Mental Health Accountability Framework

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Ontario

Contents

Executive Summary

The Ontario government is committed to increasing health system accountability to ensure services are as effective and efficient as possible.

Making it Happen, the Ministry of Health and Long-Term Care documents guiding the mental health reform process, commit the Ministry to the development of a client-centred system of services and supports, which will be monitored through a Mental Health Accountability Framework. The framework is a step toward an accountable mental health system in which roles and responsibilities will be defined, performance measured, and improvements made based on results at the program, region and system levels.

The accountability framework will be used by service users and members of the public, mental health organizations / programs, and the system manager.

Initially, the framework will apply to community mental health agencies / programs, hospital-sponsored mental health programs, and the four specialty mental health hospitals. Conceptually, the framework has been developed with a view to its eventual applicability to the entire mental health system.

The framework consists of four key elements:
1) Performance domains, indicators and measures;
2) Agreements between the MOHLTC and transfer payment agencies;
3) Operating manual for mental health and addiction agencies, and
4) Hospital accountability mechanisms.

The document discusses in detail the specific tools and mechanisms for implementation of each of the four key elements. Performance domains and indicators are listed. Dimensions of measurement for each indicator are suggested.

Next steps include the development of outcome-based performance measures, and data collection requirements.

Once consistent data have been collected and are available, they will be used in conjunction with research regarding “best practices” to develop benchmarks and standards for service user outcomes, services / supports, and the system as a whole.

I Introduction

Since 1983, a number of mental health reform policy documents have been published by the Ministry of Health and Long-Term Care (MOHLTC).[1]

These documents emphasize the development of a comprehensive, accessible mental health system in which people with serious mental illness are able to access a continuum of services and supports[2] in locations ranging from inpatient beds to the community.

Emphasis on the consumer as the centre of the mental health system has increased as the mental health reform process has progressed. Four of the seven principles for reform reflect this emphasis:

- The consumer is at the centre of the mental health system;
- Services will be tailored to consumer needs with a view to increased quality of life;
- Consumer choice and access to services will be improved; and
- Services will be linked and coordinated so that consumers will move easily from one part of the system to another.[3]

In Ontario, there is a significant body of experience that suggests that consumer and family participation in the planning, provision and evaluation of services and supports has increased; however, we need more research to demonstrate that this is, in fact, the case. Community services and supports have also grown in type and number. As a result, the need to develop these based on evidence as to "what works" has been identified increasingly.

Accountability for services and supports delivered, and funding received, is a key component in the mental health system and in all business relationships. Accountable parties must know their roles and responsibilities, set performance expectations, and achieve their stated and measured outcomes. Each organization / program[4] must be accountable for the services and supports they provide and also, at the system level, for the functioning of the system. There must be transparent and identifiable ways for all stakeholders to identify and address challenges and problems in the system.

Mental health services and supports funded by the MOHLTC function as a group of separate entities. There are various accountability mechanisms that apply to government, hospitals, community – based transfer payment agencies (TPAs)[5] and professionals; however, there is no single coherent framework for the reformed system as a whole that is consistent with its goals and that incorporates all these groups (and others where required).

[1] These include:
Towards a Blueprint for Change: A Mental Health Program and Policy Perspective (the Heseltine Report). 1983
Building Community Support for People (the Graham Report). 1988
Putting People First: The Reform of Mental Health Services in Ontario. 1993
Making it Happen: Implementation Plan for Mental Health Reform, *Making it Happen: Operational Framework for the Delivery of Mental Health Services and Supports.* 1999

[2] "Services and supports" is used in this document to include mental health services such as case management, as well as supports such as peer development initiatives and family supports.

[3] *Making it Happen: Implementation Plan for Mental Health Reform.* 1999. p. 4.

[4] "Organization / program" is used to refer to the entity funded by the MOHLTC to provide services and / or supports. It may be an incorporated organization, or be unincorporated and sponsored by an incorporated body.

[5] "Transfer Payment Agency" (TPA) refers to the corporate legal entity which receives funding to provide services / supports.

The accountability framework addresses this issue through service and system accountability mechanisms. These mechanisms are:

- Performance domains and indicators;
- Legal agreements between the MOHLTC and its transfer payment agencies;
- An operating manual for mental health and addiction programs; and
- Various hospital-focused accountability tools.

Following publication of this framework, outcome-based performance measures and data collection tools and requirements will be developed. These will permit the collection of consistent, measurable, reliable and valid data at the service / support, regional and provincial levels.

Making it Happen: Operational Framework for the Delivery of Mental Health Services and Supports provides guidelines for the organization and delivery of core services / supports in the reformed mental health system. Performance is to be measured against stated goals to ensure that services and supports achieve desired results.

The accountability framework addresses the need for a multi-dimensional, system-wide management function in which roles and responsibilities are clearly defined. It provides for the system as a whole to be assessed against stated goals and for adjustments to be made. Through clearly defined system leadership roles, all parts of the system can work together, facilitating service / support integration, helping monitor performance and helping resolve system issues.

Ontario's mental health "system" is much broader than the services and supports funded by the MOHLTC. This makes accountability relationships even more complex and often unclear (e.g., organizations / programs may receive funding from several sources and / or levels of government and be accountable to each for differing outcomes.) To ensure service users[6] receive the most effective and efficient services / supports, and organizations / programs achieve their stated goals, all parts of the system must work together.

This document is intended to be a "living" document that sets the stage for increased accountability on a system-wide basis. It is to be reviewed and refined as performance measures are developed and implemented and as government and the MOHLTC consider the next steps in the mental health reform process.

[6] "Service user" is used in this document to reflect that, in addition to clients, their family members and other social supports also use mental health programs and services.

1) Why is accountability necessary?

Government funds organizations / programs to deliver services / supports that benefit service users. In return, organizations / programs must ensure, and demonstrate, that funds are used to achieve stated outcomes in the most effective and efficient way possible. In other words, organizations / programs must be accountable.

Accountability focuses on results that are measurable and, where possible, evidence-based. Through a continuous process of setting expectations, monitoring performance, reporting on outcomes, and making improvements, organizations / programs and services / supports can be as efficient and effective as possible and can contribute to meeting system-wide goals.

Accountability by both government and government funded organizations / programs is a core priority of the Government of Ontario.[7] The government has indicated clear direction and interest in greater health system accountability. The Mental Health Accountability Framework provides a policy framework at the program level consistent with broader government direction for increased accountability. Accountability directives issued by the government must be followed by both the Ontario Public Service and government funded organizations.

