

**Final Report of the Knowledge Information and
Data-Systems (k/i/d/s) Working Group**

Final Report
April 2016

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Executive Summary

As the lead agency for community based child and youth mental health services in the Toronto service area, East Metro Youth Services (EMYS) is responsible for system planning, service coordination and performance management. The knowledge, information and data system (k/i/d/s) group was formed in September 2015 to provide recommendations to East Metro Youth Services regarding:

1. key considerations for decision making regarding information and data collection measurement and management;
2. a data gathering strategy for key performance indicators related to:
 - Client Satisfaction and Experience, and
 - Screening and outcome measures.

The k/i/d/s group met approximately 10 times from October 2015 to April 2016. Some members of this group also participated in the Ministry's working group and the Advisory group on the Business Intelligence solution. The members of the k/i/d/s working group are identified in the Appendix of this document. Sincere appreciation is extended to all members (and their organizations) for their contributions of wisdom, knowledge and time. Special appreciation to Evangeline Danseco and the Centre of Excellence for Children and Youth staff for their support, guidance and time given to this work.

1. Information and Data strategy

An effective data and information strategy is key to the success of the Toronto region's ability to move towards a system planning approach and which will result in an improved service delivery system of effective timely coordinated services for clients. We recommend a standardized and integrated system approach (i.e., using a common and consistent approach to data definitions and data collection), which will enable the lead agency to use data for effective performance measurement and management, system coordination and planning.

The k/i/d/s group believes that the ideal state is a single integrated system (i.e. a common database system with standardized definitions), which is consistent with the shared measurement approach in the Collective Impact model. However, this option may not be achievable given existing resources and the complexity of the network of providers who have multiple funders. The capacity, resources, and work that would be required from all core service providers, the lead agency, and government to have a single integrated system make this choice a longer-term goal. Additionally, prior to embarking on a large scale change of information and data systems, a comprehensive review of the existing systems within individual CYMH agency and their resources would need to be conducted.

We propose a planned phased approach that would enable movement towards an integrated network of data and information systems and which would leverage previous and ongoing collaborations and consider preferred future states. As part of a phased approach, the k/i/d/s group recommends:

- Alignment with the Ministry's future approach to data gathering from the lead agency, which may include a Business Intelligence solution. (At the time of writing, there has not been communication as to whether the BI solution has been approved).
- A change management approach that includes ongoing engagement and a consultation process with core service providers. Given the number of core service providers with varied data and IT systems and resources, a consultation approach will be key to the success of an effective transition to a successful performance management system.

- Development of fundamental overarching policies regarding data governance, privacy, security, ownership of data, data integrity, risk management, data architecture and similar other areas that will also need definition.
- Use of a project management approach including the development of short, medium and long-term strategies. The recommendations proposed will also need to be prioritized as to which should be put in place for the short-term (i.e. for implementation within the next year). Recommended activities for the mid- and long-term can focus on the scaling-up and amplifying lessons learned from the first year.
- Use of an Implementation Science approach to test out interim solutions in small-scale projects; this approach can yield valuable insights as to how to move towards an integrated information and data system in Toronto.
- Leverage previous, existing or new collaborations to identify elements or processes that can be scaled up (e.g. the Toronto region Client Satisfaction and Experience project, the What's up Walk-in consortium, implementation of recommendations from the Centralized Point of Access committee, etc.).
- Standardized, consistent, robust data definitions and processes that are regularly reviewed and monitored amongst core service providers, the lead agency, and MCYS.
- Follow up surveys to core CYMH funded service provider agencies to further assess current state and identify priority areas for action (e.g., IT Technology, Infrastructure capacity and readiness; existing tools and methods used to assess Client Satisfaction and Experience; Screening and Outcome measures used in relation to different ages or stages of development).

2. Client Satisfaction and Experience/Screening and Outcome Tools

The k/i/d/s group recommends building on the work that has been implemented in both the Client Satisfaction and Experience (CSE) project (funded by Toronto Region) and the work already initiated by the Clinical Directors and Evaluators (CD/E) group regarding screening and outcome tools. Surveys regarding current states in both CSE and Screening/Outcome tools are currently being developed and these will be distributed to core service CYMH providers in Toronto. Additionally, it will be important to elicit the perspectives of Senior Executives/Directors of CYMH core service providers to ensure their commitment to allocating resources in both CSE and Screening and Outcome tools. As per the Collective Impact model and Implementation Science approach, this strategy will continue to engage core service providers and build on the considerable efforts already expended of both of these projects.

3. Additional recommendations

In order to help ensure that the Toronto region is working towards the same objectives, the k/i/d/s group recommends a knowledge exchange event to share recommendations and activities from all of the working groups (Central Point of Access, Mapping and k/i/d/s). Such a meeting could help to build synergy across the transitioning system in Toronto as well as align priorities and plan for next steps.

The k/i/d/s working group also proposes a transition plan for the next phase of activities in this area so that this group's deliberation are not duplicated, and work can proceed building on what the group has accomplished. We welcome further collaboration with the lead agency on the important work ahead.

The k/i/d/s group has welcomed and appreciated the invitation by the East Metro Youth Services to participate in recommendations regarding a data and information strategy for Toronto Region. The conversations have been highly productive and led to fulsome discussions regarding the challenges and opportunities that can be explored to achieve a mental health system which works for infants, children, youth, and families. This work has also helped the group to develop synergies of thought and processes that can be maximized and enlisted by EMYS in its role as the lead agency.

