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Wednesday 22 March 2017

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Mercredi 22 mars 2017

Standing Committee on Public Accounts

2016 Annual Report,
Auditor General:

Ministry of Children
and Youth Services

Comité permanent des comptes publics

Rapport annuel 2016,
vérificatrice générale :

Ministère des Services
à l'enfance et à la jeunesse

Chair: Ernie Hardeman
Clerk: Katch Koch

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON PUBLIC ACCOUNTS

COMITÉ PERMANENT DES COMPTES PUBLICS

Wednesday 22 March 2017

Mercredi 22 mars 2017

The committee met at 1230 in room 151, following a closed session.

2016 ANNUAL REPORT, AUDITOR GENERAL

MINISTRY OF CHILDREN AND YOUTH SERVICES

Consideration of section 3.01, child and youth mental health.

The Chair (Mr. Ernie Hardeman): We'll call the meeting to order. The committee is here this afternoon to hear deputations from the Ministry of Children and Youth Services, Children's Centre Thunder Bay, Children's Mental Health Ontario, Kinark Child and Family Services, Vanier Children's Services and Youthdale Treatment Centres.

We have, I'm told, seven members as part of the delegation that wish to speak. Obviously, we only have four spots at the podium. We do require that if anybody who is in the audience, of the three who are not at the podium, if they need to speak, they would need to come forward and take one of the chairs there so that they can speak into the microphone so everything that is being said here can be recorded—if we could adhere to that.

I've taken it upon myself to have a standard that I have trouble sometimes pronouncing names. It's my Dutch dialect that comes in the road. So we'll ask each one of you, as you make your presentation, to identify yourself for the Hansard before you speak the first time, and Hansard will be able to keep track of who you are. That would hold true for the people coming from the audience: to make sure they identify who they are before they make their presentation.

With that in process, we thank you all for being here. We will have 20 minutes of presentation from the delegation as to what they're at and comments about the auditor's report. We will then have 20 minutes for each caucus on the committee to have questions or comments on your presentation, starting with the official opposition. After the 20-minute rotations, we will then divide what time is left, to take us to 2:45, evenly between the three parties. There is no appeal of the ruling of the Chair as to when we reach each benchmark of the timing.

With that, we thank you again very much for coming in. We will turn the table over to the delegation.

Ms. Nancy Matthews: Good afternoon, Chair and members of the committee. I'm Nancy Matthews, the deputy minister of the Ministry of Children and Youth Services. Thank you for your invitation to speak today about the work the ministry is doing to support children and youth with mental health issues and their families.

Ministry staff joining me today are Rachel Kampus, the assistant deputy minister of the service delivery division, which is the division responsible for agency oversight, transfer payment management and accountability; as well as Jennifer Morris, assistant deputy minister, policy development and program design division, which is responsible for the policy framework for child and youth mental health.

I would also like to acknowledge the presence of the deputy minister of the Ministry of Citizenship and Immigration, Alexander Bezzina, former deputy minister of the Ministry of Children and Youth Services.

I'm also pleased to be joined by Kim Moran from Children's Mental Health Ontario, Diane Walker from Children's Centre Thunder Bay, Cathy Paul from Kinark Child and Family Services, Joanne Sherin from Vanier Children's Services and Paul Allen from Youthdale Treatment Centres.

These individuals represent the agencies that work so hard in communities to provide services for children, youth and families across the province. We know that for Ontario to fully realize a service system that makes sense for families, that is responsive, that is accountable and that reflects local needs, it will continue to require leadership, collaboration and action from all of our partners.

I would also like to thank the Auditor General for her recommendations. They have and will continue to provide us with advice that keeps us focused on demonstrating value for money, improving quality and measuring outcome impacts, as we continue our forward path through Moving on Mental Health. I would like to use my time today to update you on our progress on Moving on Mental Health and a number of issues the Auditor General highlighted in her report.

In June 2011, phase 1 of Ontario's mental health and addictions strategy was launched. Phase 1 was child- and youth-focused in the first three years and led by the Ministry of Children and Youth Services. Under phase 1, the government increased child and youth mental health funding by nearly $100 million a year. These investments addressed an immediate need to deliver more services,

with additional mental health workers in schools, communities and youth courts.

Building on the foundational work of this strategy, Moving on Mental Health launched in 2012. Through Moving on Mental Health, we are establishing a community-based child and youth mental health system that is based on needs—the needs of communities and the needs of children, youth and families. Through Moving on Mental Health, we have been focusing on these things that have a direct and positive impact and that result in a simplified and improved experience for children, youth and families, so that regardless of where they live in Ontario they will know what mental health services are available in their communities and how to access the mental health services and supports that meet their needs.

As the ministry moves ahead with Moving on Mental Health, there has been an emphasis on continually engaging with children, youth and their families. Parents and youth provided input directly on the implementation of Moving on Mental Health through a parent and youth panel on system change, which included advice that led to the core service program guidelines.

Youth engagement continues at the provincial level through important youth voice initiatives, like the New Mentality or mindyourmind, which mobilized youth with lived experience of mental health issues. Locally, lead agencies are also engaging with youth.

Over the past five years, we have made significant progress to move from a system of services to a service system. MCYS, working together with our partners, is putting in place the foundations to support a high-quality and responsive system that meets the needs of children and youth. Specifically, we have made progress in the following areas:

We have defined a set of common mental health services in the form of seven core services and eight key processes that are to be available in every region in the province.

We have identified 31 of 33 lead agencies and service areas across the province, with the remaining two to be identified in the upcoming months. These lead agencies have responsibilities for local service delivery and planning, system management, pathways and partnerships.

We have established 13 key performance indicators for child and youth mental health so we can better understand who is being served, what services are being provided, how well children, youth and families are being served and how well the service system is performing. For agencies who have the clinical and service expertise, consistent system-wide performance indicators and the resulting data will be available to them to support their service planning, policies and protocols and service models.

We have included provisions to enable accountability tools for the child and youth mental health sector in the proposed new child and youth family services act.

We are developing the first CYMH funding model to address the funding variation that currently exists, recognizing each community's needs. I will speak in more detail on this later on.

We are strengthening impact on the ground, through building stronger and more sustainable pathways.

I would like to take a moment to speak more about the important role of lead agencies, which play a key role in creating and supporting clear pathways to, through and out of service.

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Lead agencies are building connections locally across children's services, including those in the health, education and broader children's services sectors, and bringing service providers together to improve local planning through the core services delivery report and the community mental health report.

With the introduction of lead agencies in communities, other service sectors, such as primary care providers, public health, justice and education, now know where they can go to build local partnerships and establish protocols and practices. These local structures of collaboration are critical to better meeting the mental health needs of children, youth and families in an integrated, transparent and coordinated way and to make it easier for them to know who to contact to access mental health services in their communities.

We agree with the Auditor General about the importance of interministerial co-operation and service alignment for improving mental health outcomes and for supporting our young people to get the right service at the right time. I would like to highlight work under way with our partner ministries in this regard.

The Ministry of Health and Long-Term Care is now leveraging our successes in defining core services to develop their own core services for adult mental health. We believe that this alignment will support more seamless transitions between youth and adult services.

We are also collaborating with the Ministry of Health and Long-Term Care on the recently announced integrated youth service hubs initiative, supporting early identification and intervention to prevent more serious issues from developing later in life. New funding will support the creation of up to nine new integrated youth service hubs across the province.

As the transformation of mental health services progresses, the ministry has continued to make targeted investments to better support young people with mental health issues and their families. We have:

—launched an online mental health directory that provides information to families on publicly funded mental health and addiction services;

—announced funding to Kids Help Phone for their online tool Resources Around Me, which helps children and youth access local mental health programs and services through an app on a smartphone, computer or mobile device;

—enhanced the Tele-Mental Health Service, which uses videoconferencing technology to connect service providers with specialized psychiatric consultations; in 2016-17, it is anticipated that almost 4,000 consultations will be provided; and

—provided funding to hire 770 additional community mental health workers across Ontario, including 144 nurses working in schools to help students with mental health or addiction problems, and mental health and addiction workers in indigenous communities.

The Auditor General's report is an important touchstone on our journey towards a fully mature and comprehensive child and youth mental health system in Ontario. We appreciate her report and her valuable advice. That said, her report also reinforces for us that we are on the right track.

We are developing a funding allocation model based on need. We have engaged with agencies, community members, experts and partner ministries, and completed two rounds of province-wide consultations. Through these efforts, we received valuable input from community and sector partners that is helping us build a new funding model based on an evidence-informed definition of community need for services and which will improve consistency and transparency. The ministry expects the new model to be finalized this year, with implementation to follow.

We are putting forward stronger accountability measures through the proposed Child, Youth and Family Services Act. This includes proposed new accountability tools for child and youth mental health agencies, such as the ability to issue directives and compliance orders to agencies and service providers.

Currently, the ministry uses a range of tools to monitor children and youth mental health agencies, including financial reports, risk assessments, licensing reviews, and reviewing performance indicators. Through our ongoing work on performance indicators and system-wide data, we are enhancing the quality of information that is collected by agencies and the ministry in a consistent way.

The ministry is working with mental health agencies through a CYMH data and performance management working group to improve the quality and usefulness of the data that we collect from all of our funded children and youth mental health core service providers so that we can better inform services at a community level and better manage at a provincial systems level.

Working with provincial and international partners, we are currently supporting the voluntary implementation of a children and youth mental health assessment tool from the InterRAI suite of tools, which is already providing valuable insight into how services may need to change to better meet the needs of children, youth and families. This tool allows standardized collection of children's mental health data to support meaningful comparisons, outcome evaluations and resource alignment. This is currently being implemented in 60 child and youth mental health agencies, health service coordinating agencies, hospitals and school boards.

As another example of how we are working with our partners, I am pleased that the Canadian Institute for Health Information, CIHI, is analyzing CYMH data to identify service trends and patterns at the local and system level. The CIHI project will further leverage client information to improve accountability, outcome measurement and provide MCYS with information to evaluate the children and youth mental health system performance. We continue to work with the sector on continuous quality improvement to support the highest quality of care possible.

In 2014-15, having established core services, new minimum expectations were put in place for all ministry-funded core mental health service providers. This was a significant first step in beginning to define consistent expectations for providers across the province. In April 2016, these were included in the ministry's service contracts with core service providers. The ministry is committed to work in partnership with CYMH agencies and CMHO to support continuous quality improvement through a phased approach, beginning in summer 2017. This will include clarifying program requirements, identifying areas of improvement, supporting the sector to meet the expectations over time and implementing accountability and monitoring frameworks.