2) Accountability and governance

Both clear governance and accountability mechanisms must be in place for organizations / programs to function well.

Multiple accountability relationships may exist throughout the system. For example, TPAs may be accountable to each other through interagency agreements, to one or several provincial and / or federal ministries from which they receive funding, and to other funders (e.g., the United Way or foundations). TPAs are also accountable for the functioning of the system as a whole and must work together to meet system goals.

It is important to distinguish between accountability and responsibility. The government, through elected members of Parliament, is accountable to the public for the services / supports it funds. TPAs are **accountable** to government, through their funding ministries, for use of funds, and **responsible** to service users for delivery of services / supports.

Although government may set overall policy and directives, funded TPAs are responsible for their own governance, generally through Boards of Directors. The Board is responsible for governance of the TPA; that is, defining what the TPA will do, ensuring that it gets done, and examining the results through some system of measurement. Although the government / ministry can set policy requiring certain actions as conditions of funding, the Board ultimately is responsible for ensuring that policy is followed. Boards must manage their organizations and ensure goals and objectives are met within the context of funding requirements set by the ministry. Boards are therefore ultimately responsible for the efficient and effective operation of their agencies. In addition, Boards must recognize that their agencies are part of the mental health system as a whole and they must work with other stakeholders to build a service user-centred system.

[7] Further details on current provincial accountability commitments and mechanisms are found at Appendix I.

For the system to function well, both accountability and governance relationships must be clear:

- overall goals must be set by government (and reflected in specific goals determined by Boards of Directors); roles and responsibilities must be determined, results monitored and measured, and goals changed as warranted, and
- mandates and authorities must be defined to ensure good governance. Leadership roles, both within organizations / programs and through the system as a whole, must be clearly delineated, monitored and respected to ensure performance at the Board and senior staff levels.

3) Who will use the Mental Health Accountability Framework?

As outlined in *Making it Happen*, the Mental Health Accountability Framework is based on the premise that the Ministry of Health and Long-Term Care is the overall manger of the mental health system. Ministry regional offices will review legal agreements, ensure compliance with operating plans, and, in the future, collect organization / program data for submission to the Ministry in aggregate form. The term "system manager" is used throughout this document to refer to the existing role of the Ministry of Health and Long-Term Care (corporate and regional offices).

Over time, the Mental Health Accountability Framework is designed to be used by all stakeholders in the mental health system[8] to enable government, funded organizations / programs, and service users to work together to hold the system accountable.

- Service users and all members of the public can use the framework to verify organization / program and government accountability for funding;
- Organizations / programs can use the framework to determine to what extent they are accountable for funding by evaluating consistency of program process and service user outcomes with evidence-based practice, where possible; and
- The framework will inform schedules to the legal agreements between TPAs and the MOHLTC. The system manger will use the framework to ensure that funded organizations / programs are accountable for public funding they receive and the quality of service delivery, through organizational evaluation and their role as a system partner.

[8] Details of the applicability of this framework are listed in the "Scope of the Mental Health Accountability Framework" section at p. 10.

II Why is the Ministry of Health and Long-Term Care Developing a Mental Health Accountability Framework?

Accountability makes for more efficient and effective services. In addition, it is a provincial priority. Government direction requiring greater mental health service system accountability was recognized in *Making it Happen*, which commits the MOHLTC to the development of a Mental Health Accountability Framework.[9]

Making it Happen identified the following challenges to mental health system accountability:

- Service accountability is often not driven by consumer needs;
- Reporting requirements are not always clear to the programs, and
- Current mental health programs and services are not required by the Ministry to evaluate their programs / services against documented best practices research.

Other accountability concerns include:

- Ensuring services / supports are available for people with serious mental illness, where and when they need access to those services / supports, as the Provincial Psychiatric Hospitals (PPHs) are restructured;
- Ensuring a balance between respect for the safety, well-being and dignity of people with serious mental illness and appropriate safeguards for public safety;
- Ensuring that mental health funds flowed to general hospitals are used for mental health services and are not absorbed into the hospitals' global budgets;
- Ensuring funding is used as efficiently and effectively as possible according to best practices and that it is directed to the highest priority populations, and
- Ensuring service / support quality and outcomes are measured.

For more than 20 years, the number and diversity of community-based mental health services and supports funded by the Ontario government has increased. At present there are more than 350 programs providing such services as case management, Assertive Community Treatment Teams (ACTT) and housing supports, as well as consumer and family initiatives. There continues to be a growing demand for these services / supports and that they be more client-centred in their approach, delivery and philosophy.

[9] *Making it Happen: Implementation Plan for Mental Health Reform.* 1999. p. 25.

Given the present range of service and support types, there is a need to develop an accountability framework that is applied consistently across, and is relevant to, the different service and support types, to ensure that all mental health organizations / programs are accountable for the funding they receive. A framework to guide accountability increases the ability of all organizations / programs to work together in the system. It provides each organization / program with a clearly defined relationship to both the system manager and other organizations / programs and with clear responsibilities to service users, the system manager, and the system as whole. Clearly defined roles and responsibilities of all stakeholders, along with required reporting on defined performance measures, and monitoring of results, will increase system coherence and coordination. In a time of health service restructuring and fiscal restraint, there is an even greater need to further develop an efficient, responsive and accountable service system in which all components work collaboratively.

Community mental health organizations / programs currently collect varying amounts of client information, including client outcomes. Hospitals must also comply with legislated and non-legislated accountability mechanisms.[10] Existing accountability mechanisms for mental health facilities and community mental health organizations / programs include:

Hospitals:	*Mental Health Act* *Mental Hospitals Act* *Public Hospitals Act* Business Planning Briefs Management Information System (MIS) Voluntary accreditation Hospital "Report Cards"
Community agencies:	Operating plans Legal agreements with MOHLTC Legislation as above if sponsored by hospital

However, there remains a need for a provincial accountability framework to:

a) integrate existing accountability mechanisms into a coherent framework that reflects provincial mental health policy, and

b) permit the collection of consistent, measurable, evidence-based service user outcome information.

That information can then be used at all levels of the system. Organizations / programs can use it to improve service / support delivery. The regions can use aggregate data to ensure efficient regional service distribution, and the MOHLTC can use aggregated regional data to inform provincial system level decision-making.

[10] Regulated healthcare professionals are accountable to their professional governing bodies. They are, however, responsible to both their funder (government or private), and their clients / patients for the services they deliver.

