
MINISTRY OF HEALTH AND LONG-TERM CARE

4.03—Community Mental Health

(Follow-up to VFM Section 3.03, 2002 Annual Report)

BACKGROUND

Through its Community Health Division, the Ministry of Health and Long-Term Care provides transfer payments to community agencies or general hospitals to deliver community-based mental health programs and to help cover the costs for sessional fees, homes for special care, and other housing with supports for individuals with mental illness. During the 2003/04 fiscal year, the Ministry provided approximately \$411 million in transfer payments (\$390 million in 2001/02) for community-based mental health services. The Ministry estimated that approximately 2.5% of the population of Ontario, or 300,000 people, are seriously mentally ill.

At the time of our 2002 audit, we concluded that many of the fundamental issues and concerns identified in our audits over the last 15 years had not been comprehensively addressed. In particular, the Ministry still did not have sufficient information to enable it to assess whether mentally ill people were adequately cared for and whether funding provided for community-based mental health services was being prudently spent. We also found that:

- The Ministry generally did not have standards and performance measures for community mental health and had only limited information about whether community mental health resources were being utilized efficiently and effectively.
- In many areas of the province there was still no comprehensive source of information about available mental health services or how to access those services. In addition, there was minimal co-ordination among agencies providing services.
- The Ministry was not tracking the number of people receiving or waiting for community mental health services or the waiting times to access services. This limited its ability to assess whether there were sufficient and appropriate resources to meet the needs of the seriously mentally ill.
- The Ministry had not determined the number or type of housing spaces required to meet the needs of seriously mentally ill individuals or whether existing housing was meeting the needs of the individuals already housed.

Also, the Ministry had not given sufficient consideration to the funding of community mental health agencies based on an assessment of the number of patients requiring services and the complexity of patients' needs.

- In the seven regions of the province, annual per capita funding for community mental health services ranged from \$11 to \$60. The funding was primarily historically based, rather than being based on the relative need for services and the costs of delivering services in different regions of the province. Funding based on assessed need helps ensure that individuals with similar needs have access to similar services regardless of where they live in the province.
- Since 1992, there had been no increases in base funding provided to community mental health agencies for programs that were operating at that time. One district health council noted that this forced community mental health agencies “to reduce services to the seriously mentally ill in order to stay within existing base budgets.”

We also concluded that, to provide better accountability to the public and the Legislature, the Ministry needed to develop results-oriented performance measures and periodically report publicly on the performance of community-based mental health services in meeting the needs of the mentally ill.

We made a number of recommendations for improvement and received commitments from the Ministry that it would take action to address our concerns.

CURRENT STATUS OF RECOMMENDATIONS

According to information received from the Ministry of Health and Long-Term Care between March and June 2004, limited progress had been made in addressing many of the recommendations in our *2002 Annual Report*. The current status of our recommendations is as follows.

MENTAL HEALTH REFORM

Recommendation

The Ministry should ensure that the necessary reforms, including best practices identified in the studies, are implemented as soon as possible in order to meet the needs of the seriously mentally ill.

Current Status

The Ministry indicated that at the time of our follow-up it was conducting ongoing analysis of the nine Mental Health Implementation Task Force reports and the Final Report of the Provincial Forum of Mental Health Implementation Task Force Chairs, which were all completed by January 2003. In addition, the Ministry indicated that reform options and strategies were being considered.

ACCOUNTABILITY

Recommendation

To better hold community mental health agencies accountable for the services provided and for the prudent management of the funds they receive, the Ministry should ensure that all basic elements of the Management Board of Cabinet Directive on Transfer Payment Accountability are addressed, including signed agreements that require recipients to achieve specific, measurable results.

Recommendation

To help achieve ongoing improvements in providing community mental health services, the Ministry should:

- *develop and implement appropriate performance measures that objectively measure the success of agencies in meeting the needs of the seriously mentally ill;*
- *regularly report publicly on performance, including reporting on the impact of mental health reform; and*
- *take corrective action where required.*

Recommendation

To help ensure that resources are utilized efficiently and are achieving their intended results, the Ministry should:

- *ensure that it has adequate information to make planning and funding decisions; and*
- *require that agencies submit information on the number of seriously mentally ill individuals who received their services.*

To help ensure that community mental health agencies provide high-quality programs, the Ministry should:

- *establish standards against which programs can be evaluated; and*
- *implement agency reviews focusing on those agencies identified as high risk.*

Current Status

The Mental Health Accountability Framework, which includes performance indicators, was issued in spring 2003, and the development of service standards was ongoing at the time of our follow-up. In addition, a Transfer Payment Agency Operating Manual was distributed in February 2004, and agreements with most transfer-payment recipients have been signed.

The Management Information System and Common Data Set—Mental Health, which incorporate performance measures and data collection and reporting requirements, were piloted. A review of the pilot was underway at the time of our

follow-up, with results to be reported in mid-summer 2004. However, full implementation of the system was on hold pending funding availability. We were informed that public reporting would commence in the 2004/05 fiscal year. However, the Management Information System and Common Data Set would have to be fully implemented to provide the information necessary for regular public reporting on performance.

In addition, the Common Data Set—Mental Health is intended to capture information on services provided by community mental health agencies to seriously mentally ill individuals. Such information could help improve planning and evaluation of mental health programs.

As for the implementation of agency reviews, the Ministry informed us that no specific criteria had been identified to determine which agencies to review. However, the Ministry stated that it does identify problem agencies and that four agency reviews had been undertaken.

