We appreciate in particular the significant challenge involved in developing a truly recovery-oriented system. In such a system the individual is viewed, not simply as a passive recipient of care, but as an engaged partner in their own recovery. Likewise, there is a broadly shared belief – held by individuals, families and caregivers – that treatments and supports are not an end in themselves but, rather, part of the journey toward recovery, with self-sufficiency as the final goal. Thus, recovery speaks to the importance to all people of leading a meaningful life as part of the community, to have a home, a job, friendships and community connections, and to contribute. This represents an important shift in both our thinking and our practices – which in turn will depend on system-wide training and education, good data, new approaches to individual and family engagement in treatment and service planning, and a consistent set of core services across the province. We are confident that our 2016 recommendations will set the stage for this important and exciting journey.
Promote, Prevent, and Intervene Early

With mental health and addiction, it pays to invest in promoting positive mental health and wellbeing, preventing mental health and addiction issues from occurring, and intervening early when needed. It is proven that upstream investments that are evidence-based, sustainable and purposefully implemented will have positive impacts on Ontarians, our health system and beyond.

In fact, investments in mental health promotion, prevention and early intervention have the highest rate of return of any mental health spending. Consider this: when you invest in our children’s mental health at school, you will see cost-savings in education as well as justice, health and other sectors. A commitment to prevention, promotion and early intervention is essential if we are to build a truly recovery-oriented mental health and addiction system in which Ontarians, including people living with mental health and addiction issues, can access the broader programs and services critical to wellbeing.

RECOMMENDATION 1

That the Ministry of Health and Long-Term Care work with other ministries and stakeholders to promote, prevent and intervene early across the lifespan (Appendix 1).

Action Items:

- Start with the youngest Ontarians by increasing information about parenting, wellness and mental health, as well as support for all caregivers, including parents, guardians and early childhood educators; improve the capacity for primary care to identify those children at risk through surveillance, screening and follow-up; and expand evidence-based intensive supports for those at risk, such as home visiting programs linked to existing initiatives such as Healthy Babies Healthy Children.

- Continue to support our children and youth by building on investments like School Mental Health ASSIST, including in First Nations and French-language schools, that enable Ontario’s schools to maximize mental health promotion with a focus on social emotional learning; further enhance the capacity for educators and caregivers to identify and support children and youth at risk; expand evidence-based school-based programming for students at risk, such as Cognitive Behavioural Therapy (CBT); and increase support for children and families as they move through the system of care.

- Engage with our youth who are transitioning to adulthood by continuing to support mental health promotion and addiction prevention in schools, campuses, workplaces and in the community; support evidence-based youth wellness hubs, integrated service centers that are co-created with youth, built on existing capacity within communities and linked conceptually and operationally around the province; and continue inter-ministerial work to reduce services barriers for youth.

- Raise awareness about resiliency, prevention, early identification and help-seeking among adults and seniors in a range of settings including primary care, homecare, and other community settings, and by calling on employers – starting with the Ontario Public Service - to champion workplace mental health.
2 Close Critical Service Gaps

The Council considered how and where resources should be applied to address critical system weaknesses in the short term, through interventions that are demonstrably effective, and also move us toward a full continuum of mental health and addictions services. Based on considerable research and consultation, the Council identified services for youth with addiction, structured psychotherapy and supportive housing as critical gaps.

We know that 70% of mental health and addiction issues begin in childhood or adolescence and can contribute to physical health problems, poor educational outcomes and involvement with the justice system. Yet, programming for youth is both insufficient and uneven, and existing substance use programs and services have limited capacity, with high wait times. Access to evidence-based, publicly funded structured psychotherapy is likewise limited, and many Ontarians struggle to find services due to geographic location, waitlists, lack of awareness, and difficulty navigating the system. Access is particularly challenging for lower-income or unemployed individuals who may not have the means to pay for private services. In addition, there is a well-known gap in supportive housing – which we know achieves better outcomes for Ontarians, reduces the use of health and emergency services, and is essential to meeting the province’s goals for ending chronic homelessness.

While the Council has identified these three areas for immediate investment, we also recommend a review of programs that are intended to meet the needs of people with serious mental health issues, such as Assertive Community Treatment programs.

### RECOMMENDATION 2

That the Ministry of Health and Long-Term Care address the chronic gaps in youth addiction, psychotherapy and supportive housing (Appendix 1).