We know that transformation takes time. We are committed to working with agencies as we transition together to new program expectations and new accountability frameworks. Our shared interest is supporting the continued provision of high-quality services to children, youth and families throughout the transformation.

I would now like to talk briefly about the important subject of youth suicide and our ministry's efforts to address it. The loss of any life through suicide is tragic. We are committed to helping children and youth in crisis. To do so, we are working with our partners to strengthen community responses in youth life promotion, suicide prevention and immediate crisis supports. Examples of these collaborative initiatives include local mobilization forums, where communities share experiences and learn from each other; an online, interactive suicide prevention education module hosted by mindyourmind; and the Kids Help Phone line or Good2Talk, where youth have 24/7 access to a counsellor.

We also know that youth suicide is an urgent issue for indigenous communities in particular. The rates of suicide are five to seven times higher for indigenous youth than for non-indigenous youth. That is why Ontario recently announced new investments in indigenous child and youth life promotion and suicide prevention through Ontario's indigenous health action plan and The Journey Together: Ontario's Commitment to Reconciliation with Indigenous Peoples.

Investments will be focused on holistic response and prevention supports that combine clinical supports and cultural and land-based programming, enhancements of the Tele-Mental Health Service, and mental health and addiction workers to support students in First Nations schools. These initiatives are being co-developed with First Nation, Métis and Inuit partners to reflect the unique cultural needs of indigenous communities both on and off reserves. This year, the ministry invested $4.5 million to support indigenous communities to design and deliver services in their communities.

The ministry also supports youth suicide prevention programming for indigenous youth through, for example, partnering with Right to Play and developing the Promoting Life-skills in Aboriginal Youth, or PLAY, program. In addition to promoting life skills through sport, the program also helps to build support for and confidence in youth through recruitment and training of indigenous youth to deliver the program. This year, there will be programming all along the James Bay coast.

Right to Play and the Jays Care Foundation are trusted partners in delivering indigenous youth programming and have been supporting efforts in Attawapiskat, Wapekeka, Pikangikum and other communities.

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This year, the ministry is investing more than $440 million in community-based child and youth mental health services. More than 121,000 young people received community-based services in 2015-16. We have made significant progress on developing a system for children and youth with mental health challenges and their families so that, regardless of where they live in Ontario, they will know what mental health services are available in their communities and how to access them.

We have made clear progress in establishing lead agencies, defining child and youth mental health core services, establishing key performance indicators, developing a transparent and needs-based funding model, establishing appropriate accountability tools and creating clear pathways to care.

The ministry is proud of the progress we've made to improve the system, but we know there is more we can and must do so that all children and youth with mental health issues get the supports they need when they need them. That is our commitment through Moving on Mental Health. We will continue listening to and engaging with children, youth and their families to ensure they remain at the centre of this new system and so that we understand how the ongoing transformation impacts their service experiences. We will continue partnering and collaborating with agencies, community members, research experts and partner ministries as we move ahead.

I would like to thank the Auditor General once more for her advice and recommendations.

I will now turn over to Kim Moran from Children's Mental Health Ontario, who will provide opening remarks on behalf of the sector.

Ms. Kim Moran: Thank you. It's Kim Moran from Children's Mental Health Ontario.

Thank you very much for inviting us here today to discuss these important issues. We very much appreciate it. We welcome the audit. It was a very valuable process. I think we worked very collegially together with the Auditor General and learned an awful lot.

The agencies in CMHO are committed to continuous quality improvement. It's imperative that we get this right for kids and families, and we're in complete agreement that we need to work with MCYS towards full compliance with the new program requirements and fully consider the recommendations of the Auditor General. We really appreciate the increased collaboration by the ministry, as Nancy spoke of, and we look to work with them as we move forward.

I think we need to have some context for the discussion, and that is that community-based mental health treatment is part of a broader system of care for kids with mental health issues that includes family doctors and pediatricians and hospitals and schools. Community-based mental health treatment plays a very important role within that broader system.

But the data suggest that that system of care is not working optimally right now. We know that hospital utilization rates have risen dramatically. We know that there was a 54% increase in emergency department admissions of kids with mental health issues over the last decade and we know there was a 60% increase in inpatient hospitalizations for those kids over the last decade. We know that every day, almost 50% of pediatric beds in the province are filled with kids with mental health issues.

We know that CIHI, the Canadian Institute of Health Information, and ICES—the good ICES—well-respected government researchers, suggested that such increases could be indicative of a gap in the availability of community-based services. At the very same time, during that period of research, CMHO collected data from our member agencies that said there were thousands of kids waiting for treatment for moderate to intensive mental health treatment issues.

We believe that that system of care is not working optimally because kids can't access the treatment they need in the community when they need it.

Moving on Mental Health, as Nancy so clearly articulated, is a really important and valuable system redesign process, and it's endorsed by the community-based agencies. It's necessary. We want these changes and we're ready and willing to fully support them. But in order for these changes to take the system where we all need it to go, a number of foundational issues have to be addressed at the same time. Wait times for services in Ontario are unacceptably long and growing, so kids can wait 18 to 24 months for specialized services.

Despite the multiple activities the government has led, the true test of whether change is really making a difference is whether kids and families feel it. And I think that what we're seeing is that for kids and families on the ground, they're just not seeing the difference made. They're not getting to services that they need when they need them.

These are kids who have severe mental health issues. These aren't kids who have a mild case of anxiety; these are kids who often have suicidal thoughts and who often have tremendous negative impacts on their families. Their families are tired. They have an impact on the school system, on the youth justice system and the child welfare system if they go untreated.

The AG report itself reports wait times that really are truly unacceptable. No kid with suicidal thinking should have to wait a year for services. It just doesn't make any sense. We simply must address this issue.

We also know that demand is exceeding capacity. We know that significant gaps in sector capacity will still remain when Moving on Mental Health is at maturity and when the ministry's new practice requirements are fully met.

There are many service gaps—

The Chair (Mr. Ernie Hardeman): If I could just stop you there. Hopefully the questions we have will address the rest of your presentation, or maybe you can put some of it in your answers.

With that, we must turn it over the questions. We're going to start with the official opposition with the questions: Ms. Jones.

Ms. Sylvia Jones: So many questions; so little time. I appreciate the presentation, Ms. Matthews. I want to tap in more specifically to the 50% increase in hospitalizations in the last 10 years. What was the ministry doing prior to the auditor's releasing of that very disturbing number?

Ms. Nancy Matthews: Again, the ministry has been working with our partners in terms of, as I mentioned earlier, moving from that system of services to a service system—

Ms. Sylvia Jones: So when were you first made aware of the increasing numbers going to hospitalization?

Ms. Nancy Matthews: In terms of the increases to hospitalization, I think that we have been aware of concerns with respect to that, which is exactly why we started on the journey in terms of Moving on Mental Health.

Ms. Sylvia Jones: Did the Ministry of Health trigger you on the increases that were happening in hospitalization?

Ms. Jennifer Morris: It's Jennifer Morris, MCYS. I can't answer your question specifically except to say that we collaborate with the Ministry of Health on an ongoing basis on these issues. I can't specifically say when they triggered that discussion.

We are working with them now on tracking the emergency room numbers and those transitions out.

Ms. Sylvia Jones: Specifically, I'm looking for if there was ever communication, meetings, discussions that occurred between the Ministry of Health and MCYS that said, "Hey, our hospitalization of children with mental health issues is going up and has been going up, and we're now reaching 54%"?

Ms. Jennifer Morris: I would say in response to your question that that is an ongoing discussion at the Ministry of Health's leadership council on mental health and addictions. That is part of their work.

Ms. Sylvia Jones: So in the recommendation, part of what you're to be doing is implementing a data strategy?

Ms. Nancy Matthews: Yes.

Ms. Sylvia Jones: What is that?

Ms. Nancy Matthews: We're currently working with the Ministry of Health and Long-Term Care to, as you indicated, analyze and understand hospital rates. We are leveraging an interministerial directors' group that has been in place, and we have commissioned ICES, through an existing Ministry of Health and Long-Term Care contract, to basically analyze and review best practices and provide recommendations to the two ministries. ICES just—

Ms. Sylvia Jones: And when did that begin?

Ms. Nancy Matthews: That work is currently under way.

Ms. Sylvia Jones: When did it start? Did it start as a result of the auditor's report, I guess is what I'm trying to get at.

Ms. Rachel Kampus: Thank you for the question. Rachel Kampus, Ministry of Children and Youth Services.

The work that the deputy is referencing with the Canadian Institute for Health Information and a new InterRAI assessment and screener tool is new work, and it was actually proactive. We didn't want to wait to be able to provide better service for children and youth, even as lead agencies were established—lead agencies in communities all across the province have submitted core service plans. For the very first time, out of the community-based service, we will have a better understanding of what the service needs are, what services are being provided, and how to start to move towards understanding data so we can get to that place.

1300

Ms. Sylvia Jones: I'm specifically interested in a date. Sorry to interrupt, but we do have very limited time. I'm looking at when that co-operation between the Ministry of Health and MCYS began, specifically on the—

Ms. Rachel Kampus: From my perspective on the operations, we proactively started this work, the contract, about a year ago. But as Jennifer mentioned, through the mental health and addictions council, there is other work under way with the Ministry of Health.

The Chair (Mr. Ernie Hardeman): Mr. Yurek?

Mr. Jeff Yurek: Thanks very much, Chair. Thanks for being here. My question is to Ms. Matthews as well. As Ms. Jones had mentioned, touching on wait times—Ottawa, I believe, has an 18-month wait for services; London is nine months. You've known about this situation for a long time. I think this is a glaring report from the Auditor General that it's wrong. I heard you saying that you're on the right track. If I was a parent listening to you today, I'd be so mad. If my son broke his leg, you'd get it set the same day. If my son has a mental health issue with a fear of committing suicide, in Ottawa he'd wait 18 months. I don't find that acceptable. I'd like to know what you were doing as a ministry prior to this Auditor General's report coming out. You've dropped the ball. Our kids are suffering, which is leading into the problems we have with our adult situation with mental health. What's going on here?

Ms. Nancy Matthews: Thank you for the question. We agree that wait times are an incredibly important issue that we need to address together with the sector. Through Moving on Mental Health, which we began in 2011, we've been establishing foundations for a responsive service system and making the investments in the right places, working together with the sector.

We have been working hard in terms of setting those foundations because we believe they're absolutely essential to reduce wait times in a way that is sustainable, is accountable and is outcomes-focused.

Our emphasis is currently on supporting the creation of local service pathways through community local planning and the sharing of best practices. In addition, we've increased investment by $100 million—

Mr. Jeff Yurek: Sorry to interrupt. You're saying that you're improving access to services, but we're seeing, in the last decade, a 54% increase in emergency department visits and a 60% increase in hospitalizations. Do you actually think you're accomplishing what you're saying?