III Purposes and Scope of the Mental Health Accountability Framework

1) Purposes of the Mental Health Accountability Framework

Using the overarching goals and principles for mental health reform set out in *Making It Happen*, the following purposes for the Mental Health Accountability Framework were developed:

- To articulate government, service provider and service user roles and responsibilities;
- To support the development of consistent, evidence-based quality mental health services and supports;
- To specify measurable user-centred outcomes, at both the service and system levels, that contribute to continuous improvement of the system and; therefore, to improved mental health status and quality of life, and
- To facilitate delivery of mental health services through the effective and efficient use of public funds.

2) Scope of the Mental Health Accountability Framework

At the outset, the Mental Health Accountability Framework applies only to mental health programs funded in whole or in part through the MOHLTC community mental health allocation:

- Community mental health organizations / programs;
- Hospital-sponsored mental health programs (funded by MOHLTC through the community mental health allocation), and
- The four specialty hospitals (Centre for Addiction and Mental Health, Homewood Health Centre, the Royal Ottawa Hospital and the Northeast Mental Health Centre).

Organizations and programs funded by other ministries or through other means may provide mental health services and supports, and / or non-mental health services and supports to the same service user group served by MOHLTC services and supports. Protocols and / or service agreements will be developed with these organizations and programs to ensure that they also are responsible to shared service users.

For organizations / programs with multiple funders, the MOHLTC continues to work with other provincial ministries (e.g., Community, Family and Children's Services) to ensure that performance measures and data collection requirements will not overlap substantially.

Conceptually, this framework has been developed with a view to its eventual application to the entire MOHLTC funded mental health system, including general hospital inpatient and outpatient and physician services. Until that time, the framework will help determine whether some existing hospital and community services and supports are meeting the goals of the mental health reform process at the client, program and system levels. The framework also provides performance domains and indicators that can eventually be applied across the entire mental health system, allowing the system manager to make comparisons within and between parts of the system and hold all organizations / programs to the same standards necessary to meet the system goals of mental health reform.

The MOHLTC will seek to ensure that when the framework is applied to general hospital inpatient and outpatient services in the future, it harmonizes with other accountability mechanisms already in place.

IV Key Elements of the Mental Health Accountability Framework

The literature on accountability often refers to an accountability "cycle" composed of three main parts, all of which are essential to accountability:

- Defining expectations of each part of the system (e.g., through service agreements);
- Reporting on and monitoring performance, and
- Taking results-based actions.[11]

This Mental Health Accountability Framework addresses this cycle. The framework guides the development of an outcome-based system that includes performance indicators, data collection and best practices within clearly defined expectations of the MOHLTC and its stakeholders.

There are four key elements of the Mental Health Accountability Framework:

1) Performance domains, indicators and measures;

2) Agreements between the MOHLTC and TPAs;

3) Operating manual for mental health and addiction agencies, and

4) Hospital accountability mechanisms.

The first element involves development of performance domains, indicators and measures. The other three elements use the performance domains and indicators to further define expectations, monitor performance and take results-based actions, completing the accountability "cycle."

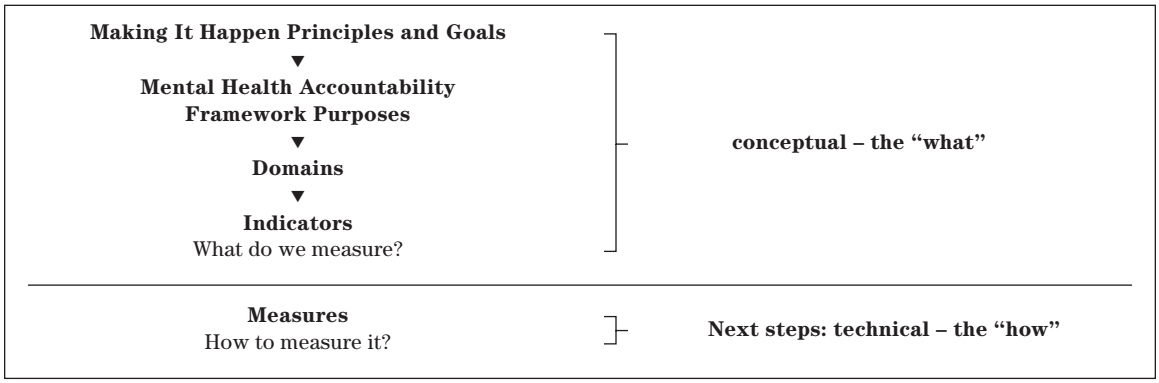
Each element includes specific tools and mechanisms through which it is implemented. These are discussed in more detail below.

[11] More detail on these components as they relate to mental health services can be found at Appendix III.

1) Performance domains, indicators and measures

The first step in developing this Mental Health Accountability Framework was defining the framework purposes and scope, followed by performance domains and indicators.[12] As a next step, performance measures and data collection tools will be developed.

The following chart illustrates this:



The performance indicators and domains listed in this framework will inform the development of outcome-based performance measures, for which all MOHLTC-funded community mental health organizations / programs will be required to collect data. Data will be submitted in a standardized format to regional offices, which will then submit aggregate data to the MOHLTC. Reporting requirements will be phased in over time; that is, only a small number of data elements will be required at first and requirements will increase as improved information systems and new performance measures are implemented.

Data elements to be collected will be listed in the revised Management Information System (MIS) Chart of Accounts (financial and administrative data) and the Common Data Set (CDS) for client "clinical" and outcome data. Each of these data sets has been cross-referenced with elements in existing data collection tools to ensure consistency of data and prevent duplication of data collection. (Service users and other system stakeholders were involved in the creation and definition of data elements.)

As data elements are developed and tested, and feedback provided to the system manager from service users and organization / program staff, data elements will be revised and refined as warranted.

[12] The Terms of Reference and Membership of the Mental Health Accountability Framework External Reference Group are at Appendix II.

The MOHLTC recognizes that some organizations / programs already have and use various data collection systems and that some will need to invest in staff time and / or equipment to collect and submit data as required. This issue will be considered as data collection tools are developed and implemented and legal agreements are established.

Once consistent data have been collected and are available, they will be used in conjunction with research regarding "best practices" to develop benchmarks and standards for service user outcomes, services / supports, and the system as a whole.

2) Agreements between the MOHLTC and transfer payment agencies

The Ontario government now requires that all TPAs sign agreements with funding ministries to ensure accountability for funding provided.

As of September 2002, mental health TPAs must sign legal agreements with the MOHLTC. These agreements set out the terms and conditions for funding, including the roles and responsibilities of the TPA and the MOHLTC. They also set out the conditions under which the agreement can be changed or terminated.