**Action Items:**

**YOUTH ADDICTION**
- Build screening and brief intervention capacity in primary care, emergency departments and schools.
- Increase capacity for developmentally appropriate services for youth through investments in additional staff that will ensure services are responsive to the unique developmental needs of youth in content and process, including enhanced transition supports.
- Create developmentally appropriate withdrawal management services where providers are also able to facilitate engagement of youth in additional treatment services pre- and post-withdrawal management.
- Increase capacity for developmentally appropriate residential treatment services to address existing wait times, ensure optimal and coordinated treatment and enhance transitions to and from community-based treatment services.

**STRUCTURED PSYCHOTHERAPY**
- Pilot evidence-based self-directed and individual/group and cultural psychotherapy models, including those targeted and/or tailored to populations at-risk, and identify the most effective, integrated models to scale up access to structured psychotherapy.
- Establish service standards and referral pathways.

**SUPPORTIVE HOUSING**
- Leverage the Council’s supportive housing strategy and create at least 30,000 units of supportive housing for people with mental health and addiction issues over 10 years. We have developed a 10-year implementation plan as an aid to government.
Build Foundations for System Transformation

Ontario’s Comprehensive Mental Health and Addictions Strategy is an ambitious plan that calls for significant system transformation by 2021. The Council has identified three foundational building blocks – focused on service alignment, measurement, and funding – that it believes are urgent and critical first steps toward this large-scale transformation.

Ontarians need access to a consistent and coordinated set of mental health and addictions services – and a more consistent and seamless service experience – regardless of where they live.

In order to achieve this, and to align with the transformations that have taken place in the community-based child and youth mental health sector, we need to move toward implementation of a set of core services along with standardization, streamlining and centralization of data. This would enable improved service coordination across the province – reducing gaps and inefficiencies in services, and improving transitions across services – as well as supporting better cross-sector integration.

In turn, this will require a cohesive, integrated approach to funding that is coupled with high-quality data. This would ensure that investments are targeted to the right people, programs and places to address the need for services based on population health and equity, and that linkages are established between quality and outcomes to reduce variations in service quality.

RECOMMENDATION 3

That the Ministry of Health and Long-Term Care undertake three critical first steps toward large-scale transformation, leveraging the work of the Ministry of Children and Youth Services in these areas (Appendix 1).

**Action Items:**

- Adopt a set of core mental health and addictions services (Appendix 2) across Ontario that have dedicated funding support, are available to all Ontarians, and are accessible in all regions of the province.
- Adopt 10 system-level indicators (Appendix 3) and implement a mental health and addiction data and quality strategy that includes centralizing data governance and oversight, measuring the client journey, establishing a cohesive and standard approach for data collection and reporting, and building information infrastructure and capacity.
- Develop an evidence- and needs-based funding model for community mental health and addictions services.
Conclusion

The Council's 2016 recommendations represent a powerful step forward toward the vision of Ontario’s Comprehensive Mental Health and Addictions Strategy – a vision that puts people at the center of a strengths-based, high-performing, accessible, equitable and recovery-oriented culturally-appropriate mental health and addiction system.

The Council's recommendations are purposefully integrated and mutually reinforcing. While there are potential benefits associated with each individual initiative, the Council believes strongly that implementing the full range of recommendations simultaneously is key to achieving a dramatic move forward in service excellence, equity, quality and accountability.

Implementation will involve not only the Ministry of Health and Long-Term Care, but also the Ministry of Children and Youth Services, the Ministry of Education and a large number of other Ontario ministries. Building an effective mental health and addiction system will require the commitment of the entire provincial government. Looking back at 2016, we are pleased to see the actions of many ministries and agencies that have supported the work of the Council and effected positive change within the mental health and addiction system.

The Council underscores the importance of the collaborative work being done by MCYS and MOHLTC to build integrated, consistent and coherent mental health and addictions services for children and youth, and notes the important achievements of core services, lead agencies, and work towards legislative and funding frameworks for the community-based child and youth mental health sector. Likewise, we applaud the work of the Ministry of Community and Social Services in moving toward income security reform, which will assist many disadvantaged people to participate more fully in society.

We are aware that these recommendations would require substantial financial investment. The Council is united in its call on the province to undertake these investments, and make real progress toward its long-term vision. The Mental Health Commission of Canada recommends that spending on mental health services should account for approximately 9 percent of total health care spending. The Council urges government to consider this recommendation in Ontario, which represents an increase of approximately 3 percent, or $150M per year over ten years.

