

A New Framework for Service Accountability: Improving Outcomes for Children, Youth, and Families

Opportunity

Moving on Mental Health (MOMH) provides a unique opportunity for the Ministry of Children and Youth Services (MCYS) to introduce significant changes to accountability relationships within the community-based child and youth mental health sector. We are confident that MCYS recognizes that the goal of improving outcomes for children, youth, and their families must be foundational to system transformation.

MOMH provides the opportunity for collaboration to identify the most important aspects of service delivery and to invest in ensuring that the services provided lead to better outcomes and better value for the public's investment. To make progress in these areas, the perspectives of both the government, which is responsible for providing policy direction and funding, and the service providers, who are responsible for effective and efficient family centred care, must be brought together to inform the establishment of a strong bi-directional accountability relationship. To do anything less at this critical juncture is to risk falling far short of what this transformation must achieve for children, youth, and families. A cohesive child and youth mental health system requires a shared understanding of common goals and effective communication strategies between and amongst service providers. CMHO is committed to collaborating with the Ministry to achieve these objectives.

MOMH identifies two main goals of transformation related to accountability.

1. Improved results through a focus on performance which increases quality and consistency across the province.
2. Improved clarity and transparency in governance roles and responsibilities among all of the organizational partners in the system.

CMHO supports these goals and views them as essential to the development of a strong and reliable system of accountability that builds upon existing strengths to improve positive outcomes and quality of life for children, youth, and families.

Requirements for Successful Transformation

An effective accountability relationship must be supported in the following ways:



- Lead agencies must develop, manage, and maintain effective accountability relationships with funders and sub-contracted providers. Consistency of practice and monitoring mechanisms for evaluating those relationships and responsibilities should be embedded within expectations of lead agencies.
- Lead agencies and sub-contracted agencies must develop, with government support, the necessary resources to measure outcomes, increase capacity, identify needs, and promote and build an organizational learning culture.
- Accountability relationships must be culturally sensitive and respectful of unique and diverse service needs. The development of an accountability framework must take into consideration specialized francophone and Aboriginal treatment programs, recognizing that a blanket approach may not be appropriate in all settings.
- A common data set must be made available at agency, regional, and provincial levels to provide the resources necessary for data analysis to measure performance and improvement in outcomes.
- Quality improvement must include room for innovation.
- Knowledge exchange must be promoted to share best practices and innovations in services.

Service and System Outcomes

The primary focus for accountability must be improved service and system outcomes for children, youth, and their families. The evaluation of positive outcomes must not only acknowledge results from treatment programs as measured by improved functioning, decreased subjective distress, and demonstrated significant positive change in behaviour, but must also recognize the importance of more substantive, long-term outcomes. These types of outcomes include improved quality of life, success in school and employment, and reduced incidence and severity of mental illness through the various developmental stages and towards adulthood.

An ideal framework for accountability would also include a focus on constantly improving system indicators such as greater responsiveness, improved collaborative planning, availability of and achievement of an aligned spectrum of core services in each community, and improved capacity, as opposed to merely complying with existing standards.



To facilitate the development of an improved accountability framework, positive outcomes must be articulated in the context of the envisioned provision of services in a transformed system.

An Ideal System of Accountability

Guiding Principles

CMHO's vision of accountability for the community-based child and youth mental health system is embodied by the following guiding principles:

- Improving positive outcomes for children, youth, and their families through reliable, evidence-informed services of the highest possible quality, in the official language of choice, is at the forefront of all accountability measures.
- The development of an effective outcomes framework enables strong accountability relationships between both government and agencies, with clearly defined roles and responsibilities that prioritize effectiveness, while measuring efficiency.
- A collaborative, iterative process, with ongoing communication between government and the community-based children's mental health sector will guide the development of a framework, where the most critical outcomes will be outlined first.
- All child and youth mental health agencies selected to be lead agencies will be accredited by a relevant accrediting body.¹
- An accountability framework for child and youth mental health services must encompass the following points:
 - align with those of other sectors serving children and youth, wherever appropriate,
 - be stated in a clear and straightforward manner, and
 - shift sector thinking to reflect joint ownership for producing positive outcomes for children, youth, and families through a community of practice.

To ensure that the accountability goals of MOMH are achieved, a joint effort is required to produce a new framework that addresses the prevalent community-

¹ In service areas where there is no accredited agency capable of being a lead it would be expected that the agency be supported in working towards accreditation over a defined period of time to account for the necessary capacity building.



based children's mental health sector challenges (see Appendix– *An Example of a Phased Approach*).

The Current State of the System

1. Creating Outcomes Standards

The current structure of accountability within the community-based child and youth mental health system does not focus on measuring individual outcomes, a critical component of accountability. While some agencies strive to measure progress of the children and youth they serve, the system as a whole needs to recognize the importance of the mandatory collection of baseline data from both lead agencies and sub-contracted agencies and support them in doing so. Quality improvement standards help to ensure that children, youth, and their families are provided with the services they need to make progress and to enhance their quality of life. However, efforts to produce new innovative and creative program options are often stifled by firm compliance to present accountability structures. An accountability structure needs to balance the importance of maintaining evidence-informed practices with the ability to continuously increase tangible positive outcomes for children, youth, and their families through innovation.