TPA agreements include approved operating plans, along with their expected outcomes and budgets. This allows the inclusion of various service / support types, along with their expected outcomes and budgets, in the standard agreements. In addition, a consistent method, as detailed in the operating manual and policy, will be used across the province to hold TPAs accountable to the system manager for the outcomes outlined in their operating plans.

In the future, an increasing number of community organizations / programs may enter into inter-agency agreements and / or agreements with hospitals for shared service provision. Agreements of these types should define the roles and responsibilities of each party and allow each to hold the other accountable for fulfilling the agreement. Problems with enforceability can arise where a party to an existing agreement does not uphold its part of the agreement. Although inter-agency agreements are often made between parties funded by the MOHLTC, the Ministry cannot enforce the provisions of these agreements (unless provided for in the agreement). However, it can hold organizations / programs accountable for use of their portion of the funding for the shared service(s).

3) Operating manual for mental health and addiction agencies

TPA and MOHLTC roles and responsibilities will be clarified in the operating manual. The manual will consist of two sections – mandatory requirements and guidelines. Mandatory requirements will include those now found in applicable legislation and regulations (e.g., incorporation and board provisions in the *Corporations Act*). Guidelines will include recommended practices for boards and staff, service / support provision and reporting requirements, and program review protocols.

Many of the operational aspects of accountability are dealt with in the operating manual. For example, it sets out:

- Roles and responsibilities of the MOHLTC, District Health Councils, and TPA boards and advisory committees;
- Recommended practices for service-user involvement in planning, managing and delivering services / supports;
- Recommended practices for TPA boards, including conflict of interest requirements;
- Dispute resolution processes;
- Operating plan and legal agreement requirements;
- Service / support provision and reporting requirements;
- Service / support monitoring and evaluation expectations, including the program review process; and,
- Administrative expectations, including financial record keeping and reporting requirements.

4) Hospital accountability mechanisms

(i) "Report Cards" – Annual hospital "Report Cards" are a joint initiative of the MOHLTC and the Ontario Hospital Association (OHA). Hospitals participate on a voluntary basis. The report cards are independently produced through a research collaborative led by the University of Toronto. The 2001 report cards proposed a balanced scorecard approach focused on four quadrants: system integration and change, clinical utilization and outcomes, client satisfaction and financial performance and condition. Data are not available for all proposed indicators in these quadrants and are expected to be collected in the next one to five years.

Preliminary Studies – Volume One. Exploring Rehabilitation, Mental Health was part of the 2001 series. This report supports using a balanced scorecard approach to monitor inpatient mental health service performance and identifies potential performance indicators. It highlights 40 indicators by mental health domain and balanced scorecard quadrant. Provincial estimates are reported for eight indicators for which valid and reliable data are currently available. The report describes a systematic and system-wide approach to monitoring the performance of inpatient mental health care in Ontario. (The Hospital Report Cards do not include the four Provincial Psychiatric Hospitals (PPHs) which have not been divested.)

Because this Mental Health Accountability Framework does not apply at present to most divested PPHs and general hospital psychiatric units (see section on "Scope of the Mental Health Accountability Framework" page 10), the proposed hospital report card framework for the inpatient mental health system will allow public reporting about some aspects of that system. When more data are available, the report cards will permit evaluation of the performance of most of the inpatient mental health system. As some of the domains and indicators in the report card are similar to those in this accountability framework, the two approaches to accountability can be linked at a later time through shared domains and indicators.

(ii) Business Planning Briefs – All hospitals submit an annual business planning brief to the MOHLTC which provides some information about programs, expected outcomes, and budgets. Compliance is monitored by the MOHLTC through legislated mechanisms, with compliance mechanisms including clinical audits, operational reviews, investigation, and appointment of a supervisor.

(iii) Resident Assessment Instrument – Mental Health (RAI-MH): Use of the RAI-MH, a standardized assessment and data collection system for hospital inpatient mental health services, will be mandated in 2004. Data collected with the RAI-MH, in addition to other mechanisms discussed in this section, will also result in increased capacity to monitor and evaluate the effectiveness and efficiency of the inpatient portion of the mental health system.

(iv) Management Information System (MIS) – Public hospitals submit quarterly and year-end administrative (financial and statistical) information to the MOHLTC through the MIS system. The system is based on a chart of accounts developed by the Canadian Institute of Health Information (CIHI). Non-divested PPHs submitted similar data through the MOHLTC Chart of Accounts until 2001 / 02. They now also use the MIS system.

(v) Legislated Accountability Mechanisms: Psychiatric facilities must comply with various legislated accountability mechanisms.[13]

[13] Legislated accountability mechanisms that apply to hospitals are listed at Part II: "Why is the Ministry of Health and Long-Term Care Developing a Mental Health Accountability Framework?"

V Performance Domains and Indicators

Community mental health organizations / programs currently report standardized administrative and fiscal information to the MOHLTC.

Development of performance domains and indicators is the first step toward measurement of performance. As indicated previously, community mental health organizations / programs may also collect client outcome information; however, different organizations / programs collect different information using different data collection tools. Units of service have not been uniformly defined and measured. In order to ensure accountability, consistent service / support criteria, performance indicators and measures, and reporting requirements for those measures are needed. As a first step, this document lists performance domains and indicators.[14] Performance measures, data sets, and information collection mechanisms will be developed next. Service / support criteria and reporting requirements will be detailed in TPA agreements and the operating manual. Performance measures for each indicator will be used to measure progress toward the goals and objectives of mental health reform in *Making it Happen*. These measures will include inputs, processes, and service user outcomes at each level of the mental health system (client, program and system levels).

The following are the domains and their definitions:

Domain	**Definition**
Acceptability	Services provided meet expectations of service users, community, providers and government.
Accessibility	Ability of people to obtain services at the right place and right time based on needs.
Appropriateness	Services provided are relevant to service user needs and based on established standards.
Competence	Knowledge, skills and actions of individuals providing services are appropriate to service provided.
Continuity	The system is sustainable, comprehensive, and has the capacity to provide seamless and coordinated services across programs, practitioners, organizations, and levels of service, in accordance with individual need.
Effectiveness	Services, intervention or actions achieve desired results.
Efficiency	Organizations / programs achieve desired results with the most cost-effective use of resources.
Safety	Organizations / programs avoid or minimize potential risks or harms to consumers, families, mental health staff and the community associated with the intervention / lack of intervention or the environment.

[14] Domains and indicators which follow have been based on those in the document *Accountability and Performance Indicators for Mental Health Services and Supports: A Resource Kit.* Federal / Provincial / Territorial Advisory Network on Mental Health. January, 2001.