A. BACKGROUND

As the lead agency for community based child and youth mental health services in the Toronto service area, East Metro Youth Services (EMYS) is responsible for ensuring:

- Infants, children and youth receive the right mental health service at the right time, and
- The effectiveness and performance of core service agencies and the system meet the objectives of Moving on Mental Health (MoMH)
- In order for these objectives to be met, EMYS established working groups to support the implementation of MoMH in Toronto. The purpose of the k/i/d System Working Group was to provide recommendations to EMYS regarding:
 1. key considerations for decision making regarding information, IT and data collection and management;
 2. a strategy for key performance indicators related to:
 - Client Satisfaction and Experience, and
 - Screening and outcome measures.

This document describes the recommendations of the k/i/d/s Working Group that will support EMYS in their system-planning role.

B. GUIDING PRINCIPLES

Strategies and recommendations to EMYS were founded in the following guiding principles:

- Performance measurement tools and activities will be responsive to client preferences and cultural norms. The approach should be inclusive and considerate of Toronto's diverse communities.
- The result will benefit children, youth, or families who need service or wish to access a mental health service.
- Information and results should flow in both directions i.e., to EMYS/ MCYS and back to core CYMH service provider agencies.
- The information and data gathered and recommended strategies will be useful to frontline staff and will aid in informing individual, program, and organizational continuous improvement practices.
- The information and data gathered will be focused on key decisions that need to be made for system improvement and management.
- A robust information gathering system will be built on the representative perspective of service providers and the lead agency to meet accountability needs and drive system improvements. This will be an enabler of timely and accurate data gathering.

The group adopted an implementation science approach in developing these recommendations. In principle, the k/i/d/s group recommends that the lead agency incorporate the following when implementing a performance management and measurement strategy for the Toronto region:

- build on previous experiences and lessons learned (from our own experiences in Toronto as well as from other regions and/or sectors)
- leverage current efforts and taking advantage of opportunities
- use small-scale activities to document, gather lessons and amplify learning for the larger region-wide applications
- identify short-term, intermediate and long-term priorities and, and
- effectively manage change through ongoing communication and ensure engagement of stakeholders at all stages.

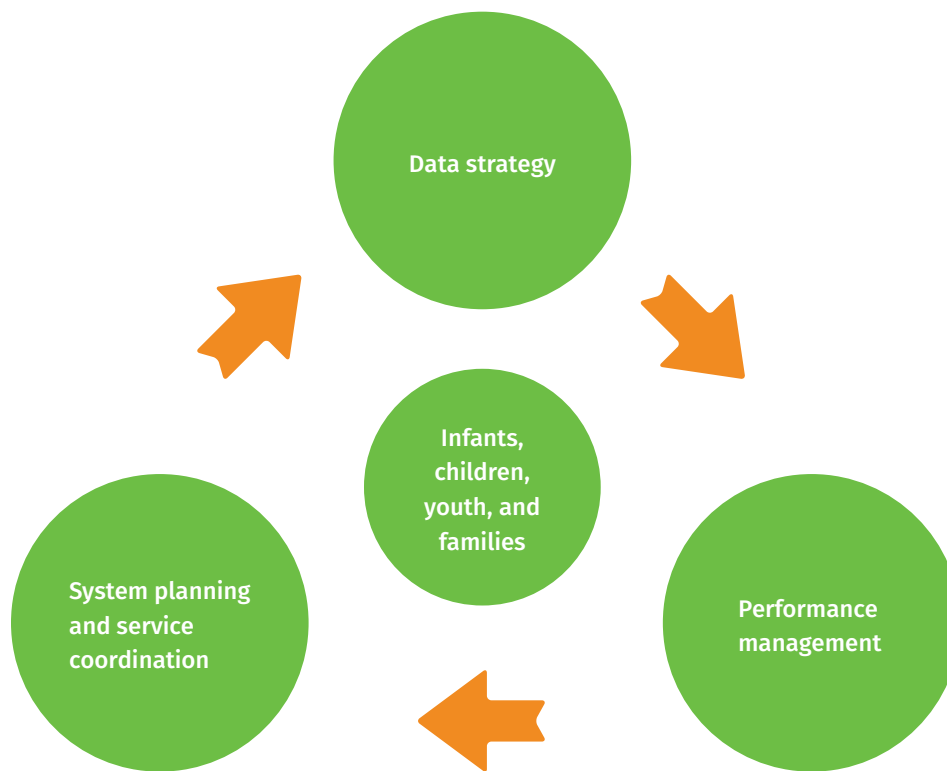
C. RECOMMENDATIONS

Information and Data strategy for Toronto

The k/i/d/s group recommends that a **standardized integrated data approach** (i.e., one that uses a common and consistent approach to data definition and data collection) would enable the Toronto region to use data to:

- Inform planning and alignment of services with what infants, children, youth, and families need.
- Inform what information is needed at various stages of service.
- Inform how and where to continually improve.
- Align with MCYS Key Performance Indicators (including related data elements).
- Inform future system planning.
- Monitor and manage performance.

Figure 1. The context for data strategy and performance management.



The primary intent and use of information and data is to support and propel the sector towards a system planning and performance measurement approach which would lead to improved service coordination and client access. These goals and purposes apply to both organizational and system levels, with the recommendation being that the needs of individual service providers and the larger system be balanced.