2. Alignment of Expectations

Historically, agencies and government have not been aligned on what types of outcomes indicators should be measured and analyzed. Expectations to meet these accountability standards need to be communicated and understood by all parties and should be reflective of the realistic capacity of all agencies to collect and report on outcomes, given the tools and resources they possess.

3. The Lack of a Common Data Set

Creating increased standards for accountability to adequately measure outcomes is impossible to do without a common data set. Currently, there are no cohesive sets of data to which the province can refer. Many agencies lack the information and technology infrastructure to gather, store, and analyze the data once it is collected. Efforts to measure outcomes are not currently driven by government and are not consistent across the province. For example, more than a decade after the Brief Child and Family Phone Interview (BCFPI) and Child and Adolescent Functional Assessment Scale (CAFAS) were introduced in selected agencies across the province, they have



not been universally accepted or used for the practice of comparing outcomes.

4. Costs of Evaluation Are Not Funded

The present system fails to recognize the costs associated with accountability. Agencies often lack the resources to hire qualified, highly skilled program evaluators and data analysts and to pay for the measurement tools required to properly track progress. Lead agencies will need to have access to knowledgeable and skilled program evaluators and data analysts in order to support evaluation within subcontracted agencies, as well as across providers and service areas.

Community-Based Child and Youth Mental Health Sector Ownership

CMHO members are committed to, and enthusiastic about, working collaboratively with MCYS to develop an accountability agreement anchored in outcome measurement.

Recommendations:

1. A Community-Based Sector Summit on outcomes for children and youth with mental health and addiction issues is required to discuss the critical components necessary to effectively measure outcomes. The Summit will bring together leaders and practitioners from the child and youth mental health sector, including those from research institutions and government to inform knowledge transfer regarding best practices and development of the most effective approaches to this work.
2. A joint planning table composed of members of the community-based child and youth mental health sector, parents, youth, and MCYS to inform the development of a comprehensive accountability framework must be established. This planning table should be initiated as soon as possible to establish terms of reference and define the steps of the collaborative process for creating an outcome focused accountability structure. Without a formalized, collaborative structure in place, there will be insufficient mechanisms for timely and effective communication, as critical components of accountability are developed by the Ministry. In turn, this may erode the current enthusiasm and support for this important transformation and potentially delay the sector's ability to meet ambitious timelines for change.
3. A phased accountability approach should be developed, through collaboration between government and the community-based sector, to build



on the learnings of early adopters and benefit from peer support (see Appendix- *An Example of a Phased Approach*).

Conclusion

We are confident that together, CMHO, our member agencies, and MCYS can, and will, strengthen and foster a culture of accountability and commitment to excellence through learning and development. Consultation with government on the current plans for an accountability structure has highlighted the alignment of our mutual efforts to develop strategies for successful change. MCYS has been working to document the future state of child and youth mental health and define key information requirements, using a standardized methodology. Because there is a logical link between information requirements and accountability, this offers further evidence that the timing is optimal for collaboration. CMHO looks forward to having the opportunity to work together to create a system of accountability that children, youth, and families can rely on and trust to provide better outcomes.



Appendix – An Example of a Phased Approach

Phase 1

- Scan the environment for expertise
 - Agencies that are already leaders in terms of measurement and data management
 - University-based researchers who can collaborate
 - Other jurisdictions
- Initiate discussions
 - Form joint table
 - Hold Community-Based Sector Summit
- Form planning group for implementation
- Identify 3 to 5 key indicators
 - Should be simple and stated in plain language
 - Should be obvious and widely acceptable (i.e. have high “face validity”)

Phase 2

- Identify measurement tools that reflect the key indicators
- Develop process for creating operational definitions of indicators
- Establish initial variables in a common data set by identifying information that is most commonly collected
- Identify technological strengths and challenges for agencies to submit their common data set information

Phase 3

- Develop implementation plan for initial measurement tools
- Develop plan to address technological requirements for sharing common data set information
- Provide clear operational definitions for variables in the common data set
- Add to the common data set variables from the initial measurement tools that reflect key indicators

Phase 4

- Implement training for initial measurement tools
- Deploy technological infrastructure for agencies to have capacity to submit common data set information
- Form transition planning to focus on establishing continuous improvement within the system.

Phase 5

- Begin mandatory collection and reporting of initial data set information



- Develop process for additions to common data set
- Establish resources for data analysis at agency, regional, and provincial levels

Phase 6

- Gradually add variables to the common data set
- Ensure that new variables have clear operational definitions
- Ensure that agencies receive adequate training and support for any new measurement tools
- Provide feedback at agency, regional, and provincial levels