Multiple indicators have been developed for each performance domain. Each indicator may be relevant to service user, program or system level performance. Not all will be relevant to every mental health organization / program.

MOHLTC recognizes that data may not exist for all indicators at present and that some indicators may not be measurable right now. However, each indicator is important in determining outcomes. In future, measures will be developed for all of the indicators.

The performance indicators for each domain are listed in the following chart.

Note that:

- "Cultural sensitivity" is used in its broad sense (i.e., sensitivity to race, culture, and also to gender, disability, etc.).
- "Early intervention" refers to both first episode intervention and services and supports that prevent exacerbation of existing mental illness.
- "Best practices" refers to "… activities and programs that are in keeping with the best possible evidence about what works…"[15]
- Indicators marked with an asterisk are often used as measures. They are included here as indicators to reflect that they may signal system function or problems.

[15] *Review of Best Practices in Mental Health Reform.* Federal / Provincial / Territorial Advisory Network on Mental Health. Clarke Consulting Group, Toronto. 1997. p. ix.

	Domains			
	Acceptability	**Accessibility**	**Appropriateness**	**Competence**
Indicators	Consumer / family satisfaction with service received	Service reach to persons with serious mental illness (SMI)	Existence of best practice core programs	Resources available to train staff to meet required competencies for role
	Consumer / family involvement in treatment decisions	Service reach to the homeless	Fidelity: adherence to best practices	Resources available for on the job development and continuous learning
	Formal complaints mechanisms in place	Access to psychiatrists and other mental health professionals	Best practices services / supports provided to persons with SMI	Meets provincial certification / professional standards (where applicable)
	Patient bill of rights	Identify human resource gaps	Treatment protocols for co-morbidity	
	Consumer / family involvement in service delivery and planning	Access to primary care	Hospital readmission rate*	
	Cultural sensitivity	Wait times for needed services	Involuntary committal rate*	
	Consumer / family choice of services	Availability of after hours care	Length of stay in acute care*	
		Availability of transportation	Time in community programs	
		Denial of service	Use of seclusion / restraints	
		Early intervention	Level of service and setting appropriate to needs of individual	
		Consumer / family perception of accessibility	Needs-based funding and spending	
		Access to continuum of mental health service	Consumer / family perception of appropriateness	
		Criminal justice system involvement	Availability of community services	
			Criminal justice system involvement	
			Community / institutional balance	

Continuity	Effectiveness	Efficiency	Safety
Continuity mechanisms	Community tenure	Mental health spending per capita	Complications associated with electro-convulsive therapy (ECT)
Emergency room visits*	Mortality	Proportion of staff funding spent on administration and support	Medication errors
Community follow-up after hospitalization	Criminal justice system involvement	Needs-based allocation strategy	Medication side effects
Documented discharge plans	Clinical status	Community / institutional balance	Critical incidents
Cases lost to follow-up	Functional status	Resource intensity planning tool	Suicides
Clear, visible and available points of accountability	Involvement in meaningful daytime activity	Unit costs and cost per client	Homicides
	Housing status	Budget and tools for evaluation and performance monitoring	Involuntary committal rate
	Quality of life		Risk management practised
	Physical health status		Identify research / practices to reduce adverse events and errors

As performance measures are developed for domains and indicators, two different dimensions of measurement, as used in the Federal / Provincial / Territorial document *Accountability and Performance Indicators for Mental Health Services and Supports* (2000), will need to be considered:

- the level or "geographic" dimension, and
- the type or "temporal" dimension

The Federal / Provincial / Territorial Network on Mental Health has defined the three "geographic" monitoring levels as follows:

System: System performance measures should provide information about whether the system as a whole is operating with respect to policy, evaluation, governance and funding, and human resource planning.

Program: Measures must be related to client outcomes with respect to core programs and services such as case management, crisis response / emergency service, housing, inpatient / outpatient care, consumer initiatives, family self-help and vocational / educational supports.

Client: At the client level, aside from information on clinical and functional conditions, client satisfaction and quality of life are important issues for informing and measuring the effectiveness of programs and services.[16]

The three temporal dimensions for performance measurement are:

Input: Refers to resources put into mental healthcare and thereby relate[s] to the structural or organizational characteristics of a system or setting. Inputs are often expressed in terms of financial resources or numbers and types of personnel, facilities, etc.

Process: Relates to the key activities of a service or system in the provision of care to persons with mental illness… Meaningful process measures are ones where the links to client, program or system outcomes are evident.

Outcome: …Outcomes reflect the total contributions of all those who fund, plan, and provide service as well as those of clients and their families. An outcome is a change in service user health status that can be attributed to a program / service…[17]

The following charts list the indicator type and level of measurement for each of the domains and indicators above.

[16] *Accountability and Performance Indicators for Mental Health Services and Supports: A Resource Kit.* Federal / Provincial / Territorial Advisory Network on Mental Health. January, 2001. p. 15.

[17] Ibid. pp.16, 17.
Achieving Accountability in Alberta's Health System. Alberta Health and Wellness. November, 2001.
Note that the term "client" with regard to performance measures also includes family members and other social supports.

Acceptability

Indicator	Indicator type	Level of measurement
Consumer / family satisfaction with service received	Outcome	Client, program
Consumer / family involvement in treatment decisions	Process	Client, program
Formal complaints	Process	Program, system
Patient bill of rights	Process	System
Consumer / family involvement in service delivery and planning	Process	System
Cultural sensitivity	Process	Program
Consumer / family choice of services	Process	Client, program

Accessibility

Indicator	Indicator type	Level of measurement
Service reach to persons with serious mental illness (SMI)	Process	Program, system
Service reach to the homeless	Process	Program, system
Access to psychiatrists and other mental health professionals	Input, process	System
Identify human resource gaps	Input	System
Access to primary care	Process	Program, system
Wait times for needed services	Process	Program
Availability of after hours care	Process	Program
Availability of transportation	Process	Program
Denial of service	Process	Program, system
Early intervention	Process	Program, system
Consumer / family perception of accessibility	Process	Client, program
Access to continuum of mental health services	Input, process	Program, system
Criminal justice system involvement	Outcome	System

Appropriateness

Indicator	Indicator type	Level of measurement
Existence of best practice core programs	Process	Program, system
Fidelity: adherence to best practices	Process	Program, system
Best practices services / supports provided to persons with SMI	Process	Client
Treatment protocols for co-morbidity	Process	Program
Hospital readmission rate	Process	System
Involuntary committal rate	Process	System
Length of stay in acute care	Process	System
Time in community programs	Process	System
Use of seclusion / restraints	Process	Program
Level of service and setting appropriate to needs of individual	Process	System
Needs-based funding and spending	Input	System
Consumer / family perception of appropriateness	Process	System
Availability of community services	Process	System
Criminal justice system involvement	Outcome	System
Community / institutional balance	Input	System