An integrated information and data system needs to be standardized in its definitions, collection, and approaches. This does not necessarily imply use of the same software, but that all service provider agencies adhere to minimum and common core data elements, and that information and data systems have the capacity to “talk to each other”. A key consideration in Toronto is the number of CYMH core funded agencies (32) who also have multiple funders (79%) to whom they must report and who provide services across sectors (e.g. child welfare, youth addictions, special needs). Of these, 55% have more than one reporting data system to meet the reporting requirement of their varied funders. We agreed that processes for MCYS related data need to be standardized for consistency. However, given that agencies have multiple funders and requirements, there is a need for agencies to have the ability to customize their approaches. Prior to embarking on a large scale change of information and data systems, a comprehensive review of organizations’ existing systems and resources needs to be conducted. Significant infrastructure investments may be needed at the outset, and it is likely that ongoing investments will be needed to continually improve the data gathering and reporting capacity among all agencies.

i Key Elements: Table 1 identifies the key elements of an integrated system. It should be noted that:

- These considerations are strongly influenced by the current context where many service provider agencies have reporting requirements to multiple funders.
- These key elements have not been ranked in terms of their relative importance. Ranking is premature at this point, as the ranking may change based on future examination and/or resources. These elements can be further prioritized for implementation once a model has been decided by the lead agency, with further mapping of what needs to be in place in the short-, mid- and long-term.
- While some elements listed may be perceived as being “nice to have”, these elements need to be carefully considered at the outset to ensure that there is capacity at a later stage to integrate these into a selected solution.
- The data solution should help improve clinical processes and outcomes. There needs to be serious consideration of those data elements that are best able to address client needs, support planning and re-design of services (where needed) and which help to improve processes.
- These key elements will need to be re-examined when/if the business intelligence solution developed by MCYS is implemented.

Table 1. Key elements of an effective and integrated system

The following are key elements of an effective and integrated data and information management system for Toronto. This integrated data and information management system must demonstrate :

A. Highest levels of security and privacy. This system will be able to:

- meet privacy legislation and requirements.
- monitor and defend against threats to security; meets highest standards of encryption and threat risk management.
- be remotely and securely accessed.
- share information (using appropriate permission levels) securely between providers, programs and/or organizations [This is key to improving client experience of service, access, triaging, and monitoring continuity of care).
- monitor and manage risk and provide alerts.
- be audited and provide reports.

The following are key elements of an effective and integrated data and information management system for Toronto. This integrated data and information management system must demonstrate :

B. Accessibility, flexibility, responsiveness to a changing environment and cost effectiveness.

This system will have:

- A web-based solution or platform.
- The capacity to provide real-time information and data.
- The capacity to incorporate and maintain full and secure electronic client records.
- The capacity to incorporate current and future data definitions.
- Dedicated support services which include technical assistance and data management solutions which are economical and scalable across Toronto CYMH core service agencies.
- The capacity to provide user support and ongoing technical assistance to service provider agencies. This needs to be affordable and may mean flexible pro-rated costing for hardware and staffing depending on size of programs/ agencies and their respective data needs.
- The ability to be further developed in relation to future needs and requirements.

C. Clinical planning and utility. The system will have:

- Relevance to client need and perspective.
- The capability of supporting staff in their clinical work including incorporation of guides for screening/ assessment/triaging.
- The capacity to integrate clinical assessment data (e.g. screening and outcome measures), including third party clinical measures.
- Processes that are user-friendly and intuitive.
- Good data analytics and visualization tools.
- Components related to quality and quantity.
- Capacity to integrate surveys on client satisfaction and experience.
- Supports broad range of core services (targeted prevention, skills building, counselling, intensive, etc.).
- The capacity for tracking and integrating indicators related to risk management (e.g. serious occurrence reports) and support service planning.

D. Integrated functionality. The system will have the:

- Capacity to support data definitions and required data elements.
 - Capacity to produce reports at various levels (e.g. program, agency, funder) and reporting of trends over time (e.g. day, week, month, quarter, year).
 - Capacity to support future enhancements for the Toronto service area beyond the 13 key performance indicators.
 - Ability to integrate HR and financial data.
 - Ability of various applications or suite of tools to “talk” to each other.
 - Capacity to integrate data for multiple programs, services and funders for service planning and reporting; scalability across providers and sectors.
 - Structure and processes to be able to compare data meaningfully while offering some degree of customization (e.g. reports to other funders).
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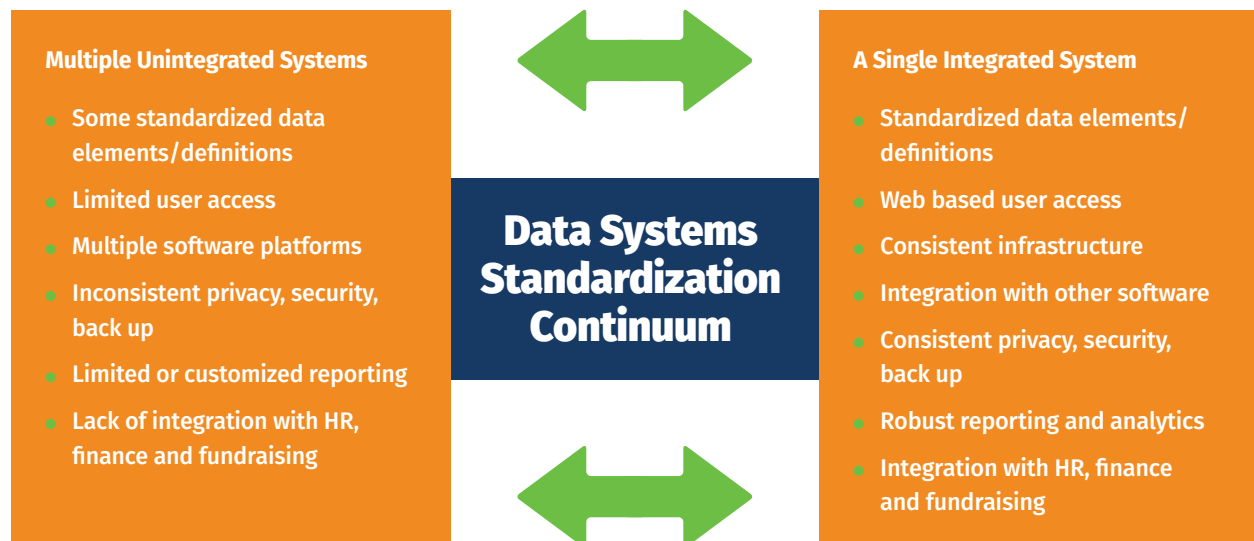
ii. Moving towards a standardized and integrated data system