ACCESS TO COMMUNITY MENTAL HEALTH SERVICES

Recommendation

To help ensure timely and equitable access to services, the Ministry should:

- *review the feasibility of further co-ordinating access to services, including establishing common intake and assessment criteria;*
- *obtain and analyze overall waiting lists and waiting times to help determine the need for specific types of services; and*
- *ensure that public information on community mental health services and how to access those services is readily available.*

Current Status

According to the Ministry, at the time of our follow-up common intake criteria had been implemented for children's mental health services but not for adult mental health services. In addition, detailed plans had been developed to support a provincial mental health registry to improve access to mental health services. This registry would provide Ontarians with current information about agency capacity and availability. However, implementation of the registry was on hold pending funding.

The Ministry informed us that waiting list statistics had been included in both the Management Information System and Common Data Set—Mental Health; however, since full implementation of the initiatives was on hold pending funding, overall waiting list data were not available at the time of our follow-up.

INFORMATION SYSTEMS

Recommendation

To better support the provision and co-ordination of community mental health services, the Ministry should design, implement, and appropriately utilize a mental health information system that captures relevant service and client data.

Current Status

In addition to the previously mentioned Management Information System and the Common Data Set—Mental Health pilot project, a proposal had been made for a “client linkage system,” which would provide an up-to-date inventory of mental health services and comprehensive client-specific information to enable lead agencies to make appropriate referrals to mental health services. However, we were informed that the proposal would not proceed further until a comprehensive privacy assessment study was done. At the time of our follow-up, the Ministry had not established a time frame for completing this study.

HOUSING

Recommendation

To help address the long-standing problem of affordable and appropriate housing for the seriously mentally ill, the Ministry should:

- *assess the number and types of housing units needed in different areas of the province and whether ministry-funded housing is meeting the needs of individuals already housed; and*
- *take appropriate steps to address the assessed housing needs.*

Recommendation

To help ensure that the Mental Health Homelessness Initiative is meeting its objectives of providing housing with supports to seriously mentally ill individuals, the Ministry should:

- *establish a formal process to obtain information about occupancy in housing purchased with ministry assistance;*
- *establish accountability agreements with all agencies; and*
- *ensure that funding is only provided for properties that are able to provide housing and support services for people with serious mental illnesses.*

Recommendation

To help ensure that supportive housing serves individuals who are seriously mentally ill and to assist in assessing the need for additional housing, the Ministry should:

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- *determine the extent to which existing housing is actually targeting and serving individuals who are seriously mentally ill; and*
 - *ensure that first priority is given to the seriously mentally ill.*

Recommendation

To ensure that Homes for Special Care provide appropriate and consistent resident care across the province, the Ministry should ensure that:

- *inspections of the homes are completed and followed up on and deficiencies are corrected on a timely basis; and*
- *adherence by the homes to minimum standards of care is a condition for licence renewal.*

Current Status

The Ministry indicated that at the time of our follow-up ministry staff were reviewing the housing requirements that were identified for all areas of the province in the reports issued by the mental health implementation task forces. Implementation strategies and additional housing support strategies were being considered.

Phase II of the Mental Health Homelessness Initiative was announced in November 2000 to provide, over a two-year period, at least 2,600 additional supportive housing units throughout the province for seriously mentally ill individuals who were homeless or at high risk of homelessness. The Ministry informed us that 95% of these housing units were in place at the time of our follow-up.

According to the Ministry, information was not available on whether all existing properties under the Initiative were providing housing and support services to persons with a serious mental illness. However, accountability agreements had been established with most agencies.

Full implementation of the performance measures and data collection and reporting requirements of the Management Information System and Common Data Set—Mental Health should provide additional information on housing needs and occupancy, including information on housing and occupancy under the Mental Health Homelessness Initiative; however, as mentioned, such implementation was on hold pending funding.

The Ministry indicated that at the time of our follow-up all Homes for Special Care had been inspected and were compliant. The Ministry further stated that it was working to improve the timeliness and co-ordination of inspections and that all compliance issues raised during inspections were being tracked until they were resolved.

The Operating Guidelines for Homes for Special Care manual, which includes standards of care, was updated in spring 2004. Although the operating guidelines do

require that homes not complying with the standards of care take corrective action, adherence to such standards of care was not a specific condition for licence renewal.

ASSERTIVE COMMUNITY TREATMENT

Recommendation

To help ensure the efficient, effective, and appropriate use of Assertive Community Treatment (ACT) teams, the Ministry should:

- *determine the required number and distribution of ACT teams for the province;*
- *monitor ACT teams to ensure that they are serving the seriously and persistently mentally ill target population; and*
- *ensure there are adequate services available to meet the needs of individuals no longer requiring ACT services.*

Current Status

The Ministry informed us that, according to recent reviews of available information—such as Community Assessment Project reports, Mental Health Implementation Task Force reports, and expert opinion—between 20 and 40 additional ACT teams could be utilized across the province if funding were available. The same available information would help determine the distribution of the teams, with the Ministry’s regional offices making the final decision.

The Ministry indicated that the third monitoring and outcome survey for all ACT teams was completed in December 2003. This survey affirmed that ACT teams were adhering to standards and meeting targets. For future monitoring, information on ACT teams is to be collected if and when the performance measures and data collection and reporting requirements of the Management Information System and Common Data Set—Mental Health are fully implemented.

The Ministry advised us at the time of our follow-up that providing services to individuals no longer requiring the intensity of an ACT team had not been an issue to date. This is because Ontario’s teams are fairly new, and it could take a number of years before “step-down services” are appropriate. When such services do become necessary, the Ministry plans to provide them through existing or enhanced case management services.

FUNDING

Recommendation

To ensure that community mental health funding provided to regions and agencies is reasonable and equitable, the Ministry should develop a process that provides funding based on an assessment of services needed and of the resources required to meet those needs.

Current Status

According to the Ministry, at the time of our follow-up obtaining information on services needed and resources required was awaiting the full implementation of the performance measures and data collection and reporting requirements of the Management Information System and Common Data Set—Mental Health.