Competence

Indicator	Indicator type	Level of measurement
Resources available to train staff to meet required competencies for role	Input	System
Resources available for on the job development and continuous learning	Input	Program, system
Meets provincial certification / professional standards (where applicable)	Input	Program, system

Continuity

Indicator	Indicator type	Level of measurement
Continuity mechanisms	Process	Program, system
Emergency room visits	Process	System
Community follow-up after hospitalization	Process	Program, system
Documented discharge plans	Process	Client, program
Cases lost to follow-up	Process	Program
Clear, visible and available points of accountability	Process	System

Effectiveness

Indicator	Indicator type	Level of measurement
Community tenure	Outcome	Program, system
Mortality	Outcome	System
Criminal justice system involvement	Outcome	System
Clinical status	Outcome	Client, program
Functional status	Outcome	Client, program
Involvement in meaningful daytime activity	Outcome	Client, program
Housing status	Outcome	Client, program
Quality of life	Outcome	Client, program
Physical health status	Outcome	Client, program

Efficiency

Indicator	Indicator type	Level of measurement
Mental health spending per capita	Input	System
Proportion of staff funding spent on administration and support	Input	Program
Needs-based allocation strategy	Process	System
Community / institutional balance	Input	System
Resource intensity planning tool	Process	System
Unit costs and cost per client	Input	Program
Budget and tools for evaluation and performance monitoring	Input	System

Safety

Indicator	Indicator type	Level of measurement
Complications associated with electro-convulsive therapy (ECT)	Outcome (adverse)	Client, program
Medication errors	Outcome (adverse)	Client
Medication side effects	Outcome (adverse)	Client
Critical incidents	Outcome (adverse)	Program
Suicides	Outcome (adverse)	System
Homicides	Outcome (adverse)	System
Involuntary committal rate	Process	System
Risk management practised	Input	Program, system
Identify research / practices to reduce adverse events and errors	Process	System

VI Next Steps

This framework document for mental health accountability represents one step in the development of an accountable mental health system for Ontario.

The development of accountable mental health services / supports is not a static process. This framework will evolve over time as best practices, standards and outcome measures are developed, services and supports are measured against them, and actions are taken to increase accountability continually.

The Mental Health Accountability Framework has been designed for all stakeholders in the system: service users, MOHLTC funded organizations / programs, and the system manager. Each can consider services / supports in light of the applicable domains and indicators in this document to judge whether services / supports are provided in a way that produces measurable, expected outcomes.

As performance measures and data collection processes are developed and implemented, consistent program / organization, regional and system-wide data will be available. This data will in turn inform the development of benchmarks and "best practices." The system manager will report back to mental health organizations / programs to allow continual improvement and measurable progress toward the goals of mental health reform and the development of a true mental health system.

VII Glossary of Terms

Accreditation is a detailed comparison of an organization's services and method of operation against a set of national standards.[18]

Accountability is the obligation to answer for results and the manner in which responsibilities are discharged. Accountability cannot be delegated.[19]

Accountability Framework: [An Accountability Framework comprises the] "roles, responsibilities, delegations and reporting mechanisms that give expression to an accountability relationship. An accountability framework outlines the elements necessary for an effective accountability relationship. These include:

- Clarity of roles and responsibilities;
- Clarity of performance expectations;
- Balance of expectations and capacities;
- Credibility of reporting; and
- Reasonableness of review and adjustments."[20]

Benchmark: A "best in class" comparator; a high level of performance that others achieve when undertaking a similar responsibility.[21]

Directive: Instructions provided under the authority of a statute or a regulation. Directives generally prescribe how the provisions in a statute or regulation are to be carried out (the level of authority to approve a directive is determined by the governing statute or regulation).[22]

Expectation: A desired result as set out in a goal, guideline, policy standard, target, or benchmark.[23]

Goal: A broad statement of a desired condition that is potentially attainable, though not necessarily easily or within a short time frame. Goals convey the policy direction or strategic aims of an organization.[24]

[18] Canadian Council on Health Services Accreditation (www.cchsa.ca)
[19] *Accountability Directive*. Management Board Secretariat. MBS. September, 1997.
[20] *Enhanced Quadrilingual Lexicon of Governance, Accountability and Comprehensive Audit Terms.* Canadian Comprehensive Auditing Foundation (CCAF): A glossary of governance, accountability and comprehensive audit terms. June 27, 2001.
[21] *Achieving Accountability in Alberta's Health System.* Alberta Health and Wellness. November, 2001.
[22] Ibid.
[23] Ibid.
[24] Ibid.
Accountability and Performance Indicators for Mental Health Services and Supports: A Resource Kit. Federal / Provincial / Territorial Advisory Network on Mental Health. January, 2001.

Governance: The exercise of authority, direction and control over an organization, determining the objectives of an organization and the value systems within which it operates. An important focus of governance is on the long term – the organization's mission, values, policies, goals, objectives and its accountability. Governance deals with what an organization is to do, and is therefore highly focussed on planning, setting goals and objectives, and on the development of policies to guide the organization and monitor its progress toward implementation of its plan. The quality of stewardship and governance ultimately impacts shareholder value and the long-term success or survival of an organization.[25]

Guideline: A recommendation developed to guide an individual or an organization undertaking an activity.[26]

Input: The amount and type of resources (staff, clients, money, supplies, material, buildings, etc.) used to deliver programs and services.[27]

Liability: A legal obligation or responsibility, including a legal responsibility to do something, pay something or refrain from doing something.[28]

Measure: A quantitative tool to assess progress in meeting expectations.[29]

Monitoring: The act of observing, recording and reporting performance information.[30]

Objectives: Specific, measurable statements of intent.[31]

Outcome: A change in health status or health determinants of clients that can be attributed to a program or service.[32]

Output: The results of processes completed (e.g., average daily cost per client, average length of stay).[33]

[25] *Enhanced Quadrilingual Lexicon of Governance, Accountability and Comprehensive Audit Terms.* Canadian Comprehensive Auditing Foundation (CCAF): A glossary of governance, accountability and comprehensive audit terms. June 27, 2001.
[26] *Achieving Accountability in Alberta's Health System.* Alberta Health and Wellness. November, 2001.
[27] Ibid.
[28] Ibid.
[29] Ibid.
[30] *Accountability and Performance Indicators for Mental Health Services and Supports: A Resource Kit.* Federal / Provincial / Territorial Advisory Network on Mental Health. January, 2001.
[31] Ibid.
[32] *Achieving Accountability in Alberta's Health System.* Alberta Health and Wellness. November, 2001.
[33] Ibid.