For heuristic purposes, the working group discussed two extreme scenarios along a continuum of integrated data systems (see Figure 2): the advantages and disadvantages of a **single integrated information system** (i.e. a common database system and standardized definitions), as well as the advantages and disadvantages of the current state of **multiple unintegrated information systems** (i.e. different database systems and/or non-standardized approaches to data definitions). There are other types of data collaborative structures such as a multiple integrated network¹.

The ideal state is a single integrated system, consistent with the shared measurement approach in the collective impact model. However, this option may currently not be achievable given existing resources, multiple funders, and multi-service agencies. The capacity, resources and work that will be required from all agencies and the government makes a single integrated system a longer-term goal. It is also important to note that the data system for the child and youth mental health services funded by MCYS impacts data and the information needs for children and youth who access other services (e.g. child welfare, special needs, youth addictions, etc.). Hence, the broader social and health services sector will need to be considered as well. It is important to highlight that most organizations who are core CYMH service providers are also accountable to other funders who also have their own mechanisms for reporting.

The current state uses multiple systems that are siloed, inconsistent and not standardized in data collection approaches. Some agencies may be using the same database system but may have gaps in terms of standardized definitions and common data collection approaches. A standardized and integrated networked approach will require further examination, with the intent of mimicking and leveraging the advantages of a single integrated system. As previously mentioned, these will need to be re-examined with the implementation of MCYS's business intelligence solution.

Figure 2. Data systems standardization continuum



¹ For examples of data collaborative structures, see the models presented by Shaw & Farrell, 2015, page 13, available online: <http://cmhconference.com/files/presentations/28th/s18-1.pdf>

Table 2. Comparison of a single integrated system and multiple unintegrated systems

	Single integrated system	Multiple unintegrated systems (current state)
Advantages, benefits and opportunities	<ul style="list-style-type: none"> ● Facilitates disparate service providers to think in a common manner and promote systemic thinking and approaches ● Encourages approaches that integrate client information across sectors and systems ● Facilitates the transfer of client information among agencies and potentially work better with a centralized point of access ● Supports a standardized set of protocols around data security, privacy, back-up and disaster recovery ● Allows for easier extraction using a business intelligence tool and makes it easier to modify a system if new data elements are added versus configuring multiple systems ● Facilitates communication between a suite of tools that are able to “talk” to each other (i.e. client information system with HR and Finance data) ● Potentially more robust data security system, with ability to share and view data in a secure environment ● Can facilitate an enhanced client experience and enhanced service coordination; clients will not need to repeat their story ● Supports standardized processes, reports, training, forms, etc. which contributes to increased efficiency ● Allows organizations with less resources to build their capacity and more efficiently manage their information services ● Allows for a consolidation of the child and youth mental health sector in the Toronto region in the long-term ● Potential to save money and resources in the mid and long-term for organizations involved 	<ul style="list-style-type: none"> ● Lower barriers to compliance as a result of change and change management ● Greater individual control of agency-level data ● Allows for greater flexibility in customizing for innovations or new requirements at the agency level

Single integrated system	Multiple unintegrated systems (current state)
<p>Disadvantages and Limitations</p> <ul style="list-style-type: none"> ● Significant upfront financial investment for organizations to change from current system ● Change management requirements either for all or for a portion of service providers ● Potentially less flexibility or focus to support local customization or local innovations in our effort to standardize the system (e.g. in open source systems, agencies can make add-ons or modifications depending on vendor capacity and user support) ● Local customization may take longer with vendor considering implications of changes for others using the system ● Service provider may lose flexibility and customization over time ● Limited incentives for organizations that have recently integrated their systems (e.g. multi-service organizations that have already undergone integration of their data for child welfare or special needs) ● Potentially limited incentive to shift among organizations with less resources, few staff and/or relatively limited MCYS funding 	<ul style="list-style-type: none"> ● Limited opportunities to leverage costs or changes with each agency contacting a vendor on its own ● Limited capacity to facilitate learning and service coordination across agencies ● Problematic for analyzing data for reporting at the regional level ● Burden for using and managing data is largely on the government and lead agency

iii. Recommended Next Steps – Data and Information Management System

To move towards an integrated data and information management system for Toronto, we propose the following:

Next Steps – Towards an integrated information and data system for Toronto

1. Identify and create processes and structures that will lead to the development of **fundamental core definitions, policies and practices** related to privacy, security, ownership of data, risk management, data architecture and data governance. This will require strategic leadership and decisions.
 - a. This can be supported and enabled by examining the policies and practices from other data collaborations and sectors, including health, child welfare and the circle of care in the Northern Ontario region. Recognizing that the Toronto region has a unique context, we can still learn from the approach of other regions or service areas that also have multiple service providers.
 - b. Once the fundamental requirements are defined and in place, the following will need to be considered as well:
 - Data sharing agreements among service providers and information network providers involved in data collaborations.
 - Training for staff across the region will need to be conducted, specifically on privacy and confidentiality and data definitions and consistency.
 - Processes for obtaining consent will need to reviewed, revised and jointly developed.