Ms. Nancy Matthews: Perhaps I could offer an example at the local level, where we know that many agencies are already monitoring wait times to assess their reasonableness and following up with adjustments to their service models. As an example in the Ottawa area, actually, the Youth Services Bureau is working to a new model known as CAPA, which basically shifts mental health service delivery away from clinicians being the experts with power to facilitators with expertise, which really is a system to work with patients and families to determine priorities for their treatment with support and expertise. They are already seeing progress in that regard with respect to the issue of wait times.

Mr. Jeff Yurek: I just heard that you're removing access to clinicians. Kim, how do you feel about that?

Ms. Kim Moran: I think wait times are a very significant issue, and I think you're asking the right questions. I'm just going to ask Cathy Paul from Kinark to have a word.

Ms. Cathy Paul: Good afternoon. Cathy Paul from Kinark Child and Family Services. We are very concerned about wait times as well. We've seen them growing. We very much support the ministry's Moving on Mental Health strategy as building the necessary foundations. Deputy Matthews has spoken about that foundational work.

Our position would be that investment in services for children and youth with mental health issues cannot wait until the foundations are built and carpeted and painted and everything else that needs to go along with that. There needs to be investment in increased capacity at the same time as we're building out a more responsive system of services.

We know that the investment of money that has gone into children's mental health for the last number of years—although it's been significant, and we welcome every bit of that investment—in fact, there's been very little of that investment that has actually gone to build the capacity of agencies to provide an increased amount of service and an increased quality of service. The investments that have come to agencies have been for an expansion of services, but in fact, what we're finding is that although those services are being expanded, we don't actually have the ability to get to more kids more quickly. So we're not actually able to drive a reduction of wait times very effectively.

We see that issue with hospital emergency rooms very clearly, because when hospital emergency rooms are ready to discharge those kids, it's us they want to discharge them to. And what we really see is that the investments that have been made have not been targeting those kids with moderate-to-severe mental health issues, which means the kids who are turning up in emergency rooms are not having capacity built in the system. We believe that that's the way forward, and we believe that ministry believes that that's the way forward. But the urgency of that issue requires us to be adding capacity to the system at the same time as we're building out the system.

Ms. Sylvia Jones: If I can turn your statement around, because I think what I heard was: While you are getting additional dollars from the ministry, it is earmarked for specific issues that don't necessarily speak to building capacity and dealing with those wait-lists.

Ms. Cathy Paul: Yes. I think our friends at the Auditor General's office were quite critical about the fact that we did what they saw as inadequate follow-up with kids who are on the wait-list. I think that's a really good example of: When you have limited resources that are shrinking over time because they're not keeping pace with inflation, our focus, in fact, must be on the kids who are right in front of us, and our ability to follow up and manage the ever-growing list of kids who are waiting—that's not where we're able to put our energy. We have to put our energy on the kids who are right in front of us. So our position is that there needs to be investment in the infrastructure of provider organizations, as well as actually expanding services directly.

Ms. Sylvia Jones: One more question and then I'll let my colleagues carry on: As a front-line provider, what do you see as an acceptable turnaround time for getting kids service? What is the magic number?

Ms. Cathy Paul: I'm not sure, respectfully, there is one magic number.

Ms. Sylvia Jones: Well, it certainly can't be 582 days, like it is in Ottawa.

Ms. Cathy Paul: I think we can all join on that issue: that that's not an acceptable number.

I think that the system of services for children with mental health issues in the province is looking at kids with fairly minor or moderate mental health issues, all the way up to kids with very, very serious acuity. I think our responsiveness to those kids needs to be commensurate with the risk and the acuity that they're experiencing.

We were talking a little bit earlier about a suicidal young person. Obviously, those kids need to get our top-line turnaround priority. In my organization, we have a service standard—which, by the way, we don't ever meet—but our service standard is that, on average, our kids should be getting service in 21 days.

Ms. Sylvia Jones: But is it fair to say that even a mild-to-moderate issue becomes critical if they're sitting on a waiting list?

Ms. Cathy Paul: Absolutely, there's a lot of evidence to suggest that that in fact happens. But Moving on Mental Health is, at least in part, about determining the

appropriate roles and responsibilities for service providers. Our position would be, and I think the ministry shares this position with us, that the role of specialized mental health providers is for kids with more significant mental health issues, that it's our family physicians, it's our schools, it's our youth hubs, perhaps, that should be dealing more directly with those kids with mild issues, and that we need to have that system built out, and I think the ministry has been doing some good work in that regard.

1310

But what hasn't happened is, the system of services for kids with moderate to severe mental health has not followed suit. When we hear about many of the investments that have been made to date, they haven't focused on that part of the service continuum. That's where we need to go next.

The Chair (Mr. Ernie Hardeman): Mr. Hillier, you have about five more minutes.

Mr. Randy Hillier: Thank you for that response, Cathy. I want to just go back to what you mentioned at the outset. You said the investment was going into an expansion of services, and this was addressing the question of wait times. I find it astonishing that we would be investing into an expansion of services if we haven't got the core responsibilities being dealt with in an adequate fashion.

If I can take it from your comments, you require greater investment in those core responsibilities, which you're not getting. But I see throughout this report a lack of data being compiled to determine what would be an adequate funding model.

My question is, has the ministry impressed upon your organization the need for data so that they can accurately determine a funding model? Have they been pushing you for greater amounts of data to have it analyzed for a funding model?

Ms. Cathy Paul: Beginning in 2014-15, the ministry introduced 13 performance measures. It's the first time in my experience with child and youth mental health that there were performance measures brought into the system.

Mr. Randy Hillier: That was 2014?

Ms. Cathy Paul: It was 2014-15 when they were introduced. That being said, I think we have yet to see any provincial data that has been aggregated from that.

We also have some concerns that some of the indicators that were being introduced are in fact not sufficient to tell the children's mental health story.

Mr. Randy Hillier: But what I understand is, a funding model has been recommended for a decade now, previous to 2014-15.

Ms. Cathy Paul: Yes.

Mr. Randy Hillier: We're just getting around to doing key performance indicators, and we still haven't figured out exactly what those key performance indicators ought to be?

Ms. Cathy Paul: I think perhaps that's not a question directed at me, but—

Mr. Randy Hillier: There is some discrepancy or discussion about what they ought to be.

Ms. Cathy Paul: Absolutely. I think on the one hand, that's not unusual. When a system introduces performance measurement for the first time, there's often a place where you start and there's a place where you end up, and they're not the same place, because you learn as you go.

I think, in terms of funding, the ministry has been doing consultation on its funding model. We haven't had a funding model at all. Prior to that, it has been historical funding. We haven't yet seen the funding model, so I'm not in a position to comment on whether the data that we're providing is in fact—

Mr. Randy Hillier: But surely if you're having difficulty meeting the core competencies—each year with our pre-budget hearings etc. and all the other mechanisms, there should be that information brought forward—and maybe it has been—that there is additional investment needed for the core responsibilities, not for the expansion of services.

What has been the response from the ministry, if that information has been brought forward?

Ms. Cathy Paul: This will probably surprise you, but I wasn't around in 1992. Since 1992, the government has invested twice in what I would call the core services: in 2003 and 2006. At that point, there were investments that were made across the board in children's mental health so that we could focus on those core services. Since that time, the investments have been to purchase specific expansions of service.

We would say that over that time, we've probably lost ground by about 55% to the costs of inflation since 1992.

Mr. Randy Hillier: And we're seeing that in our health care, in our hospitals now.

Ms. Cathy Paul: We are absolutely saying, and have said every year in our pre-budget submission, that there needs to be increased investment in community-based child and youth mental health. We said it again this year. We're optimistic that at some point, we'll be saying thank you for the investment instead of asking for the investment.

This is a plea that we've been putting forward across multiple parties and multiple governments over more than 20 years now. But the reality is—

The Chair (Mr. Ernie Hardeman): I want to say: Hold that thought; it may fit the next question. We're going to the third party: Miss Taylor.

Miss Monique Taylor: Thank you very much, Chair. I was actually going to go back to the deputy minister. In this report, the consistent theme that I found was definitely data. The lack of data is creating gaps in the system that we can't even track. We have kids waiting on the list. Do you know an actual number for kids waiting on the list? How many kids are on the wait-list today?

Ms. Nancy Matthews: There is not one number in terms of wait times and wait-lists. I think it would be fair to say that we would acknowledge that previously reported outcome and wait time data has been incomplete

and limited. It's one of the reasons that in 2014 and 2015 we introduced the 13 new performance indicators so that that would provide us with a consistent understanding in terms of the services being provided and where, and how the system is performing.

Miss Monique Taylor: This was highlighted in 2003 by the Auditor General. It took till 2014 to begin to do something. Is that what happened?

Ms. Nancy Matthews: I would not say that it took till then to begin to do something. Prior to that, there was work that had been done at a local agency level. Local agencies would collect data in terms of their own services. In addition to that, there was also data that the ministry was collecting. However, it was not system-wide or consistent, and that has been what we have introduced with the 13 performance indicators.

Miss Monique Taylor: When the ministry is accepting this information, you are doing nothing with it. Nobody is going through it to assess what it means or what these requirements should be. There are so many inconsistencies that stem from the lack of data, quite frankly, because that, to me, was the theme. Every section that I got to, it came back to data. We can't know where we're going if we don't know where we are or where we've been, right? So what is the focus on data, and when are we going to get that in place to ensure that, moving forward, we have measurements of what's going on in the system?

Ms. Nancy Matthews: I'll begin. Again, we have introduced 13 performance indicators. In addition to that, we have also introduced new program guidelines and expectations for children and youth mental health agencies, which we are actually implementing now. Through that, we believe that there will be a better understanding in terms of system-wide performance data that will be available to agencies in terms of supporting their efforts, as well as at the system level.

I'd also like to go back to your comment in terms of the importance of data and identify that, in addition to data and in the context of the system, there are a number of other oversight tools that have historically been in place through our contracting and our service management, that have also been important in terms of ensuring that the investments in children and mental health services are accountable and are meeting needs.

Miss Monique Taylor: That didn't come out clearly in the report from when they did their investigation.

Ms. Nancy Matthews: And I would like to ask ADM Kampus to comment a little bit in terms of some of the oversight work that is in place in the system.

Ms. Rachel Kampus: Thank you, Deputy. No question; we know that data has to be a focus—

Miss Monique Taylor: So are you going to tell me the plan of the data going forward?

Ms. Rachel Kampus: I am.