In the last year of our mandate, the Council will continue to advise government on mental health and addiction system transformation: including advising on the alignment of the data strategy, funding reform and core services implementation, reviewing access barriers and pathways between mental health and addictions services, and other sectors such as primary care, justice and youth transitions. We will also continue to provide advice on service gaps across the continuum. We will continue to apply the recovery and equity principles in the development of our 2017 recommendations, with a focus on quality from the lens of service recipients. In our final year, we will also consider options for the kind of governance that will continue to drive progress in years ahead: toward the completion of the 10-year strategy and beyond.

We believe that now is the time to take action. We remain confident that government will make the investments so urgently needed to realize important and substantial progress for the benefit of Ontarians.
## APPENDIX 1: Detailed 2016 Council Recommendations

### EQUITY: Excellent Mental Health and Addictions Services and Supports *for All*

**Equity:** Apply an equity lens to all dimensions of mental health and addiction system transformation.

**Ontario’s French-Language Services:** Collect client and service language data alongside other key data to assess and reduce access gaps for Francophones.

**Indigenous Engagement:**
- Increase access to community-based, Indigenous designed, developed and delivered services.
- Ensure mainstream system transformation results in an improved, culturally safe service experience for Indigenous people and communities and that local service planning gives a greater role to First Nations, Inuit and Métis partners.
- Actively create and integrate Indigenous approaches to mental wellness and well-being that are holistic, inclusive of the whole family and address needs across the life span from a social determinants of health perspective.

### 1. PROMOTE, PREVENT, AND INTERVENE EARLY

That the Ministry of Health and Long-Term Care work with other ministries and stakeholders to promote, prevent and intervene early across the lifespan.

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Recommendations</th>
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</table>
| **YOUNG CHILDREN** | - Start with the youngest Ontarians by increasing information about parenting, wellness and mental health, as well as support for all caregivers, including parents, guardians and early childhood educators.  
  - Improve the capacity for primary care to identify those children at risk through surveillance, screening and follow-up.  
  - Expand evidence-based intensive supports for those at risk, such as home visiting programs linked to existing initiatives such as Healthy Babies Healthy Children. |
| **CHILDREN AND YOUTH** | - Continue to support our children and youth by building on investments like School Mental Health ASSIST, including in First Nations and French-language schools, that enable Ontario’s schools to maximize mental health promotion with a focus on social emotional learning.  
  - Further enhance the capacity for educators and caregivers to identify and support children and youth at risk.  
  - Expand evidence-based school-based programming for students at risk, such as Cognitive Behavioural Therapy (CBT).  
  - Increase support for children and families as they move through the system of care. |
| **YOUTH TRANSITIONING TO ADULTHOOD** | - Engage with our youth who are transitioning to adulthood by continuing to support mental health promotion and addiction prevention in schools, campuses, workplaces and in the community.  
  - Support evidence-based youth wellness hubs, integrated service centers that are co-created with youth, built on existing capacity within communities and linked conceptually and operationally around the province.  
  - Continue inter-ministerial work to reduce services barriers for youth. |
| **ADULTS AND SENIORS** | - Raise awareness about resiliency, prevention, early identification and help-seeking among adults and seniors in a range of settings including primary care, homecare, and other community settings, and by calling on employers – starting with the Ontario Public Service – to champion workplace mental health. |
## 2. CLOSE CRITICAL SERVICE GAPS

That the Ministry of Health and Long-Term Care address the chronic gaps in youth addictions, psychotherapy and supportive housing.

<table>
<thead>
<tr>
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| **STRUCTURED PSYCHOTHERAPY** | - Pilot evidence-based self-directed and individual/group and cultural psychotherapy models, including those targeted and/or tailored to populations at-risk, and identify the most effective, integrated models to scale up access to structured psychotherapy.  
- Establish service standards and referral pathways. |
| **YOUTH ADDICTIONS** | - Build screening and brief intervention capacity in primary care, emergency departments and schools.  
- Increase capacity for developmentally appropriate services for youth through investments in additional staff that will ensure services are responsive to the unique developmental needs of youth in content and process, including enhanced transition supports.  
- Create developmentally appropriate withdrawal management services where providers are also able to facilitate engagement of youth in additional treatment services pre- and post-withdrawal management.  
- Increase capacity for developmentally appropriate residential treatment services to address existing wait times, ensure optimal and coordinated treatment and enhance transitions to and from community-based treatment services. |
| **SUPPORTIVE HOUSING** | - Leverage the Council’s supportive housing strategy and create at least 30,000 units of supportive housing for people with mental health and addiction issues over 10 years. We have developed a 10-year implementation plan as an aid to government. |
3. BUILD FOUNDATIONS FOR SYSTEM TRANSFORMATION