2. Conduct an **ongoing consultation and engagement process** with service provider agencies on the development and implementation of data policies and requirements. Ensure a collaborative process among key stakeholders by developing an engagement strategy for key audiences (e.g., for executive directors for decision-making, for frontline staff on data collection and reporting, for evaluation staff on use of data).
 - a. A change management strategy with an integrated project management/ implementation science approach needs to be developed, given the diversity of agencies in Toronto and the scope of the changes needed for an effective/efficient Toronto data system.
 - b. A core team of knowledge, data, information and technology (IT), evaluation and performance management advisors should be formed to advise, plan and support implementation. This team should include individuals with knowledge/expertise in the above areas and who know the sector. Partnerships with experts in universities or other like organizations can also be explored to obtain comprehensive unbiased advice or opinions on various processes. Existing groups or networks can be tapped such as the evaluation/clinical directors group.
 - c. While it is important to have consensus on various aspects of the data strategy among all core MCYS service provider agencies, consider a target of 80% stakeholder agreement. It is likely that there will be a few organizations that will be limited in their capacity or have the resources to respond to changes.
 - d. The data solution should help improve clinical processes and outcomes. The data and information solution also needs to consider the future of technology and its uses by providers and consumers of service. The process should not be solely at the decision maker's level and should include the front line staff. Front line workers should be a part of the discussion about user interface, data entry reports, etc. (either that they would consume or would generate for managers or other stakeholders). This will also be a good opportunity to build data processes into clinical practice and reduce some redundancy.

3. Ensure that there are **provincially standardized, comprehensive, and robust data definitions** (i.e. a data dictionary) for the initial 13 key performance indicators (including all related data fields and elements that contribute to the KPIs).
 - a. Through our discussions, it became apparent that there continues to be challenges for comprehensive and robust data definitions. Hence, feedback on gaps in the current data definitions needs to be provided to MCYS, with considerations for implications of the data for multi-service and multi-sector agencies.
 - b. The Toronto service area can provide leadership on this recommendation and can coordinate efforts with other lead agencies throughout Ontario in obtaining clarity and creating more robust data definitions. Broad consultation on these data definitions is important (e.g. conduct a series of focus groups).
 - c. Training on the data collection and standardized processes will need to be conducted to ensure consistent application of the data definitions among all service provider agencies.
 - d. A community of practice among service provider agencies can be useful in problem solving, clarifying questions, and identifying emerging issues. This will also be an enabler of consistency of understanding, use, integration, and evaluation of data.
 - e. After gaining consistency and standardization on these 13 indicators, other KPIs likely would be identified. The indicators that will provide information on regional level improvements can be priorities.

- 4. Leverage existing or new collaborations** to examine/compare integrated information systems and multiple systems. Efforts are needed to integrate information amongst divergent approaches. An analysis of these collaborations will provide information regarding needed time and resources, and information on elements or processes that can be scaled up throughout the region. Using an implementation science approach to test out interim solutions in small scale projects can yield valuable insights for moving forward to the regional data system.
- a.** When developing an integrated information and data approach, recommendations made by the Centralized Point of Access and Intake team need to be taken into account. This will be a key priority for the next phase or iteration of the data strategy.
 - b.** An example of a new collaboration is the What's up Walk-in which involves several CYMH agencies who use different data systems. A formal data sharing agreement can be explored across the participating agencies who also use different information systems. Areas for consideration can be documented when multiple data systems are involved in integrating common data definitions and real-time use of data.
 - c.** Using the above as an opportunity to gain learning from “low hanging fruit” offers the opportunity to examine other questions relating to data and the use of an integrated system can. For instance, clients who access only the brief service versus clients who access more services can be examined, to see how and if there can be comparisons between these client groups can be made. The impact on wait lists and service coordination can also be examined, to see if there are any impacts or limitations to the walk-in service on the system. Processes that are not applicable to other services can also be highlighted.
 - d.** Another example for piloting the effectiveness of a single integrated system is to conduct an analysis of the 13 KPI's from those agencies who are currently using the Children and Youth Services Information System (CYSIS)², examine what inferences can be compared and analyzed, examine the costs and processes required to add other KPI's, etc. Resourcing costs such as time and staff involved can be documented, from the perspectives of the lead agency, service provider agencies and the vendor. This could also be compared to those who are on/ use another or multiple data and information systems.
 - e.** Organizations that are merging or consolidating can also be used as opportunities to pilot integration of data systems. Processes that need to be paid attention to can be identified through these mergers.
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- 5. Assess infrastructure readiness and data capacity** of service provider agencies in order to identify and prioritize areas for action and/or gaps that need to be addressed for system coordination.
- a.** An initial assessment was conducted by MCYS and was subsequently followed up by the k/i/d/s group to complete the assessment information for the majority of the providers. We also have the opportunity to ask additional questions relating to readiness, perceived barriers and facilitators, and the current state of existing information technology (e.g. analysis of hardware, software, connectivity, etc.) The k/i/d/s group can facilitate a follow up survey.
 - b.** When adopting a new system, the resourcing cost can be potentially huge (e.g. including but not limited to the migration of “old” data into a new information management system); hence, it will be important to engage service providers in managing change where possible.
 - c.** Analyze the compatibility of data collection tools and systems across the service area to support longer-term planning.
 - d.** Based on the assessment of organizational capacity and needs, develop an implementation plan to support enhanced data capacity of service provider agencies for system-level performance measurement (e.g., training, use of data, quality improvement methods).
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² The CYSIS is a system being used by about half of the core service provider agencies in the Toronto region.