Miss Monique Taylor: Okay. I just want to be clear that that's what I'm looking for. I want to know what the plan is, where it's going, how much it's going to cost, when are we going to get to the place where we actually have real data coming in from all of the agencies, and, then, what are you going to do with it?

Ms. Rachel Kampus: Right. Thank you very much. Absolutely. I'll start to answer that question and then I'm going to ask my colleague Jennifer Morris to also help address—

Miss Monique Taylor: And you have to condense it.

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Ms. Rachel Kampus: I understand completely. From an operational perspective, we do collect data. We collect data on the number of clients that agencies are serving, and we look at that data to help inform funding today.

What we are building through Moving on Mental Health is a system with greater accountability and greater accountability tools but also key performance indicators so we know across Ontario who is being served, how well they are being served. Right now, data exists in individual agencies. Data comes into the ministry for the purposes of contracting, but unlike systems, perhaps like health, we need to build the foundations to do exactly what you have said.

Miss Monique Taylor: So is there a plan?

Ms. Rachel Kampus: Yes, there is a plan. There absolutely is a plan. There's actually a plan—

Miss Monique Taylor: Is there a program?

Ms. Rachel Kampus: A program for—could you help me understand—

Miss Monique Taylor: Data has to be consistent. If it's coming in in different forms, then it makes no sense at all. So is there a program that you're planning on implementing that will go right across the entire system?

Ms. Rachel Kampus: There is, and just before I turn it over, I do want to say that our lead agencies are completely with us on that. We actually have a table together on data collection and performance indicators. We agree that the key ones that have been set might not be all of the key performance indicators that are required to drive system change and to drive service change going forward. That's why we're in a room together and that's what we're figuring out together. So we agree: data.

I'll turn it over to Jennifer to speak a little bit about the work that is under way to take us in the direction of key performance indicators.

Ms. Jennifer Morris: If I could just add a couple of things to what my colleagues have already offered: You've hit the nail on the head in terms of those definitions, the clarity of the definitions around the data. There was a significant amount of work with this sector to make sure that we were all talking about the same things, whether that's the definition of core services or the definition of the data that we're collecting to measure our performance against those core services. That was a significant piece of the work.

We know that the 13 performance indicators that are in place now are an interim step. We are working very hard on a technology solution that will pull that data from client information systems in a consistent way across all of our core service providers. There are almost 200 core service providers in Ontario, so it's a significant

undertaking. But the foundation needs to be built and it needs to be well understood so that we are collecting data that we can validate and that we can use both for systems oversight but that our service providers can use for system service delivery as well.

Miss Monique Taylor: We know that the funding is definitely underfunded for the sector, yet the report tells us that it's based on historical. So how are we basing the funding on historical when we don't even know what is happening in the sector?

Ms. Jennifer Morris: Yes. The funding of services in the system has evolved historically. There has not been a funding model in the child and youth mental health system—

Miss Monique Taylor: But there's one coming, right?

Ms. Jennifer Morris: There is one coming, and that will be based on measures of need for our children's mental health services. It's in the final stages of approval now. It will be based, in the short term, on demographic indicators for child and youth mental health service need. Over time, as that service data becomes more robust, becomes more useful to us and expands over time—as Cathy has mentioned, this is the first step in terms of the data we're collecting on performance indicators. It's not the end state. It will grow over time, and that data will also become part of the funding model over time.

Miss Monique Taylor: A concern that I've seen in the report also was that the indigenous agencies would not be included in that new funding model. What is the plan for them, and where is that going to evolve?

Ms. Jennifer Morris: Perhaps I can speak to that. Our indigenous service providers have asked to maintain their relationship directly with the ministry. So their funding relationship is directly to the ministry, not through the lead agency. We are working with them on an indigenous-specific funding approach. There may be different factors that are more useful and more culturally appropriate for indigenous communities, so there's a separate process to work with them on that.

Miss Monique Taylor: Okay. Lead agencies: We're at 31 out of 33. When are the next two coming and why is there a holdup on that?

Ms. Jennifer Morris: The two that are outstanding—one in Niagara and one in Cochrane-Timiskaming—both have unique circumstances that required more work in the community to develop the capacity of the local agencies to take on that role.

We have continued to invest in community planning tables in those communities to keep the work going and we expect in both of those communities that lead agencies will be named in the coming months.

Miss Monique Taylor: I want to go back to a comment about youth in crisis and the measures that are put in place, that there is online help, there is the Kids Help Phone. When a youth is in crisis, do you think that's where they're going? When they're getting to this point, is the kid honestly—I'm sure there are lots of numbers, data numbers, I would hope, of how many calls are taken and how many children are accessing those services. But it's got to be an extreme, or the kid has to have been to an organization to know to get those numbers, to know to call them. How is it that we have kids waiting for services for this many days?

We know that suicides are high. There's the prime example of Chazz Petrella being sent home from an emergency room—how many times?—to his own demise. How is that happening in Ontario? How are we not addressing that? How are we not moving quicker to ensure that we have things in place and that we have proper funding in place to make sure that these providers can provide that service?

Ms. Nancy Matthews: Certainly we would agree that the death of any child is tragic. Youth suicide does require a whole-of-government approach. We are strengthening the community-based responses to youth in crisis through things such as life promotion and suicide prevention initiatives that I mentioned a little bit earlier, in addition to some of the tools that I also referenced. We're also very aware—

Miss Monique Taylor: But those are the same tools. They already have to be going to those agencies to get those kinds of tools, and then they're being sent home. Parents are taking them to emergency rooms. We see our hospital use being increased, and then they're still being sent home, and we've seen what's happening. All of these tools are great, but we need to be doing something else in ensuring they're actually getting services, that there are beds available, that there are real options.

Ms. Nancy Matthews: Yes. We would agree, and this is where we see it has been so important in terms of our lead agencies, the work that they are doing in terms of the service planning in communities to develop service plans, to develop the pathways so that, to your point, children and youth are able to get the services they need when they need them.

That is why we feel it is so important, and have worked hard to ensure that those foundations are in place, that we are establishing the core services, putting expectations into the system with respect to that, and working with our agencies and partners in terms of the service models that will ensure that children and youth are getting the services they need when they need them.

Miss Monique Taylor: We had audits in 2003 and 2008 that still have matters outstanding, so how quickly are we moving?

We do this work for a reason: to ensure that we're moving forward and that we do have a system that works for families. Quite frankly, I agree with my colleague who was sitting next to me, that if parents were hearing that we are moving and that we're doing things and the world is becoming a wonderful place, they would be losing their minds right now, because they're struggling. They're waking up every single day wondering how they're going to get through that day and how they're going to manage their child, because they have nobody else that is available to do it. They're sitting at home taking care of kids that they have no idea how to deal with. Then we have a ministry that says, "We're moving ahead. We're getting things done." I have to disagree.

Ms. Nancy Matthews: I would also say that in addition to the system changes that are being made, there are interventions and, as I mentioned before, investments.

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We are committed to working with our agencies and with our partners as we're moving forward with this to understand, as transformation occurs, where there may be gaps, what that might look like and to continue to work forward. We are absolutely committed to looking on the ground, understanding what the needs are in communities, and working together to make that better for kids and families.

Miss Monique Taylor: Something else that stood out to me quite a bit in this report was the lack of direction from the ministry to the organizations about the tools that need to be used: the assessment tools, the timelines—I mean, give them a plan. Come up with a plan. Give it to all of them across the board so that everybody knows what they're supposed to be doing.

That is something that I found to be glaring in here: the inconsistency right across the entire sector, whether it came to transition plans, assessments, no timelines for reviews, no monitoring of wait time and impacts. It just goes on and on and on, the inconsistencies across the sector. We have 400 agencies out there, and nobody has a clear plan or direction from your ministry of how to move forward. I think we need to get to basics, start at the ground, making sure all of these providers understand what is expected from them.

Ms. Nancy Matthews: We would agree with you. The plan is moving on mental health. This is why it's been so important to establish lead agencies in communities to work with the various agency partners that are providing services: to understand what services need to be provided and are best provided in those local communities; to coordinate those services; to work with other sectors at a local, on-the-ground level; and to introduce the kinds of performance indicators and the program guideline expectations so that everybody is understanding in a consistent way what is important and what the expectations are from the ministry. I would say that while we are doing that, and in addition to doing that, we are also paying attention to what is going on on the ground.

I would like to briefly turn it over to Rachel to speak to some of specific programs that we have been working on to ensure that children and youth are receiving service on the ground, right now.

Miss Monique Taylor: Okay. We have about one minute for you to do that, or under would be better.

Ms. Rachel Kampus: Okay, I understand. Thank you. A few examples of what our lead agencies have already accomplished in the very short time that they have been in place: For example, our lead agency in Norfolk, REACH, increased counselling and therapy services and reduced wait-lists by up to 40%. There are five talk-in mental health clinics in Middlesex county and seven similar clinics in London.

We are improving the system, even as we go to collect better data to have our lead agencies study across the province what services are being provided but, as was mentioned today, also what services are actually needed, so we can realign our funding, our agency efforts on the ground to get to those wait-lists.

I could tell you many more. Towards the western part of our province, the Front Door program opened on Saturdays because they heard from families that they needed service on a Saturday. Families are busy. It's helping an extra 40 children per week.

Miss Monique Taylor: But if I may be respectful on that, it's personal organizations that are doing that work. That's not ministry-pushed.

Ms. Rachel Kampus: No, no.

Miss Monique Taylor: Do you know what I mean? That is organizations in our community that know the needs, that take it upon themselves to go over and above. If it wasn't for the people that work in our sector, in our system, we would really be in big trouble. If we left it to the ministry to deal with, we would have nothing. We see that when it comes to the funding and the lack of funding that's in this system. These people go over and above every single day and somehow make it work.

I'm going to have to, unfortunately, cut it off there because I would like to hear the rest of the submission from Kim. Thank you.

The Chair (Mr. Ernie Hardeman): Well, that's going to have to be in the next round because your time is expired on that one. With this, we'll turn over to the government side. Mr. Fraser?

Mr. John Fraser: Thank you very much for being here today. I want to say a couple of things because I do want to respond to my colleague across the way. The people who work in this sector are critical to the functioning of the sector. These are real community challenges—they're community challenges—and in every community there are different capacities.

I do a lot of work in palliative and end-of-life care. That's the response: The communities had to have a community-based initiative, a community-based response to the needs that exist in the communities, that identifies the capacities and how people can work together collaboratively. We need some benchmarking and baselining and consistent procedures and ways of measuring things.

An editorial comment: I think it's critical that we need to make sure that communities can adapt and use their capacities. I'm going to give a couple of examples of that, and then I have a few questions around where the ministry is going forward.