That the Ministry of Health and Long-Term Care undertake three critical first steps toward large-scale transformation, leveraging the work of the Ministry of Children and Youth Services in these areas.

<table>
<thead>
<tr>
<th>Focus Area</th>
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<tbody>
<tr>
<td><strong>CORE SERVICES</strong></td>
<td>❑ Adopt a set of core mental health and addictions services across Ontario that have dedicated funding support, are available to all Ontarians, and are accessible in all regions of the province.</td>
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</tbody>
</table>
| **SYSTEM-LEVEL INDICATORS AND DATA AND QUALITY STRATEGY** | ❑ Adopt 10 system-level indicators and implement a mental health and addiction data and quality strategy that includes:  
  ❑ Provide Strategic Leadership for Data and Performance Measurement:  
    ❑ Centralize data governance and oversight.  
    ❑ Implement a common provincial performance measurement scorecard for services across the lifespan.  
  ❑ Measure the Client Journey:  
    ❑ Implement a common business intelligence solution to provide access to timely data analysis across the province.  
    ❑ Implement the use of a unique client identifier.  
    ❑ Expand the collection of socio-demographic information.  
  ❑ Establish a Cohesive and Standard Approach:  
    ❑ Implement a standardized process for data collection and reporting.  
    ❑ Reduce redundancies in data collection and reporting.  
  ❑ Build Information Infrastructure and Capacity:  
    ❑ Implement a provincial information technology fund.  
    ❑ Support clinicians with data collection.  
    ❑ Support agencies with data-driven decision making. |
| **FUNDING MODEL**                              | ❑ Develop an evidence and needs-based funding model for community mental health and addictions services. |


# APPENDIX 2: Core Services

<table>
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<tr>
<th>Focus Area</th>
<th>Brief description</th>
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| **PREVENTION, PROMOTION AND EARLY INTERVENTION SERVICES** | Universal promotion - The process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health.  
Universal prevention - A focus on reducing risk factors and enhancing protective factors associated with mental illness and addiction.  
Targeted prevention – A focus on changing views and behaviors, building skills and competencies and/or creating awareness and resiliency through the provision of information, education and programming to defined at-risk populations.  
Early intervention services – Involves responding early in life or in the course of a mental health disorder or illness or an episode of illness, to reduce the risk of escalation, have positive impact in the pattern of illness and minimize the harmful impact on individuals, their families and the wider community. |
| **INFORMATION, ASSESSMENT AND REFERRAL SERVICES**    | Provide up-to-date, evidence-based information on mental illness and addictions and on core services available in Ontario.                                                                                              |
| **COUNSELLING AND THERAPY SERVICES**                | Counselling and therapy services focus on reducing the severity of and/or remedying the emotional, social, behavioral and self-regulation problems of individuals.                                                       |
| **PEER AND FAMILY CAPACITY BUILDING SUPPORT**       | Family support services consist of activities that facilitate emotional and practical support and information exchange between people with common lived experiences (either individual experience with mental illness or addiction or family members who have a loved one with a mental illness and/or addiction). Peer support is a naturally occurring, mutually beneficial support process, where people who share a common experience meet as equals, sharing skills, strengths and hope; learning from each other how to cope, thrive and flourish. Formalized peer support begins when persons with lived experience, who have received specialized training, assume unique, designated roles within the mental health system to support an individual’s expressed wishes. Specialized peer support training is peer developed, delivered and endorsed by Consumer/Survivor Initiatives, Peer Support Organizations and Patient Councils, and is rooted in principles of recovery, hope and individual empowerment. |
| **SPECIALIZED CONSULTATION AND ASSESSMENTS**         | Specialized consultation and assessments are designed to provide advice in the assessment, diagnosis, prognosis and/or treatment of an individual with an identified mental health or addiction need. |
| **CRISIS SUPPORT SERVICES**                         | Crisis support services are immediate, time-limited services, delivered in response to an imminent mental health crisis or an urgent situation as assessed by a mental health professional that places the client or others at serious risk of harm. |
| **INTENSIVE TREATMENT AND SERVICES**                | Intensive treatment services are targeted to clients who have severe and/or complex mental illness and/or addiction that is limiting their functioning in areas such as employment, parenting, household management, schooling, and/or housing. |
| **HOUSING AND SOCIAL SUPPORTS**                     | Housing and social supports consist of a range of non-therapeutic and non-medical services aimed at facilitating the recovery, well-being, and functioning of the patient at home, at school, at work, and in the broader community. |
APPENDIX 3: Performance Indicators for the Mental Health and Addictions System in Ontario