6. The lead agency will need **technical and data management expertise** to help inform, manage, and use data for system improvements. The lead agency will need a strong team, with a focus on the timely use of data for ongoing system improvement and performance management.
 - a. The results from the survey of capacity and needs among service provider agencies (see above recommendation) can provide information on priority areas of support.
 - b. The approach from Reconnect Mental Health Services (<http://www.reconnect.on.ca/project-management-services/>) can be helpful in providing examples of support and solutions at the service area level (e.g. implementing data reporting, supporting shared services procurement, sourcing common methods to shared client information management, building capacity in the community). Another source for exploration is the Kids Help Phone.
7. **Vendor Choice:** Using an RFP process, the lead agency will need to consider a choice of a vendor to achieve the desired state. In addition to the key elements of a data and information management system as outlined earlier, the following are also preferred “should haves” regarding screening of vendors:
 - The vendor has a sustainable business model and infrastructures to support development, management, user support and report development.
 - The vendor is able to produce a plan for change management and training.
 - The vendor has an excellent reputation for, and can demonstrate security, privacy and risk processes, protocols, and management; has mechanism to audit its own systems, reports on performance and is open to third party scrutiny.
 - The vendor has expertise in data management, information systems, information technology, and case management software. This expertise extends to the ability to consider a business intelligence application and incorporate required current and future data and information requirements which will support an integrated planning and service delivery model.
 - The vendor demonstrates understanding of the nature of CYMH and its role with other sectors and systems.
 - The vendor has an excellent track record for integrity, sustainability, business continuity, user support/technical assistance and is able to be responsive to the preferred future state of CYMH services with regards to system planning and performance measurement.
 - The vendor is able to demonstrate a clear transparent costing model which also anticipates possibilities and/or risks. Ongoing costs for customization must be sustainable.
 - The vendor has a proven track record that reflects flexibility, responsiveness, and adaptability.
 - The vendor has the capacity to be guided and informed by a community of knowledgeable core CYMH providers and implement improvements.
 - The vendor’s platform or interface will be able to integrate information from various sources/purposes (e.g. clinical, risk management, financial, human resources, etc.) and be used for planning within an organization as well as between organizations in a secure manner. This system can produce both “canned” and customized reports.

C. RECOMMENDATIONS (cont'd)

The working group was also tasked to provide recommendations regarding two key performance indicators involving client measures:

- Client Satisfaction and Experience (Cse)
- Screening and Outcome Measures.

Standardized, consistent and robust data definitions and processes for both of these need to be further developed, with consultations among service provider agencies and MCYS.

i. CLIENT SATISFACTION AND EXPERIENCE (CSE)

In 2012, with funding from MCYS, Toronto Region, five CYMH agencies collaborated and developed a framework for CSE which also included varied methods which were adapted to client role (e.g. parent vs. youth) and development (young children, latency, and youth). Building on the recommendations of that initiative, we recommend that the lead agency support the development of consistent processes and methods to incorporate the voices of children, youth, parents in eliciting their opinion regarding their experience and satisfaction with the system and outcomes. This is an area where the Toronto Clinical Directors/ Evaluation team (with an expanded membership) can take a leadership role and which would support ongoing engagement.

Recommendations – Client Satisfaction and Experience

1. Provide feedback to MCYS on gaps and problems with the current definitions and processes for the KPIs relating to client satisfaction regarding outcomes and the service system. The Toronto service area can provide leadership to the province and develop best practices on the measurement of client satisfaction and experience.
 - a. Client perception of care and client experiences can be well represented using anonymous feedback mechanisms rather than linked to unique clients. Anonymity minimizes clients' perceptions of risk in changes to the services delivered in relation to the feedback they provide. The Ministry's current approach uses an identifiable, non-standardized approach that are not necessarily inclusive of client voice when assessing client satisfaction and experience. There are a number of administrative barriers and ethical considerations to the current approach (e.g., lack of options for client voice, administrative burden, lack of consistency definition and approach regarding how providers respond to this ministry KPI and difficulty with obtaining end-of-service or follow-up data).
 - b. Consider a cross-sectional standardized survey once or twice a year, with a potential launch of the results during a high profile event (e.g. Children's Mental Health week) can provide a "temperature" check.
 - c. The proposed mechanism for collecting and reporting client satisfaction and experience should be recommended to MCYS and other lead agencies for a wider application and standardized processes to other regions.

Recommendations – Client Satisfaction and Experience

1. Leverage previous work on client satisfaction and experience funded by MCYS Toronto region where five agencies collaborated efforts and a majority of Toronto agencies participated in advisory committees to this initiative.
 - a. A quality improvement approach should be adopted to ensure that results are used to improve services, and information is provided back to clients and staff about actions taken to improve service. Use data already currently available on client satisfaction from the collaborative project (especially the qualitative data) for quality improvement of clinical services at an agency and system level.
 - b. Build on lessons learned from the methods used by various agencies (e.g., a web-based tool that will be piloted by Youth Link, the iPad app for young children by the Child Development Institute, the paper blitz methods undertaken by The Etobicoke Children’s Centre and The George Hull Centre, and the telephone interviews conducted by Hincks-Dellcrest). The lessons from these approaches can be integrated into the development of effective methods regarding client satisfaction and experience. This project took a very rigorous approach to examining client satisfaction and experience and two of the five domains included satisfaction regarding Outcomes as well as Satisfaction with the experience of service. Additional questions are easily added including satisfaction with the system.