In Ottawa, where I come from—the member from Nepean–Carleton would be familiar with this, and so would you, because you are funders—there is the Community Suicide Prevention Network. I think it was in 2010 that it came out of the leadership of Allan Hubley, whose son Jamie tragically lost his life. It's a great example of a community response to what was needed.

Four partners put together an annual sum of money, which is still going on right now. It was a three-year commitment at the time, and it has been going for seven years. I think they probably have about 80 organizations

that come together. They have peer networks in schools. They have really expanded beyond; the community partners are now contributing into their own resources. They found a way to share and collaborate, and it's something that all of us in Ottawa are very proud of. That's an example of people in this sector deciding to work together.

The real challenge is, how do you create that? You have to create that at the local level, and I think—I hope—that that's the work of the lead agencies.

I'm not sure whether you fund it or not, but we have something called the Bridges proposal, which is CHEO. I'm sure you're aware of this, but for my colleagues: If you have a hospitalization, an intense need—what was happening was that a young person would be in the hospital and then they would be out into the community, and it would be like falling off a cliff. So the partners, similar to suicide prevention—Ottawa Public Health, the Ministry of Health, the Ministry of Children and Youth Services, CHEO, the Royal Ottawa—another example of how things work.

We have as well—and I'm going to put a plug in for this, because I would like you to take a look at it—something called Project STEP, which is a program that provides addictions counselling and treatment in every high school and in some middle schools in Ottawa.

Again, it's a partnership of three partners now. It was four partners before; one of the partners, the federal government, fell off. But it's still going. It's very critical, and it's yielding results. When you create these networks, it helps you to build capacity, because you can add to those networks.

My question directly is, just in terms of moving forward, and given the context I'm putting the question in: How do you actually foster that local solution? How is moving on mental health going to create that building of capacity, based on communities' capacities?

Ms. Nancy Matthews: Thank you for the question. I would say that lead agencies are absolutely central and critical to that role.

At full implementation, we're looking to lead agencies to provide that kind of leadership at the service-area level, to lead that kind of service planning, service delivery and program alignment, working with the core service providers and the other community partners across the community in terms of ensuring and keeping track of the progress that is being made and developing the kinds of reporting and monitoring that will then help to support some of the service allocation decisions, as an example, and identify some of the priorities for the local work in terms of planning and improving the service pathways for children and families.

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In addition to that—and it's really to your point, in terms of ensuring that within that suite of services and the definition of core services that has been provided really is a framework definition, because the interest is not prescribing exactly what the service looks like but to give the framework of expectation for the consistency of services that needs to be available, and then the lead agencies, being able to move from that point working in communities at the local level, to actually tailor the kinds of service responses specific to the needs that are in communities.

Mr. John Fraser: The funding model that you're talking about, just to flip over to that for a second: I take it that it's a funding model that is an outcomes-based model?

Ms. Nancy Matthews: Yes. The funding model, as ADM Morris indicated, is going to be a model that is focusing on community needs and an understanding of what community needs looks like, and indicators that are related to that.

Mr. John Fraser: Did you want to add anything?

Ms. Jennifer Morris: I would say, just in addition, that these will be data that is validated and available through Stats Canada. It will include probable indicators, certainly child and youth population—that's a driver for the need for mental health services. But we also know that there are other indicators: lone-parent families, income levels. These have all been determined through research to be indicators of need for mental health services. Over time, and when the data we were receiving from our service providers becomes, as I said, more fulsome and useful, our expectation is that that service data will also form part of the funding model.

Mr. John Fraser: That's great. How much time do I have left?

The Chair (Mr. Ernie Hardeman): You have about 14 minutes.

Mr. John Fraser: Perfect. Well, you're all here, so it's an opportunity to ask some questions. One of the things—and we've heard it and when we take a look—is that it's not just in the sector of children's mental health, but transitions and pathways. This is a thing that confounds me, when I look across the sector. I don't think it's just solely—it's our responsibility as government and governance to try and make sure that it happens. When I was 15, I was employed in the grocery business, and the first thing I learned was, if someone asks you where the peas are, you take them to the peas. You walk over there and you make sure they get there. You make sure that they are served.

The challenge in our system is, a lot of the times we go: "The peas are over there, " or, "I've called this person over here." So I think that that ethos of making sure people get from one place to the next—just that they get there, and that someone knows that they're there, and that it's acknowledged, is a really critical part of the system. We've been lucky in Ottawa; we found an ability to help people navigate. Even though we've done that, it's still a challenge getting all the providers, whether they be an organization or an individual provider, to make sure that that happens. I'll formulate it into a question: What do you think the ministry can do about that?

Ms. Nancy Matthews: I think that that's part of, again, the framework that we're putting in place through the definition of core services, but also processes that are

related to that. The processes really speak to those issues in terms of pathways, engaging families, and making sure people are aware of the services. We're really looking to our lead agencies to play a leadership role in terms of pulling the various sector partners together, because we know that people access services in many different ways and they will continue to access services in many different ways. It's really incumbent on the service providers and on that local service system to find that that navigation is simple for families so that it's not the families that are having to do the navigation. That's really where we're trying to put the expectations, through identifying core services, identifying those processes, and holding lead agencies accountable, working with their community partners to, in fact, ensure that those pathways are clearly understood, and that children and families and the other providers know what they look like as well.

Mr. John Fraser: I think it's a really good thing that the ministry is going to put that there. I will say, though, that often in this situation people say, "I don't have time to do that," in whatever situation you're in, whether you're 15 years old in the grocery store or you're a practitioner who's saying, "I don't have time to do that." I don't buy that argument. I think the thing is, if you're going to do something, do it well, and the tough part will be making that—it's a culture change; it's an individual personal culture change.

Ms. Nancy Matthews: And I would say that that's where the introduction of the guidelines, setting the expectations, but working collaboratively with our partners to set those expectations, so that everybody understands them in a consistent kind of way; and then, through accountability, through our performance indicators, through our tracking, monitoring how that is going and ensuring that that is part of our accountability framework on a go-forward basis.

Ms. Rachel Kampus: Thank you for bringing up the example in your riding. We've seen another exciting example of the hospital-based system coming together with the community-based system in the recent announcement of the Hospital for Sick Children integrating with the Hincks-Dellcrest children and youth mental health agency. We are hearing from the community, from agencies and from families the need for something in between community and hospital emergency, which we've already heard about—a step-down service. That's why data is just as much of interest to us as it is to you and as it is to our agencies, so that we can understand where we need more examples of that. Lead agencies have done a lot of hard work, I would say, with over 400 agencies today, by having 33 lead agencies; and they're bringing together a core service plan. They will know, whether in Pickering or Pickle Lake, if there's more of this needed or less of that needed. That's the journey that we're on.

To make things a little bit better for families and easier for families in the meantime, again, an example of the impact lead agencies are having: In Toronto, rather than parents having to go online, pick up a phone book and call five to 15—two agencies is probably too many when you're stressed and you want services for your kids—there's a single point of access, one number for families in Toronto to call, and someone else will take care of the rest for them. I'm not sure if any of our agencies here in the room today might want to speak to you about the work that they're doing, or Kim.

But just as I'm wrapping up, another example of how we're trying to make things easier through our agencies in the short term: In 2015, we launched a directory in partnership with the Ministry of Health and Long-Term Care called Health Care Options where over 1,500 programs and direct services to children and youth are all available in one place. We know we have to make it easier for families. We know we have to make quicker access to services a priority—we are, and our agencies are. It's taken longer than any of us would have liked to do that, but we're absolutely committed. We're committed to do it. We're committed to protect the integrity of the community-based system, because they do know what is best, but we have to build those pathways and make it simpler. We're committed to doing that. I'm not sure, Kim, if you or anyone else—

Ms. Kim Moran: Yes, I'd be happy to. I think you made some important points and identified some of the issues. The Bridges model is one that you mentioned. You said that for kids who are being discharged from hospital it's like falling off a cliff. The Bridges model is certainly one area where we've seen really great outcomes coming from that.

I would say, though, that we're trying to send the message that falling off of the cliff is happening all over the province, and that's what needs to be addressed. The foundational pieces that are happening with Moving on Mental Health are absolutely critical. The work the ministry is doing on data, on transitions, on navigation, on lead agencies: We very much support all of that; it's of crucial importance.

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But at the same time, we have to address these critical capacity gaps that we have. We can't have kids falling off a cliff. These are real kids' lives, and we have to provide those services.

I think Rachel—sorry. ADM Kampus said they're hearing from families that there's a critical gap between hospitals and emergency. We've been saying for a long time that we need to have the service gap filled; that kids with moderate-to-severe mental health issues are waiting too long; and that we don't have the right specialized services for them.

We really believe that in tandem or in parallel with the good work the ministry is doing on Moving on Mental Health, we have to address these significant capacity gaps in the sector.

Mr. John Fraser: Yes. I'll just be one second.

Mrs. Cristina Martins: Yes.

Mr. John Fraser: I agree with you. I just want to repeat this, and this is a challenge. I'm just going to

yield; it's not a question. In order for those things to happen, organizations have to give up some organizational integrity and territory, and sometimes resources, saying, "I'm going to shift some resources over here."

There's no question that we need new resources, but when we look at the capacities, it's what is important to us right now, what is the most critical thing, and how we can work together.

I've seen it work, but it takes government, and it takes agencies to say, "We've got to do this. I'm willing to collaborate and maybe give up some things that I would not otherwise want to."

Anyway, I'll yield to my colleague here.

Mrs. Cristina Martins: It's a pleasure to contribute to this afternoon's discussion here. My ears perked when I heard "CIHI"; it just took me back to my days in pharma and working in health economics. It's a term I hadn't heard for some time, especially not in this place.

First of all, I just wanted to start off by acknowledging the service providers that we do have in this particular area. The community partners play a very, very important role in servicing the youth and children with mental health issues. I just wanted to acknowledge the families that play an extremely important role.

In my time in pharma, one of the areas that I did work in was mental health, mainly in adults. I know, having worked in pharma, that data is very important, so I'm very glad that we're looking at data and that we are trying to establish clear definitions and guidelines. The pharmaceutical industry is an industry that's extremely regulated, so I'm glad to see that we're bringing that here. This would ensure consistency in the services that we are providing.

Just to speak on a point here, right from the background sheet on the presentation, it says hospital emergency room visits by children and youth, and their inpatient hospitalizations, for mental health problems have increased more than 50% since 2008-09.

Having worked in this area for some time—and recognizing the stigma that is around mental health, and that we have worked as a society, as an industry and as government to destigmatize mental health and provide families and care providers with the tools necessary to recognize mental health—can you speak to, or do you agree that perhaps in the increase that we're seeing in hospitalizations, one of the key factors is that more families are accepting of the fact that their child is experiencing a mental health episode, or that we're destigmatizing mental health, that we're actually recognizing it better, hence the increase in the hospitalizations?