Approved by the Mental Health and Addictions Leadership Advisory Council on May 16, 2016

<table>
<thead>
<tr>
<th>EQUITY</th>
<th>CLIENT-CENTERED</th>
<th>SAFE</th>
<th>EFFECTIVE</th>
<th>TIMELY</th>
<th>EFFICIENT</th>
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<tbody>
<tr>
<td>Critical gaps in socio-demographic dimensions include: - Francophone communities - Indigenous communities - Racialized communities</td>
<td>1. Overall rating of services received by client</td>
<td>2. Use of physical restraints</td>
<td>3. Years of life lost due to MHA</td>
<td>5. Wait times from referral to service initiation</td>
<td>7. Repeat unscheduled ED visit within 30 days</td>
</tr>
<tr>
<td>Indicators calculated from ICES administrative data, and other indicators where possible, will be assessed through five equity dimensions: (1) Geography (2) Income by neighbourhood (3) Immigration status (4) Age (5) Sex</td>
<td>A. Stigma/Discrimination indicator</td>
<td>B. Use of physical restraints</td>
<td>C. Family/Caregiver support indicator</td>
<td>D. Medication reconciliation</td>
<td>E. Global assessment of functioning (GAF) scores ≥ 10 points</td>
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<td></td>
<td>Internal Database</td>
<td>MHA</td>
<td></td>
<td></td>
<td>8. Doctor visit within 7 days of leaving hospital after treatment for MHA</td>
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<td>9. Rate of inpatient readmission within 30 days of discharge</td>
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<td>10. Alternate level of care (ALC)</td>
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<td>G. System transitions indicator</td>
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**LEGEND**
- POPULATION
- SYSTEM
- COMMUNITY-BASED & HOSPITAL SERVICES
- COMMUNITY-BASED SERVICES
- HOSPITAL SERVICES
- INDICATORS RECOMMENDED FOR DEVELOPMENT
- MENTAL HEALTH & ADDICTIONS
- MENTAL HEALTH
- ADDICTIONS
- DATA SOURCE
INDICATOR DESCRIPTIONS

Client-Centered:

1. Overall rating of services received by client
   Every organization should ensure that the following question/statement is included in their client satisfaction survey: “I think the services provided here are of high quality” (Strongly Disagree, Disagree, Agree, Strongly Agree, Not Applicable)

Safe:

2. Use of physical restraints
   Use of physical restraints in facilities providing acute mental health care (# of patients who had mechanical restraint use indicated on their OMHRS records / Total # of individuals who were discharged from a designated adult mental health bed

Effective:

3. Years of life lost due to MHA
4. Rate of death by suicide
   # of deaths caused by suicide / Total # of individuals in Ontario

Timely:

5. Wait times from referral to service initiation
   5.1 # of days from the point of referral/application to initial assessment for community-based mental health programs
   5.2 # of days from the point of referral/application to initial assessment for community-based addictions programs
   5.3 # of days from the point of initial assessment to service initiation for community-based mental health programs
   5.4. # of days from the point of initial assessment to service initiation for community-based addictions programs

6. First contact in the emergency department (ED) for MHA
   # of individuals with an unscheduled ED visit related to MHA and without prior outpatient visits, claims, ED visits or hospital admissions related to MHA in the previous 2 years/All unscheduled ED visits related to MHA

Efficient:

7. Repeat unscheduled emergency department visit within 30 days
   7.1 Repeat unscheduled emergency department visit within 30 days for a substance abuse condition
   7.2 Repeat unscheduled emergency department visit within 30 days for a mental health condition