2. Consider adopting a common measure and approach for gathering information about client satisfaction and experience. If the Toronto region was to move to a common measure for client satisfaction and experience, efforts should be taken to ensure that there was common understanding of the questions and that there would be an ongoing way of ensuring that the measures were measuring what was intended. One of the gaps identified in the Toronto region client experience project was that agencies were using measures designed in-house with limited measurement properties. The question bank to ascertain client satisfaction and experience drew from both client voice as well as from standardized questions.

3. Conduct a baseline survey regarding current methods and tools on client satisfaction and experience amongst core CYMH service providers. Respondents can also be asked about practices or methods they have found most helpful in obtaining feedback from clients, and about how they are using client satisfaction data to improve services.

ii. SCREENING AND OUTCOME MEASURES

The screening and outcome measures are at the core of assessing change where it matters: are clients receiving the appropriate services, and do their mental health improve as a result of the services we provide? Using the resources of Hincks-Dellcrest Centre, the Toronto Clinical Directors, / Evaluators (CD/E) group conducted a thorough in depth analysis of best screening and outcome tools for children and youth over the age of six. (This type of analysis was not done for children under the age of six.)

The CD/E group, with the participation of 19 Toronto CYMH agencies, agreed that it would be beneficial for the Toronto service area to adopt a common tool or suite of tools for client screening, assessment, and outcomes. They also agreed upon the criteria for the selection of tools and the methodology for rating them. The Hincks-Dellcrest evaluation department, with the support and feedback of the CD/E team, conducted a comprehensive literature review of 23 CYMH tools for children aged 6 – 18 years, rated the tools based on selected clinical, practical and psychometric criteria, created a short list of 7 tools, and presented the results in a report which they presented to the k/i/d/s group for their consideration and recommendations to EMYS. The k/i/d/s group reviewed the recommendations made and agreed that specific further actions were required prior to a final recommendation.

Recommendations – Screening and outcome measures

1. Create a common assessment framework for what shared screening and outcome measures would look like for the Toronto region. This framework will provide a standardized approach to assessing the clients' needs and identifying how best to meet those needs (e.g. The Common Assessment Framework in the U.K³ offers an example of how to approach the creation of a common assessment framework for Toronto http://www.plymouth.gov.uk/caf_for_practitioners_national_guidance.pdf). The goals of screening and outcome data collection need to be clear, who would administer one or more tools, how data would be gathered, synthesized and how would it be used comparatively (across agencies) for system management.
 - a. A common assessment framework should be in alignment with the MCYS Program Guidelines and Requirements for assessment in community based CYMH services PGR 1.
 - b. Consult with previous leads for the two mandated measures (Brief Child and Family Phone Interview [BCFPI] and Child and Adolescent Functional Assessment Scale [CAFAS])³ to gather lessons learned and recommendations for implementing common outcome measures across Toronto, including costs/ resources and benefits to system management.
 - c. It is important to build on lessons learned and not repeat errors from previous efforts. Mechanisms and practices that the previous leads put in place that facilitated the use of the measures should be considered. Gaps in their implementation can be examined, and strategies to address these gaps should be identified.

2. The selection of a tool or a suite of tools should meet a variety of criteria.
 - a. Any tool or tools would ideally be part of a suite of measures which offer specialized versions for specific populations, but which share common items or a common approach to measurement. This allows for a common language between providers, sectors and across different versions of the measure. The CANS or the InterRAI are both good examples of this suite of measures approach.
 - b. The selected tool or tools should be reliable and valid for all populations where it will be used, can be integrated into existing client information systems, meets all MCYS assessment criteria, has a screener version as well as more comprehensive version, is cost effective and has established clinical utility. As mentioned above, the CD/E team used similar criteria to rate a number of child and youth measures.
 - c. When assessing the clinical utility of a specific tool, an approach where applications of the tool at an individual, program and system level should be considered. For example, the Transformational Collaborative Outcomes Management (TCOM)⁴ approach supports decision-making outcome monitoring and quality improvement at the individual clinical level, program, and system levels.
 - d. The result of the work regarding children (over the age of six) and youth by the CD/E group should be presented to senior Executives for consultation regarding their priorities and financial capacity for a suite of common screening and assessment tools. Considerations include cost, capacity, resources, and commitment.
 - e. The recommendations of the CD/E group may also be brought to a focus group comprising of front line staff to elicit their voice and perception for staff usability of tools. Staff report a high value needs to be placed on strength based tools which reflect client voice.

³ The previous leads for the mandated measures are Brian O'Hara at CMHO for the BCFPI, and Melanie Barwick of SickKids for CAFAS in Ontario.

⁴ For more information, see <http://praedfoundation.org/tools/transformational-collaborative-outcomes-management-tcom/>

3. Identify best practices on screening and outcome measures for children under 6 years. Representatives of the k/i/d/s group who serve children under six, hypothesize it is unlikely that a single tool will be sufficient for screening and outcome measures for this age group.

- a. Current approaches that are already being used and working well need to be identified across Toronto Region.
- b. More research needs to be done regarding which tools are needed and most effective within the multi-sectoral context in which services to young children are delivered. (Children under the age of six are often involved in multiple services and the tools used in those services are not necessarily focused on mental health. For children ages 0 – 6, additional tools may be required since their developmental, mental health and family contexts need to be addressed.)
- c. A literature review needs to be undertaken to confirm findings and a broader consensus among relevant service provider agencies should be conducted when implementing common approach and/or measures.