Ms. Kim Moran: Is that for me?

Mrs. Cristina Martins: Whoever wants to respond. You all work in the sector.

Ms. Kim Moran: I don't think there's any hard data to suggest that, but I do think there's lots of anecdotal data that says that far more people are seeking service. We're certainly seeing that our agencies have reported demand increases of over 10% every year for a number of years. That's why I think we're so concerned. We're not able to keep up with those increases in demand when our funding hasn't increased.

When you're trying to serve many more kids, and your base is actually eroding—I think Cathy spoke to the fact that services for kids with moderate-to-severe mental health issues have actually eroded by about 40% over the last 20 years. Those are the kids we're not seeing. So we're getting a lot more in the door and we're not able to serve them. I think most people could get that that means you get much longer wait times.

I think what you've actually articulated very well is that decreasing stigma has really propelled demand for services, and at the same time in the hospital sector, they're seeing those kids come into hospital because they can't get the services they need in the community. It makes a whole lot more sense to get kids the services they need, when they need them, in a very quick way. MPP Jones asked what is quick, and I think it has to be measured based on acuity and risk, but the way we're sitting now, with up to 18 months for treatment—we all know that that doesn't make any sense now.

What we're saying is, services have to expand to meet the increased demand that we think is a result of, in part, stigma, and we need to get to those kids.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. I didn't want to stop the same person twice.

Ms. Kim Moran: Thank you.

The Chair (Mr. Ernie Hardeman): With that, in the next rotation it will be 16 minutes for each caucus, and we'll start with Ms. MacLeod.

Ms. Lisa MacLeod: Welcome to all of you. I have one question, and it's going to be a bit lengthy, but I hope we can get an answer. It's about wait times, and I will be remiss to say I would like to have you all back to talk to the agencies, but today it's more broad and it's about wait times.

The member from Ottawa South mentioned that in Ottawa we created a suicide prevention plan—I was very proud to be part of that—and we created a road map so parents would know where to take their children. I believe we need to do that on a number of different things. If your child is depressed, has anxiety, schizophrenia or opioid addiction, that still exposes some of the gaps. An even bigger gap is that it's happening only in Ottawa, and when my colleague from southwestern Ontario saw a rash of suicides in his constituency, they didn't have access to the same thing. I think that's a real challenge that the ministry needs to address. I also think that we need to start talking about this province-wide.

I want you to address that point on the road maps, but I also want to talk about wait times. If I can go right now on a website to find out how long it will take, in each hospital in Ontario, for my hip or my knee replacement, I'll be able to do that. I just found out that at CHEO, which is our local hospital at home for children, if I want to find out what my wait time would be to take my child in for asthma, I would find that out.

Why, in the province of Ontario, 15 years later after we heard from the first auditor's report, are we not able to find out what an acceptable wait time would be for depression, anxiety, schizophrenia, for someone who may be bipolar? That seems to me as something that you would have started right away.

I'm sorry; I experienced head hurt myself, so I happen to take this very seriously, and I'm just hoping that the ministry can tell me why in southwestern Ontario they don't have access to a suicide prevention plan or other plan that lays out of a road map and, secondly, why we don't have those wait times listed.

Ms. Jennifer Morris: Thank you for the question. I'm happy to take part of the question around the suicide prevention plan. The ministry has made some specific targeted investments across Ontario to support communities to do exactly that. There are a number of communities with suicide prevention plans, protocols in place between service providers, tables that have been set with community agencies—

Ms. Lisa MacLeod: The only problem is, parents don't know about it. In Ottawa we had to launch a very aggressive awareness campaign. We went into schools with an actual road map, and it bothers me when I see that that's not happening—by the way, if there's somebody from Thunder Bay here, you were a real inspiration to our suicide prevention plan in Ottawa. I'm sorry to interrupt.

Ms. Jennifer Morris: No, no, it's fine.

The Chair (Mr. Ernie Hardeman): Can we get back to the answer to the question?

Ms. Lisa MacLeod: Yes. Sorry. I interrupt a lot.

The Chair (Mr. Ernie Hardeman): Thank you very much.

Ms. Jennifer Morris: But I think the point you're making is a good one, which is that this can't be just a point in time. This is work that has to be ongoing. Those tables have to be supported in an ongoing way. Those tables have done some really interesting work across Ontario, whether it's exactly as you've described, that road map to service or specific training that's required for local service providers so that they can identify the signs and symptoms faster, that they can triage better. Youth peer support workers have been trained to be gatekeepers to again be able to identify when they see their peers struggling and may need support.

Communities have defined that in their own way, and in indigenous communities as well, they have defined that in their own way, how they want to invest those resources. We're building on that work, particularly in First Nations communities with the investments through the government's response to the Truth and Reconciliation Commission and the indigenous health action plan, which really are activating some of those community plans by investing in community-based prevention programming, mobile prevention response, and more community health work and mental health workers on the ground. Again, those communities have defined for themselves and for us what is needed in those communities, based on that suicide prevention work. So I just wanted to comment on that.

1400

Ms. Lisa MacLeod: And the wait-lists?

Ms. Nancy Matthews: In terms of the wait-lists, again I would say that we recognize that there is more work to be done. As I indicated before, historically, wait times have been captured locally by agencies relative to their own organizations and their own service models. This is why we are investing and why we have brought into place system-wide indicators so that there is some consistency of understanding. It's why we've introduced the core services and the processes so that, again, there is consistency across the province, and we're working in terms of improving the capture and the accessibility of that data at a system-wide level and to make it available locally. That is the work that we're currently working with our partners on so that we can, in fact, answer those questions, both at a local and at a system level, in a consistent way.

The Chair (Mr. Ernie Hardeman): Mr. Hillier.

Mr. Randy Hillier: Thank you, Chair. Just a few questions for Nancy. What I've been hearing today and in reviewing the Auditor General's report, it's come to this: We have a distributed form of administration and implementation with 400 agencies. That's really the only effective model so that we can deliver quality services that we have in the province. But for that distributive model to work effectively, the ministry has to actually listen to what the agencies are needing and requiring.

The ministry also has to collect, examine and analyze the data, but it doesn't appear to be doing so. It doesn't appear to be listening very well to the agencies. It's more of a top-down action that I'm hearing, these new programs, Moving on Mental Health and whatnot. What we heard from the agencies: an expansion of services, but a diminishment of being able to provide core services. The ministry does have a responsibility to actually manage and listen.

When I take a look at—and I've heard that you're working on this, but if you look at figure 2 out of the Auditor General's report and the types of services and the number of days waiting for services, it keeps getting worse from every measure.

I know that there was a sampling of only four agencies out of the 400, but there is a sampling, and it's getting worse. Intensive treatment: 353 days in 2015 for this one agency, where the year before it was 127. That is unacceptable. We go through that. Even the "Brief Services" agency 1 moved from 78 days to 287 days. This is hardly being worked on, by any measure.

The ministry has been aware of this. We've seen the Auditor General's reports for many years. If you're working on it, you're not being effective. If you're working on it, you're not doing a good job. If that's the outcome of working on it—that we get longer wait times—and I would really say that that's what I'm seeing: that we've had this distributive model but it's thrown out the door with the ministry. The core services are being

dismissed with an expansion of services. I would like the deputy minister to respond to this. How can you tell this committee that you're working on things when each year it gets worse?

Ms. Nancy Matthews: I would say a couple of things. It is true that the system of services that has existed historically, in terms of providing children and youth mental health through the community-based system, was basically historically developed. I would also say that there have been clear investments in this system over the years. There is currently an investment of $440 million in terms of that children and youth mental health system.

In terms of Moving on Mental Health, the interest has been and the commitment has been to understand, in a much more consistent way, what services are being provided in communities consistently in a way that we can provide confidence and clarity to children and families that require those services, where they can go in their communities to get those services, what core services—which is a very recent introduction through Moving on Mental Health. Yes, there have been community-based agencies, but the introduction of the core services is very recent in terms of that; and then the introduction of the new tools in terms of accountability and measures so that we can understand, in a very consistent kind of way, what things like wait times do look like from community to community to community across Ontario, so that we can target our resources and introduce a new funding model to understand a more equitable distribution of resources across the province, based on need.

I would also say that Moving on Mental Health and the way that the ministry has moved forward with that initiative has been very much working and listening to children, youth and families across the province, and seeking their input. I believe, as I mentioned earlier, it was through the input of families and youth that we sought specifically around things like the program guidelines. We continue to work with our agency partners in terms of putting these building blocks in place.

Mr. Randy Hillier: But we've doing children's mental health for a period of time. We ought to be able to understand it by now. We should have a good understanding. What we need to do is have an actual delivery of improved services.

Certainly, I take some surprise at working to understand this. We have 400 community agencies. I speak to a lot in my riding. There is a very strong understanding with those agencies of what needs to be done. It appears to me that where there is a misunderstanding or a lack of understanding, it is maybe more at the ministry level than at our agency level. We best start working with our agencies in the form that it was meant to be; and that is a distributive model, where the ministry listens and acts upon the advice that they hear and not be top-down, but also be effective managers and actually understand, take a look, and not wait for the Auditor General to come out with a report to say that our wait times are getting worse each year.

We don't need the Auditor General to do that basic information. That's the ministry's job. It should be compiling that, understanding it and saying, "This is unacceptable and we're not going to let it happen any longer."

1410

The Chair (Mr. Ernie Hardeman): Thank you very much. That does conclude their time, so you can avoid that answer.

To the third party: Miss Taylor.

Miss Monique Taylor: There are a few different places where I want to go to this time, but I want to start with the breakdown of stigma, and the great work that was done by so many people across the board, breaking that down and making it okay for people to have mental health issues, and to recognize them and accept them and to try to work towards them.

I'm sure the government also put money into that process. In creating education for people, I'm sure there was funding that was put in towards that. But when you did that and you helped people understand that they had issues—and now they want to fix their issues—was there funding put in at the same time to increase the service levels for the bump of people who now needed more services than previously?

Ms. Nancy Matthews: Yes, there was, and that actually speaks to the almost $100 million in targeted investment that came into the system during that period of time for things such as providing more funding to school-based settings for school mental health leaders, mental health leaders in schools; for introducing nurse practitioners for pediatric and adult eating disorders; and for additional mental health workers. There were 175 additional mental health workers in schools, to provide kids with support, to address their mental health needs, and in addition to that, about 80 additional indigenous mental health workers—again, in a targeted approach.

Miss Monique Taylor: At the same time, hospital rates have gone up by 54%, right? Somewhere, there is a disconnect. All of that proactive work has to be done in our communities, and we need all of these supports in our school systems—which is a whole different conversation, as you can imagine—but we're still failing.