8. Doctor visit within 7 days of leaving hospital after treatment for MHA
   # of patients who within 7 days of discharge following index hospitalization had at least one psychiatrist or primary care physician visit/ # of acute care discharges from episode care in which a MHA condition is coded as most responsible diagnosis

9. Rate of inpatient readmission within 30 days of discharge

10. Alternate level of care (ALC)
   10.1 # of individuals on ALC by hospital in mental health beds whose next place of care is supportive housing
   10.2 # of days an individual is on ALC by hospital in mental health beds whose next place of care is supportive housing

INDICATORS RECOMMENDED FOR DEVELOPMENT

Client-Centered:

A. Stigma/Discrimination indicator - Recommended development of indicator on client perception of stigma/discrimination when receiving services (i.e. Did you experience stigma or discrimination from staff at this organization? Staff did not stigmatize or discriminate against me in relation to my mental illness, and/or my substance misuse/addiction, and/or my involvement with the criminal justice system).

B. Decrease in client’s unmet needs indicator - Recommended development of indicator on the decrease in client’s unmet needs based on OCAN (i.e. % change in a client’s unmet needs following 1 year of ongoing service)

C. Family/Caregiver support indicator - Recommended development of indicator to capture family/caregiver satisfaction with services

Safe:

D. Medication reconciliation - Recommended that every organization ensure that medication reconciliation is conducted & reported for each client at the point of admission and/or service initiation

Effective:

E. Global assessment of functioning (GAF) scores ≥ 10 points - GAF will be phased out of OMHRS by April 1, 2016 and will be replaced. An indicator that captures information such as the following is recommended: % of clients with positive difference of at least 10 points between admission & discharge GAF scores.

Timely:

F. Common definition of “wait times” - Recommended development of a standardized definition of “wait times” that can capture high-quality, comparable data consistently across multiple data sources

Efficient:

G. System transition indicator - Recommended development of community-hospital transition indicator based on Community Business Intelligence demonstration project data, and development of transition to/from justice system indicator based on OCAN data (i.e. % of individuals applying for court diversion who are successfully diverted from the criminal justice system)

DATA SOURCES - GLOSSARY

ATC (Access to Care) provides high-quality information products and services to help improve performance and ensure accountability within health care organizations.

DAD (Discharge Abstract Database) is a database that contains demographic, administrative and clinical data on all separations (with the exception of stillbirths and cadaveric donors) from acute inpatient facilities in all provinces and territories except Quebec.

DATIS is the Ontario Drug and Alcohol Treatment Information System.

NACRS (National Ambulatory Care Reporting System) is a data collection tool developed by the Canadian Institute for Health Information (CIHI) to capture information on patient visits to emergency departments.

OCAN (Ontario Common Assessment of Need) is a standardized, consumer-led, decision-making tool.

OHIP (Ontario Health Insurance Plan) Billing Data collects data that includes services rendered by a physician for which an amount payable is prescribed by the regulations under the Health Insurance Act (HIA), or a service prescribed as an insured service under the HIA rendered by a practitioner within the meaning of that Act.

OMHRS (Ontario Mental Health Reporting System) contains data about individuals admitted to adult mental health beds in hospitals across Ontario.

ORGD is the Vital Statistics – Death (Office for the Registrar General – Deaths).
APPENDIX 4: About the Council

The Mental Health and Addictions Leadership Advisory Council is an advisory body created by the Government of Ontario in 2014. The Council, with a three year term, is advising the Minister of Health and Long-Term Care on the cross-sectoral implementation of Ontario’s Comprehensive Mental Health and Addictions Strategy. The Council is providing advice on the Strategy, promoting collaboration across sectors and reporting annually on the Strategy’s progress. The 20 members of the Council represent diverse sectors, including those with a lived experience of mental illness or addictions.

Back row (left to right): Dr. Kathy Short, Adelina Urbansi, Eric Windeler, Gail Czukar, Dr. Ian Manion, Victor Willis, Dr. Kwame McKenzie, Camille Quenneville, Peter Sloly, Dr. Philip Ellison, Pat Capponi, Carol Hopkins. Front row (left to right): Cynthia Clark, Dr. Suzanne Filion, Dr. Catherine Zahn, Susan Pigott, Mae Katt, Louise Paquette, Aseefa Sarang. Missing: Rachel Cooper.