Performance: Degree of progress achieved toward stated goals and objectives.[34]

Performance Measures: Specific quantitative or qualitative measures of what outcomes are to be achieved. Each outcome will typically have several performance measures. Performance measures may be efficiency measures (ratio of outputs to inputs); effectiveness measures (impact / results of a service); or customer service measures (degree to which expectations of service recipients are met). Performance may be monitored at the client, program and system levels.[35]

Process: Activities and tasks undertaken to achieve program or service objectives.[36]

Responsibility: The obligation to act or make decisions.[37]

Service Agreement / Contract: An instrument for contracting to provide a [health] service under the authority of specific legislation; a formal agreement between the ministry and a second party (usually an agency or an individual) for the delivery of service to third party clients.[38]

Standard: A minimum requirement to be met, as set out by a competent authority or based on available evidence.[39]

Target: A specific statement of a desired level of, or change in, performance to be achieved, usually within a given time period.[40]

Transfer Payments: Payments to individuals, corporations, or other levels of government for which the ministry does not directly receive goods or services, does not expect to be repaid in future, or expect a financial return.[41]

Transfer Payment Accountability: Accounting for the effective management of public funds; the process of helping recipients set out planned objectives and results and accounting for their achievements.[42]

[34] *Accountability and Performance Indicators for Mental Health Services and Supports: A Resource Kit.* Federal / Provincial / Territorial Advisory Network on Mental Health. January, 2001.
[35] Ibid.
[36] *Achieving Accountability in Alberta's Health System.* Alberta Health and Wellness. November, 2001.
[37] Ibid.
[38] *Governance and Accountability: Sectoral Framework for Transfer Payment Agencies (Draft). MCSS.* March, 2001.
[39] *Achieving Accountability in Alberta's Health System.* Alberta Health and Wellness. November, 2001.
[40] Ibid.
[41] *Governance and Accountability: Sectoral Framework for Transfer Payment Agencies (Draft).* MCSS. March, 2001.
[42] Ibid.

Appendices

I Context for a Mental Health Accountability Framework

1) Current provincial accountability mechanisms

The Ontario government has made recent commitments to accountability, including:

The *Blueprint* document (1999): Government would increase healthcare system accountability by:

- Introduction of a Patient's Bill of Rights;
- Measuring patient satisfaction with surveys available at all health care providers; and,
- Measuring hospital performance and publishing results in hospital "report cards."

Management Board Secretariat (MBS) Accountability Directive (September, 1997):

- Establishes the framework for accountability between the Ontario Public Service and external service providers.

MBS framework for transfer payment agency accountability (1998):

- Applied by MOHLTC in many of its relationships with transfer payment agencies, e.g., hospitals and long-term care agencies. It lists principles, mandatory requirements and responsibilities.

The Community Care Access Corporations Act, 2001 came into effect December 2001, and Community Care Access Centres (CCACs) were designated as corporations under that Act effective February 16, 2002. Required accountability measures for CCACs will, in accordance with the Memorandum of Understanding with the Minister of Health and Long-Term Care, include:

- Creation of a strategic plan to meet the government's vision and objectives;
- Establishing accountability relationships throughout the organization;
- Developing evidence-based performance indicators to allow CCACs to evaluate their own performance; regular and consistent monitoring and reporting to MOHLTC offices, including budget and service outcomes; and
- Consistent expectations and clear requirements.[43]

[43] Other provincial legislation governing long-term care facilities and community services also contains accountability provisions. For example, the *Charitable Institutions Act*, *Homes for the Aged and Rest Homes Act*, *Long-Term Care Act, 1994*, and *Nursing Homes Act* all allow for the appointment of an inspector (or program supervisor for the *LTC Act, 1994*) to determine compliance with legislation and regulations, and service agreements and licenses where applicable. The Minister may suspend or revoke the approval of a charitable institution or long-term care approved agency (other than a CCAC), or suspend or refuse to renew the license of a nursing home if a breach is found. The Minister may also take over and operate the agency or long-term care facility for varying periods of time if a breach is found. Hearings are required before the takeover power can be exercised, unless there is an immediate threat to the health or safety of service users. In addition, the Minister can appoint a supervisor of a CCAC if it is in the public interest to do so.

MOHLTC Annual Business Plans:

The 2001 – 02 plan details key commitments, strategies and performance measures for the five "core businesses," and reports publicly on achievements from the previous year.

- One of the key commitments for 2001 – 02 was in the area of healthcare provider accountability. The Ministry will:
  - Increase accountability of the healthcare system through hospital report cards, a Patients' Charter, and requiring hospitals to balance budgets on an annual basis.
  - Ensure better coordination of programs and services to "put the patient first while using resources more effectively and efficiently."
  - Continue its zero tolerance policy for fraud.

Measures of improved accountability will include Ontarians' rating of the quality, availability and accessibility of healthcare services received.

2) Current mental health policy framework: *Making it Happen*

Making it Happen, the government's policy documents for mental health reform, commit the MOHLTC to several activities to support system accountability:

- Identify performance expectations, program standards, and service benchmarks to inform regional and local implementation planning…;
- Review current data collection tools / instruments against developed performance measures to ensure all components are fully covered…;
- Develop key indicators that measure performance at the program / service and system levels [including wellness and quality of life indicators, not just symptom reduction];
- Further the development of evaluation tools to assist in the measurement of program and client outcomes; and
- Identify and provide the necessary additional resources (financial and expertise) required to fulfill these requirements.[44]

Making it Happen states: "…the Ministry is committed to the principle of greater accountability in the reformed mental health system. The mental health system will be measured against the accountability framework that is to be developed. Measures of success will include wellness and quality of life indicators, not just symptom reduction. Linking funding to system and program performance is a critical element of system change."[45]

[44] *Making it Happen: Implementation Plan for Mental Health Reform.* 1999. p. 25.
[45] Ibid.

II Developing a Mental Health Accountability Framework

1) The Process

An External Reference Group composed of mental health stakeholders and MOHLTC representatives reviewed a background paper and provided advice regarding the components and content of the Mental Health Accountability Framework.

The group met five times between January and June 2002, and reached consensus on purposes, performance domains and indicators for the accountability framework.