The above tasks would require resources (skills and time) and processes similar to the work of the CD/E group for the over six population.

4. Conduct an inventory of tools and measures currently being used among core CYMH service provider agencies by age and core service. A summary of screening and outcome measures, including ratings of practicality, clinical utility and psychometric properties was conducted by a group of evaluation directors representing 19 agencies but not of the full 32 Toronto CYMH core service providers. An inventory of the tools actually being used in various types of core services would be helpful in identifying the extent to which standardized measures are being used. (This will be undertaken by the k/i/d/s research assistant.)

5. Ensure broad consultation with directors/ managers or evaluation of the core service provider agencies, and with the Executive Directors prior to a decision on proposed common outcome measures. The existing group of Clinical Directors and Evaluators intends to broaden its membership to ensure inclusion of the other Toronto service provider agencies. This group already also includes evaluators from other regions of the province. The technical and knowledge expertise of this CD/E group should be tapped and maximized as they are very committed to excellence in evaluation practices and a community of practice.

6. Leverage current collaborative activities for the use of common tools and measures. Common tools and measures should be employed, and standardized data definitions need to be developed for screening and tracking outcomes, particularly when designing or revising core services (e.g. What's up walk-in). Where relevant, these data definitions should build on reporting requirements for the 13 KPIs.

D. SUMMARY

The recommendations proposed in this document need to be prioritized as to what can be put in place in the short-term (i.e. within the next year). Recommended activities for the mid- and long-term should focus on the scaling-up and amplifying lessons learned from the first year.

Immediate areas of continued work beginning at the k/i/d/s group will continue (two or three surveys to be administered to service provider agencies to assess current state and identify priority areas for action (e.g., tools and methods used to assess client satisfaction and experience; screening and outcome measures used). These surveys are also a way of maximizing the work and energy of the k/i/d/s group activities while also continuing to engage stakeholders. An infrastructure survey does need to be conducted regarding information technology and should include the IT manager of EMYS who has the beginning framework of such an analysis.

The working group would like to propose that the lead agency develop a transition plan so that this group's previous activities are not duplicated, and work can proceed building on what the group has accomplished. With the participation and leadership of the new director of performance measurement at EMYS, it would be recommended that there continue to be representatives of the k/i/d/s/ working group on a future working group in order to maximize continuity, advance knowledge, and maintain and increase engagement across the Toronto region.

The participation and collaboration of members of the k/i/d/s working group with other Toronto wide efforts (e.g. centralized intake and access, mapping) is also highly recommended to ensure that implications for data and performance measurement are considered. The k/i/d/s working group recommends that a knowledge exchange event be held inclusive of all participants of the working group and where activities and recommendations can be shared. This meeting can help build synergy across the different moving parts of the transitioning system.

Appendix

i. Membership

Name	Organization
Chair, Ewa Deszynski	The Etobicoke Children's Centre
Diane Bartlett	The George Hull Centre
Irene Bevc	The Hincks-Dellcrest Centre
Tony Calabrese	Delisle Youth Services
Charlie Carter	Ontario Centre of Excellence for Child and Youth Mental Health
Christopher King	The ECC/Adventure Place
Jana Kocourek	Ontario Centre of Excellence for Child and Youth Mental Health
Myra Levy	East Metro Youth Services
Michele Lupa	Mothercraft
Kamalesan Muthulingam	East Metro Youth Services
Alain Mootoo	Surrey Place Centre
Glory Ressler	Mothercraft
Roger Rolfe	Central Toronto Youth Services
Michael Tross	Youthlink
Margaret Walsh	Child Development Institute
Katina Watson	Yorktown Child and Family Centre
Cheryl Webb	Adventure Place
Janice Wiggins	East Metro Youth Services
Kathleen Patterson and Ali Lineaux	Centre francophone de Toronto
Eugene Wong	North York General Hospital

ii. Focused Consultations:

1. Jeff Carter

Director of Quality Improvement
Vanier Children's Services

2. Bob Chitaroni,

CIMS NBRHC Agency Program Manager
North Bay Regional Health Centre

3. Evangeline Danesco

Director of Support Services
Ontario Centre of Excellence for Child and Youth Mental Health

4. Bill Leblanc and Scott Trevithick

Principals
Azurtech Technologies

5. Harvey Low, B.A.A., M.C.I.P.

Manager, Social Research & Information Management,
Social Development Finance & Administration Division, City of Toronto

6. Alain Mootoo

Vice President – Finance and Administration
Surrey Place Centre

iii. Documents shared and reviewed

1. <http://www.rpi.edu/datawarehouse/dw-about-cmp.html>
2. <http://devnet.kentico.com/articles/do-i-need-a-data-warehouse>
3. <https://www.youtube.com/watch?v=WRSVlu9AvXs&list=UUJdAcBP59pGQB0iim3q9rcA>
4. https://www.cihi.ca/en/hsu_chart_legend_en.pdf
5. <http://www.torontocas.ca/buzz/differentialresponse/CASTChildProtectionFastTrackSystemQ&A.doc>
6. http://www.plymouth.gov.uk/caf_for_practitioners_national_guidance.pdf
7. <http://praedfoundation.org/tools/transformational-collaborative-outcomes-management-tcom/>
8. Additional documents to be provided upon request (hard copies)

1 The CYSIS is a system being used by about half of the core service provider agencies in the Toronto region.

2 The previous leads for the mandated measures are Brian O'Hara at CMHO for the BCFPI, and Melanie Barwick of SickKids for CAFAS in Ontario.

3 For more information, see <http://praedfoundation.org/tools/transformational-collaborative-outcomes-management-tcom/>