I believe it was asked earlier if the Ministry of Health had recognized this 54% increase and if they had notified anybody, saying that this was happening. I'm wondering, quite frankly: Do you know how much that cost is on our health care system, to the hospital system, of this increased children's mental health? Do you know how much that costs?

Ms. Nancy Matthews: I do not have that figure in terms of the cost to the hospital system. However, what I can say is that during that period of time and as part of that investment, an additional increase was $99 million in terms of annualized funding for mental health workers that included 260 community-based workers and agencies.

Again, what I would say in terms of the issue of wait times, which is what I have said before, is that part of

what we are looking to do is to ensure that people are aware of where the pathways to services are in their communities, so that they know how to access the additional community-based workers that are in the community-based sector, and that pathways to care—

Miss Monique Taylor: Do you mean those overworked, underpaid workers who are in the sector, right? It's a problem. You can say that all this is happening, but we know that it's broken. We know that it's broken.

Are you looking at it from a family's point of view, a real family's point of view, that's in crisis, that doesn't want to hear you saying, "We're working on it; we've been doing all of this"? Do you know what I mean?

Ms. Nancy Matthews: Yes, absolutely. Absolutely.

Miss Monique Taylor: Are you putting that lens on and saying, "Okay, how is this still broken? How are our workers underfunded and overworked? How are our agencies barely able to keep the lights on without cutting services on the ground?"

How are you working with the agencies to make sure that they're getting what they need? Because they know what they need. I'm sure Kim is very vocal in telling you exactly what the agencies need in this province, to ensure that our families are getting those services. How are you working with her to ensure that that's happening?

Ms. Nancy Matthews: Moving on Mental Health fundamentally is focusing on establishing capacity and supporting the local planning of services. I would say that at the ministry we very much realize, appreciate and value the important role, and understand the critical role, of the children and youth mental health sector and the community-based centre in terms of that.

This is why, in the Moving on Mental Health strategy, we are looking to, and have introduced, the lead agencies and the work around the local planning processes, the expectations in terms of service pathways, and are supporting the development of those things, so that on the ground, as it relates to the real circumstances that children, youth and families face, there is a local response that is coordinated and managed at the local level through the lead agencies and held accountable to the ministry through our performance indicators, through our program expectations and through our accountability to this.

Miss Monique Taylor: So when CMHO comes to you and they put in their budget proposals, how do you respond to them? Are you giving them what they need?

Ms. Nancy Matthews: In terms of—

Miss Monique Taylor: Are you fighting to get them what they need? That's the question. We need you to fight to get them what they need.

Ms. Nancy Matthews: We work very collaboratively with CMHO. We have a very good relationship and are very respectful of our service delivery partners, and always have an open ear to them, to want to understand the challenges that they're facing on the ground, to understand the pressures that they may have in that regard. It's why we're investing in the system in the way that we are. It's why we continue to look to targeted investments. It's why we're also working on a new funding model in co-operation with them, so that we can all understand that need for resources in a consistent way.

Miss Monique Taylor: I just want to quote quickly, just from where my eye is, and then I'm going to ask Kim if she could finish off what she had to say.

This is where my eye hit right away: "The response by MCYS to the" Auditor General's "audit of children's mental health centres does not address the core issue of a lack of funding to meet the demand and services required." Right away, it's right there, clear as day.

If we're ever going to get this right, we have to start listening to the providers and make sure that they get what they need. They're on the ground every single day, and they know what they need. They know what it takes to keep the lights on and to make sure that our kids are getting the services they need.

How much time do I have left, Chair?

The Chair (Mr. Ernie Hardeman): About—oh, I'm using it all up here. About—

Miss Monique Taylor: Twenty minutes?

The Chair (Mr. Ernie Hardeman): —six minutes.

Miss Monique Taylor: Kim, I'll turn the floor over to you for a bit.

Ms. Kim Moran: Thanks very much. I think that you've made a couple of important points, and I want to give one of my colleagues a moment to speak.

I just wanted to build on this: It's very critically important that the work is done to make people aware of the pathways to service; no one can suggest that that isn't. The problem, though, is that they can be made aware of pathways and they know where to go, but there aren't services at the end of it. Something that we're trying to highlight as the issue here is that we need to direct people to the right services—absolutely; not a question—but there have to be services there for them to access, once we direct them.

I'm just going to turn it over to Diane from Thunder Bay. She was referenced and not given a chance to speak.

Ms. Diane Walker: About what?

Miss Monique Taylor: Tell us what you need, Diane. Tell me what you need.

Ms. Diane Walker: I'm Diane Walker and I'm from Children's Centre Thunder Bay. I really agree, in part, with the ministry that Moving on Mental Health has the real potential to change things. I really want to work collaboratively. I am a lead agency. I believe in it and I love doing it and I love creating systems that work for kids.

1420

Here's the truth: I'm going broke. I'm not trying to be dramatic. I'm not trying to be difficult. I'm not trying to throw the ministry under the bus. My agency is closing programs because, although there have been investments in children's mental health—and they've been important ones—they aren't investments in the core, core services we deliver. I believe in those services so, so much. I want to work collaboratively with the ministry. I want to work collaboratively with my communities to help kids get better.

I'm just saying it really shortly—because I'm really good at saying it short and in good time—but I really believe that we need investments. The $100 million went to important things, but it didn't all go to delivering core services: core treatment and counselling services for kids with trauma, kids that have bipolar or schizophrenia—those really difficult kids, those kids that cost $600, $1,000 a day, but they cost $2,000 in a hospital.

I think what I really want to say is that we really do want to work collaboratively, we really do need some core funding investments, and we really do need a quality strategy—a strategy that helps us work together with the ministry.

I'm not blaming the ministry; it's been 20 years. I'm just saying that we need both: We need a great Moving on Mental Health strategy and we need core investments in our resources. I do have wait-lists, and my wait-lists are growing. And because we invested in some of the things the auditor expected me to do, I have to do fewer treatment services. I lost a half-FTE doing wait-list management. So just tell me what to do, but I can't provide the treatment services that I need to if I don't have the core funding investments in our services.

That's what I would have to say. I don't know if someone else has something to say.

Miss Monique Taylor: Thank you, Diane. I'm sure you're not alone.

If anybody does want a minute, please do so. I welcome you. This is the time.

Ms. Cathy Paul: Cathy Paul from Kinark Child and Family Services. I feel like I'm in a self-help group, because I too am a lead agency and I'm here to admit that—and also very pleased to admit that.

My agency is a lead agency, actually, in three service areas. We very much anticipate, with the introduction of a funding model, that some of the envelope of funding is going to get redistributed across the province in a way that will be tremendously helpful in two of my three service areas, and in a way that's potentially quite detrimental in one of my service areas, where the population is going down, and in two, where the population is going up.

As a lead agency, the role that a lead agency can play in terms of working closely with funded core service providers and also broader mental health providers is very critical. Every year—and right now, as we're coming to the end of the fiscal year, we're all producing two key reports that will go into the Ministry of Children and Youth Services around what is needed, what the priorities are in our service areas.

If we are looking for one strong message of collaboration, of the ministry listening to lead agencies, of the ministry listening to providers, it's to have that reassurance that as we go forward, the recommendations that we as lead agencies and core service providers can put together that will go into the ministry will in fact be acted on by the ministry. I think that is the power of persuasion that we have. That is the only power, as lead agencies, that we have. We have nothing else in place to do that. We put good, quality-informed, data-informed plans forward.

At the end of the day, I think we could all acknowledge within our own personal households that if we'd only, in the last 20 years, in the last 25 years, received two modest increases to the revenue coming into our households, most of us wouldn't be able to afford the houses that we're living in. Most of us wouldn't be able to afford the groceries that we're buying, or the cars that we're driving or any of the services that we're seeking. That is where children's mental health agencies are right now. We're being asked to do more with less. The type of people we are, we want to do more with less. But what's happening is, we're making those decisions about the lights being on versus the kids being provided service.

When you look at the hospital admission data, the other piece of that data that doesn't get told is that while those numbers are going up dramatically for children's mental health in terms of emergency and in-patient, they're going down for children in every other area of services. Children are seeking services less from emergencies.

The Chair (Mr. Ernie Hardeman): Thank you very much. We want to thank you for using this as the sounding board to get your message out today.

With that, we will now turn it over to the government caucus for their 16 minutes.

Ms. Soo Wong: Sixteen minutes. Thank you very much, Mr. Chair. Thank you to all the witnesses who are here today.

Let me begin by asking a couple of questions that deal specifically with collaboration and integration. I don't want to talk to the deputy minister. I want to talk to Kinark's Cathy Paul and I want to talk to Vanier Children's Services, if they can come forward. I want to hear comments from you dealing with the delivery of programs and services.

In the Auditor General's report, she commented about the improvements and the need for collaboration—not just the Ministry of Children and Youth Services, but the Ministry of Health and Long-Term Care and the Ministry of Education.

As a former school board trustee, I know your work, Cathy, at Kinark. I want to hear from you what has been improved and what needs to be done further, because at the end of the day, we seem to be seeing a continuous working in silo. Since this Auditor General's report, what has been improved in your agency and what more can we do?

Ms. Cathy Paul: Cathy Paul, Kinark Child and Family Services. I think if you're all right, I'll actually step that back a little bit and say, with the introduction of Moving on Mental Health, what's improved. Although we enjoyed our time with the Auditor General enormously, it was actually a point in time, but the work that we were engaged in predates that and will continue on.

I think the promise of Moving on Mental Health is that lead agencies are created where there was no formal local

leadership before. What that has meant is, for a school board that has no idea, in a confusing community set-up of however many agencies and providers, "Who can I talk to?"—if I'm a school board and I've got great ideas about improving children's mental health, who do I talk to? It's a pretty confusing landscape.

One of the things that Moving on Mental Health has done is, it has created that leadership. They know there's one number to pick up the phone and talk to. They know that there's an organization that's going to come to that meeting and sit with them and discuss collaboratively about planning.

I think that the same thing has happened with the LHINs and to some degree with local hospitals. Family physicians, I think we would say, are still a bit of a work in progress.

I think that there's huge potential in that. I will just say that, as you're probably aware, the model for Moving on Mental Health lead agencies has changed a little bit over the course of its introduction. I think, initially, lead agencies were envisioned to be fund holders. Nothing brings people to the table more than knowing that somebody's got their fingers on the purse strings. I think, subsequently, the ministry has revisited that decision and lead agencies are not envisioned to be fund holders and contractors for service. I think that what that does is put more pressure on the ministry and on the government to work together cross-ministerially so that there are other reasons that LHINs, that school boards, that hospitals and that individual schools are coming to those planning tables.

