

EVERYTHING IS **NOT** **OK.**

Presented by Ontario's leading mental health and addiction organizations:



▶ Case for Change

- There was a mental health and addiction crisis in Ontario before COVID-19. The pandemic has only made it worse.
- Today, 74% of Ontarians are experiencing increased mental health and substance use challenges.
- During the COVID-19 pandemic demand for services has increased dramatically and too many Ontarians are waiting too long for access to mental health and addiction support and services.
- Ontario's mental health and addiction system remains fragmented and disconnected, leaving navigational challenges for clients.
- Investments in the mental health and addiction system have not kept up with the demand for services leaving clients abandoned without services. Investments that have been made have been fragmented and too small to make the needed impact.

Ontario's mental health and addiction system partners are committed to make the transformational change required to build a mental health and addiction system that rivals Ontario's cancer care system.

▶ Guiding Principles

Access: All Ontarians should have access to mental health and addiction care within evidence-based and clinically recommended wait times – specifically for early intervention with children and youth where possible.

Equity: Every Ontarian should have access to care that is culturally appropriate and safe. All system change must be achieved through an equity-based and anti-racism lens.

Engagement: Ontarians with lived or living experience with mental illness or substance use should be a part of co-designing the system alongside providers and clinical experts.

Universality: All Ontarians should have access to publicly funded mental health and addiction care. Services should be funded in alignment with the level of severity and demand to address wait times and access to care.

Social Determinants of Health: Addressing SDH, specifically housing, appropriately is fundamental for improving health and is a necessary component of all mental health and addictions service and care.

MENTAL HEALTH AND ADDICTION WAIT TIMES STRATEGY – Building a comprehensive and connected mental health and addiction system that prioritizes reducing wait times across the lifespan and across the province.

GUIDING PRINCIPLES

▶ Access

▶ Equity

▶ Engagement

▶ Universality

▶ Social Determinants of Health

5 key priorities to system transformation have been identified:

1. Consistent care

Develop focused standards of care for the most severe and frequent diagnoses to ensure consistency and quality of services across the continuum of services, the lifespan and the province.

2. Faster care

Setting and reporting on wait time targets to hold providers and government accountable.

3. Easier access to care

Defining pathways to care to improve access to care, navigation and enable smoother transitions within the system.

4. Transparent care

Ensuring accountability of service providers and enabling performance management by mandating the public reporting of quality measures, client satisfaction and wait times.

5. Investments to Support System Improvement

SYSTEM PARTNERS WILL ENABLE THIS BY:

▶ **Partnering** with the government and CoE at every step and committing to system change

▶ **Participating** in, and identifying experts for, CoE standards of care advisory groups and any other implementation groups struck

▶ **Reallocating** funds where required to enable system change

▶ **Accountability through reporting** on metrics, including wait times, publicly and demonstrate support for increased reporting and provider accountability

1.

CONSISTENT CARE

Develop focused standards of care for the most severe and frequent diagnoses to ensure consistency and quality of services across the continuum of services, the lifespan and the province.



WHAT THIS LOOKS LIKE AT COMPLETION:

- Clear evidence-based quality standards for mental health and addiction support are in place in every corner of the province and in every community across the province for most mental health illness and addiction presentations.
- Providers across the province understand the standards of care for each diagnosis and presentation for infants, children, youth, adults and seniors.
- Clients know what to expect in their care.
- Appropriate level of care is provided based on level of need.



WHAT GOVERNMENT NEEDS TO DO:

1. Establish a clinical advisory group responsible for the development of standards of care under the leadership of the Mental Health and Addiction Centre of Excellence (CoE).
2. Leverage the existing standards of care developed by Health Quality Ontario (now Ontario Health).
3. Commit to develop 10 new standards of care per year.
4. Mandate and provide support for the implementation and roll-out of standards by all publicly funded service agencies through investments in services and the necessary health human resources.
5. Measure and report the development, implementation and adherence of standards.

2.

FASTER CARE

Setting and reporting on wait time targets to hold providers and government accountable.



WHAT THIS LOOKS LIKE AT COMPLETION:

- Defined tiered wait time targets for services aligned to the standards of care that are consistently applied across the province with an emphasis on early intervention for children and youth.
- A whole of sector - government and service provider agencies - accountability to provide access to care within appropriate clinical timelines. This includes reporting on the number of people who were served within the wait-time to measure performance.
- Capacity in the community to provide access to service within a clinically appropriate wait time to alleviate hospital capacity pressures.



WHAT GOVERNMENT NEEDS TO DO:

- 1.** Develop tiered wait time targets in partnership with a clinical advisory group, leveraging the existing work on clinically appropriate wait times, to be included in the standards of care.
- 2.** Use wait time targets and reporting across the province as a tool to inform priority funding to clear wait lists and provide equitable access to care.

3.

EASIER ACCESS TO CARE

Defining pathways to care improve access to care, navigation and enable smoother transitions within the system.



WHAT THIS LOOKS LIKE AT COMPLETION:

- Clients know how and where they can access care and the system is set up to meet people where they are at in their journey.
- Every access point has a pathway to an appropriate level of care for each client.
- Providers have clear roles and responsibilities within the mental health and addiction system as well as within Ontario Health Teams.
- Providers know how to refer and connect clients to care and have confidence the receiving service will fulfill its role in the system.



WHAT GOVERNMENT NEEDS TO DO:

- 1.** Increase coordination between government, government agencies (ie. Ontario Health) and service provider agencies as well as clear alignment with emerging Ontario Health Teams.
- 2.** Provide clear roles and responsibilities of the various health care providers involved in the client pathways.
- 3.** Reduce barriers for information sharing which necessary for seamless patient transitions.

4.

TRANSPARENT CARE

Ensuring accountability of service providers and enabling performance management by mandating the public reporting of quality measures, client satisfaction and wait times.



WHAT THIS LOOKS LIKE AT COMPLETION:

- Comprehensive and public reporting of wait times, quality measures and client satisfaction across services and across regions against the wait times targets.
- Public reporting on outcomes as well as process measures.
- Public reporting on completion of standards of care.
- Public reporting of quality measures.
- Use of performance measures to inform investments.



WHAT GOVERNMENT NEEDS TO DO:

- 1.** Invest in and support data infrastructure to collect data, build a central platform to publicly report, drive accountability and continuous quality improvement.
- 2.** CoE to lead the metrics development and report with representation from the sector.
- 3.** Initiate public reporting immediately with information currently collected while the standards and wait times are being developed.

1.

Consistent care

2.

Faster Care

3.

**Easier access
to care**

4.

**Transparent
care**

5.

Investments to Support System Improvement