2) Mental Health Accountability Framework External Reference Group

(i) Terms of Reference

Purpose:

The Reference Group, composed of ministry representatives and external stakeholders, will provide advice to help the Ministry develop a provincial Mental Health Accountability Framework for mental health supports and services, including all hospital based and community programs funded through the community mental health funding envelope, consistent with the direction in *Making it Happen* and other ministry policies related to information systems and accountability measures.

Policy development will be informed by:

- existing data collection tools / instruments (Minimum Data Set, Psychosocial Rehabilitation Toolkit, Resident Assessment Instrument – Mental Health (RAI-MH), Hospital Chart of Accounts reporting);
- current best practices literature;
- monitoring / evaluation mechanisms (MOHLTC operating plans, service agreements, Assertive Community Treatment Team Standards, benchmarks, *Mental Health Act* amendment (CTO) evaluation and monitoring, forensic monitoring and data collection, Drug and Alcohol Registry of Treatment (mental health initiative));
- performance indicators (FPT accountability document);
- knowledge and expertise of Reference Group members and key informants; and
- other existing health sector accountability initiatives, including the SMART system project, Ontario Substance Abuse Bureau agency agreements, Long-Term Care contracts, MOHLTC / Hospital Advisory Group Performance SubGroup, Bill 46: *An act respecting the accountability of public sector organizations*, etc.

Rationale:

- MOHLTC released its operational framework and implementation plan for mental health reform in *Making it Happen*, in August 1999. The documents commit the government to further policy work in various areas, including accountability.
- Various provincial data collection tools, evaluation and monitoring mechanisms and performance indicators have been developed in the past several years. However, these are not used consistently across all programs or by all service providers.
- In 1997, the MOHLTC funded the Ontario Federation of Community Mental Health and Addiction Programs ("The Federation") to develop and distribute a Canadian version of the Psychosocial Rehabilitation Toolkit to support effective service delivery by mental health programs. Further funding was provided to The Federation in 2000.
- The Ministry developed and field tested a minimum data set (MDS) for hospital and community mental health services, but implementation did not proceed. This work needs to be revisited in the context of current expectations and requirements.
- The Ministry has also invested significant resources in the development of the Resident Assessment Instrument – Mental Health for inpatient services. This work needs to be brought into the broader data and accountability activities of the Ministry.
- The MOHLTC must now develop a provincial Mental Health Accountability Framework which is based on consumer needs and establishes clear reporting relationships.
- The Mental Health Implementation Task Forces have indicated that development of a Mental Health Accountability Framework is one of their four priority areas for immediate attention.

Deliverables:

1. Principles for the development of a provincial accountability framework for mental health programs and services providing treatment and support for persons with serious mental illness, consistent with the principles outlined in *Making it Happen*.
2. Description of the components of a comprehensive accountability framework for mental health programs and services.
3. Identification of issues and barriers to the development and implementation of an accountable system of mental health programs and services.
4. Consideration of current data collection tools / instruments available and best practices within mental health programs and services providing treatment and support for persons with serious mental illness.
5. Provision of input into planning for stakeholder consultations, including development of consultation paper and questions / issues to be raised.

Parameters:

The accountability framework will be developed for MOHLTC-funded mental health programs and services, which deliver services to people with serious mental illness. It is recognized that program and service delivery varies with program type (e.g., intensive case management, Assertive Community Treatment Teams (ACTT), supportive housing, crisis services, self-help and alternative supports, and family supports).

Advice provided by the Reference Group will allow for the development of information and reporting mechanisms with clear lines of accountability between the MOHLTC and mental health programs and services which it funds.

Advice provided by the Reference Group will allow for the identification of key indicators and performance measures for use by mental health programs and services, regardless of type or location.

Reporting:

The Reference Group will jointly advise the Director, Mental Health and Rehabilitation Reform Branch, Integrated Policy and Planning Division, and the Director, Mental Health and Addictions Branch, Health Care Programs Division. The lead for the project will remain with the Mental Health and Rehabilitation Reform Branch.

There will be close connections with the Health Care Programs Division Finance and Information Management and Standards and Evaluation Units. Data and information systems development work, to be carried out by these groups, may be carried out by a sub-committee of the Reference Group.

Internal MOHLTC Working Group:

An internal MOHLTC working group of staff from areas of the Ministry working on various accountability initiatives, will also be formed. This group will ensure that the Mental Health Accountability Framework complements other work presently underway.

Composition:

The Reference Group will be representative of a broad range of community and institutional perspectives and expertise including:

- MOHLTC funded mental health programs – managers and front line staff; and
- Other key informants with relevant expertise, e.g., researchers, CAMH knowledge broker, evaluator.

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III Essential Components to Ensure Accountability

1) Defining expectations

The Mental Health Accountability Framework requires mental health organizations / programs to:

- Manage and administer funds in a responsible manner, in accordance with the terms of approved operating plans, service agreements and other contracts with payers;
- Deliver effective services / supports, informed by best practices and other program outcome information, based on a needs-based mental health plan;
- Comply with program standards and guidelines, as demonstrated by outcome data;
- Ensure that the rights of persons receiving mental health services or supports from the service-provider, and their families (as set out in the *Mental Health Act*, *Health Care Consent Act*, and *Substitute Decisions Act*), are fully respected and promoted; and
- Meet minimum program standards, which are designed to improve both the quality and effectiveness of services / supports. Standards will be client-centred and focus on performance and outcomes. The current ministry approach to issuing program standards and / or guidelines and requiring reporting on compliance with them will continue and will be reinforced by compliance provisions in the service agreement.

2) Reporting on and monitoring performance

- A community-based mental health Common Data Set (CDS), to provide measurement of common indicators for all mental health services, will be developed to monitor client-centred outcomes in programs.
- Organizations / programs will be informed by the system manager in a timely manner whether their performance meets the expected standards or not, and what they must do to improve performance.

3) Taking results-based actions

- If deficiencies are identified and organizations / programs do not make changes to bring their services / supports up to standard, they may be subject to enforceable consequences set out in service agreements / memoranda of understanding.
- Continued noncompliance could result in withholding or reducing funding, or revoking approval to provide the services / supports.
- Internal complaints processes will be required of every organization / program, and organizations / programs will be obliged to inform clients about the available processes. When disputes cannot be resolved at the first level, independent third parties will be involved, such as through mediation, or local or regional bodies.
- When all of those attempts fail, there will be an appeal / mediation process for some types of decisions.

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Catalogue 7610-2237718 2M Mar/03 ISBN 0-7794-4067-6

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