There are plenty of planning tables for people to go and sit at. There's no shortage of planning tables. What's going to bring them to this planning table or what's going to open the door for us to go to their planning table—it's where there's a strong message from government that says that we don't want multiple disparate transformation strategies for mental health. We want a comprehensive, joined-up strategy. The leadership for that in children's mental health is situated with children's mental health lead agencies.

Ms. Soo Wong: Okay, so I want to hear from you.

Ms. Joanne Sherin: I'm Joanne Sherin from Vanier Children's Services in London. Building on what my colleague Cathy has said, the Moving on Mental Health initiative really started, I would say, the ball rolling in a different way in our service area. At one point, we counted up almost 50 planning tables at the start of our initiative. We've begun to focus in on some collaborative priorities.

I think that the pathway between school and community has vastly improved. The community doesn't have, again, the capacity issues sometimes to meet the needs as quickly as we would like to.

1430

We have really tried to, I would say, create a different discussion about planning in a way that actually has a plan attached to it. It sounds ridiculous to put it that bluntly, but I would say, in Middlesex—there are 11 core service providers. Some are Boys and Girls Clubs, some are hospitals and some are community-based agencies. To pull that group together to do planning has never happened before.

We've been able to get some progress on pathways for new Canadians in our community. We have taken in a huge number of Syrian families, and we know that at least 60% of the members in those families are kids under 18. We're expecting to see a bit of a bubble start to emerge in terms of the needs of these kids who are coming through. They haven't quite done so yet because they're busy settling and getting into school, but we know that there's going to be a significant wave of referrals coming.

Pathway development between our multicultural and culturally specific organizations has been a priority in our service area, in particular. We are also involved in a collaborative planning process and service delivery process with our hospital around the emergency department pathway to community. Unfortunately, it's unfunded, but we are seeing significant uptake in referrals every day from emergency departments to our crisis intake team, which is a partnership with three agencies right now. We are in discussion with the LHIN to see whether in fact the savings that are happening at that end can be translated to the community level. We haven't got a response yet, but we're ever hopeful.

Ms. Soo Wong: Okay. Mr. Chair, I think I have more time, right?

The Chair (Mr. Ernie Hardeman): Yes, you do.

Ms. Soo Wong: Okay. Given the report and the response from the Ministry of Children and Youth Services—I'm just looking through that new collaboration of the ministry with CIHI and ICIS. I come from the health sector. We know these two organizations very intimately.

Now that we're seeing that it's been transferred to children and youth services, are you seeing that type of data collection and monitoring? That's what the auditor's concerns were. There's a lack of tracking and a lack of monitoring. As a front-line agency, are you seeing results in terms of supporting your organization?

Ms. Joanne Sherin: From my perspective, at this point I think it's early days for that. I don't think that's landed at the ground level yet for agencies. We're collecting our own information, but I don't believe—correct me if I'm wrong. I'm not sure that there are other agencies in the province that are getting that data yet.

Ms. Soo Wong: Okay. My other question is with regard to the ongoing concern from the auditor dealing with the whole issue of inconsistencies across the board, because that's what I heard. This is not my committee, but I'm very keen on this particular issue dealing with children's mental health. I'm particularly interested to know: How do we level—because if we have inconsistencies, how do we ensure that the service here in the greater Toronto and Hamilton area is the same as that up in north and southwestern Ontario? What model or strategy should we be looking at, ensuring equity across the province?

Ms. Cathy Paul: I'd be happy to try to answer that. We're very keen on the establishment of what we call a quality framework. What that means for us is that we have an understanding that is provincial in nature about things like what is an appropriate length of time to wait and recognizing that that should be different, depending on what kind of services you're waiting for. What is an appropriate length of time to expect a service pathway? What is a good outcome? How are we going to measure outcomes and what are we going to agree on as the appropriate outcome to achieve through the investment of services? In other words, what is our job and what does it look like to do it well?

We don't have that in the province at the moment. So agencies are all doing that individually, to greater and lesser degrees. Certainly I know that in my agency, we've established a number of our own quality measures around this, but they're not consistent across the province.

We're very fortunate at my agency. It's the largest children's mental health agency in the province, and I know what we have to do administratively to get the dollars to do that work on quality. I know that in an organization that's half our size, their ability to do that would be very, very limited. But it's the kind of thing that will—if we put a quality framework in place, and if it's a framework that reflects realistic expectations that are common across the geography and the diversity of the province, and we're resourced to achieve those, then at that point you can start to expect the Pickering Pickle Lake scenario to have a reasonably approximate consistent standard of service. You will probably never get a fully consistent standard of service, and people who live in more remote areas will tell you that across the board on many different things, but certainly not with the level of diversity that there is right now.

Quite frankly, in my own organization, which has a fairly broad geography, wait times for services in one part of my organization are significantly different than they are in the other. That's not acceptable to me, but I actually don't have the ability, really, to change that.

Ms. Soo Wong: In light of the concerns identified by the Auditor General and that movement to further collaboration between the Ministry of Children and Youth Services, the Ministry of Health and Long-Term Care and the Ministry of Education, how do we address—now, we already have challenging issues. We have a growing, diverse community—I come from the city of Toronto—with refugees in our backyard. How are you managing? I mean, you already compound it with multiple issues, with the influx of refugees in our backyard, the government commitment to the Syrian refugees recently. I anticipate more refugees and young people coming into the stream. How are you managing, and what are you going to leave us with? Probably more asks, is what I'm asking.

Ms. Cathy Paul: When Moving on Mental Health was created—I want to just make sure that I'm clearly understood that I'm very supportive of Moving on Mental Health. If Moving on Mental Health had been overlaid on a functional system with significant capacity, reasonable wait times and quality, we'd be much further ahead than we are right now. But the reality is that that's not what happened. It was introduced on top of a system that had all the same problems that it has now.

When we think about who's not being served by that—one of the key questions that is asked about planning for Moving on Mental Health is, "Who's not at the planning table who should be at the planning table?" Our planning processes historically have been very exclusive, but in lots of ways, there has been no incentive to broaden that, because we have no capacity to discover a whole new pocket of need and be able to divert resources to that.

I think what people are committed to now, with the planning authority, is to earnestly make sure that the right people are at the table. That includes newcomer groups. That includes waves of refugees coming in. All across the province, we're actually seeing that issue with Syrian refugees. People are understanding that this is a population that you can pretty much guarantee coming in is going to have mental health issues because of the origins of their immigration.

We will be hearing at all of these more inclusive tables about historically underserved groups of people who are now coming forward and saying, "I understand there is hope. I know that there is a lead agency. What are we going to be able to do about that?" I think it comes back to how we're going to be increasingly skilled at providing data-informed, evidence-informed, inclusively designed plans to government. What has to be different is that government has to be prepared to act on the recommendations of those plans—and the recommendations of those plans are going to have dollar figures attached to them. There's no way around that. There will be lots of recommendations that are not specifically dollar-focused, but we're starting from behind the start line, so there is no way that that can't be a major component of what we're going to be asking you for in the foreseeable future, every year.

1440

Ms. Soo Wong: Okay. I don't have any more questions. I don't know if maybe my colleagues have any questions. I'm good. Thank you.

Interjection.

Ms. Soo Wong: I think the assistant deputy minister—

The Chair (Mr. Ernie Hardeman): Okay, if you have an answer, yes, that's fine.

Ms. Rachel Kampus: You had asked a question about the CIHI information, and I'm really excited to tell you a little bit more about that.

I have a boots-on-the-ground job. The Ministry of Children and Youth Services has the Child and Parent Resource Institute in London, CPRI, that does research, develops new tools and technologies to better serve kids and directly serves some of our most highly acute kids in this province.

The CIHI partnership came about through the efforts of staff and clinicians in that facility. Not unlike the examples that we've talked about today from health care, where you know how long you need to wait for a hip, there is an understanding of acuity of service because the community-based mental health system has grown up over time. In a really, really well-intentioned way, we are all saying the same thing: that we need the data to be able to get to the place of where to put dollars, what acuity needs to be funded against.

We're excited about data, we're excited about the new funding formula, and we're excited about the core service plans that the agencies are going to be preparing to do that, but we're not waiting. I think the CIHI example is exactly that. They've developed a children and youth mental health assessment screener and tool so that consistently, when a child comes into CPRI, there is one way to look at their need. The data—I think we have about 30,000 assessments done. Most of our lead agencies are partners in the NRI screener tool, and many hospitals. That data is going to start to come in this year. We have 30,000 assessments right now. That's not just going to tell us what kids are needing—and it will be a snapshot that's province-wide, because these are highly acute kids that come from all over the place—but it will start to help us inform what's needed across the system, even as more data comes in, even as core service plans come in, and even as a funding formula is developed.

I'm pleased to tell you that we hope to be able to report on aggregate information. We've asked CIHI to help us out with that, because as you've heard today, it's taken us some time to get to a place of better data and information. We hope that by the end of 2017, we'll start to get some aggregate reporting from CIHI. We're really pleased that the Ministry of Health and Long-Term Care, when approached, came to the table with us and said, "We have a relationship with CIHI. We think this is really interesting work. Health wants to know what the needs are of kids moving through the system so that there can be better pathways, better planning, better capacity, so we'd like to join you in that."

Right now, we have started this work. CIHI is doing that work for us. Health is at the table, lead agencies are the table, core service providers are at the table, and we've had hospitals come to the table to do this great work. So we hope to be able to tell you more about that.

The Chair (Mr. Ernie Hardeman): If they're all at the table, we'll eagerly await their reply and their solutions to our problems, but that does conclude our time here today.

Ms. Rachel Kampus: Thank you. I look forward to telling you about that.

The Chair (Mr. Ernie Hardeman): We do want to thank you very much for coming in today and assisting us as we review the auditor's report on this section.

With that, we have a motion, I think, put forward to deal with a matter. Yes, Ms. Taylor?

Miss Monique Taylor: I move that the Standing Committee on Public Accounts reimburse the travel expenses for Ms. Diane Walker, chief executive officer of the Children's Centre Thunder Bay, upon the receipt of a properly filed claim with the appropriate supporting documents.

The Chair (Mr. Ernie Hardeman): You've heard the motion. All those in favour? Opposed, if any? If not, the motion is carried.

With that, we are finished with the open session. We will ask the audience to depart, I hope not too bruised. We do have a closed session—

Interjection.

The Chair (Mr. Ernie Hardeman): A five-minute break? Okay. The committee will break for five minutes. Be back in five minutes, because we have to be finished in 15 minutes.

The committee recessed at 1445 and later continued in closed session.

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