

YSSN Mental Health Services Performance Improvement Plan Outcomes: 2015 – 2016

Objective Type	Objective	Target Goal Expectancy	Actual Result	Learnings	Recommendations
Service Effectiveness	Analyze the mental health apprehension rates of York Regional Police and Co-Response Unit.	20% reduction in apprehension rate when Co-Response Unit is on-scene	<p>Data showed a 40% reduction in MHA apprehensions when the Co-Response Unit is dispatched to “emotional disturbed person” (EDP) calls in police districts 1 and 3</p> <p>Average apprehension rate for York Regional Police was 56%. For Co-Response the average was 16%.</p> <p>Comparison group for this study was the overall apprehension rate for York Regional Police officers when neither Co-Response nor the Mental Health Support Team where on-scene.</p> <p>Data for Co-Response available via YSSN database. York Regional Police data received from their monthly EDP stats.</p>	<p>Despite fact that Co-Response Unit has only been in existence since August 26, 2015, it appears be having an immediate and significant impact on Mental Health apprehensions.</p> <p>During period of this evaluation it was up to discretion of the officer(s) on-scene to have Co-Response attend. Cannot account for possibility that YRP used Co-Response when apprehension was less likely.</p> <p>Effective May 2016 the protocol has been changed for YRP Communications to contact Co-Response directly for dispatch to all EDP calls in districts 1 and 2.</p>	<p>Continue to track apprehension rates for the Co-Response Unit and include the Mental Health Support Team to monitor program outcomes and any change in YRP protocol to dispatch Co-Response to all EDP calls in districts 1 and 3.</p> <p>Compare apprehension rates between YSSN programs: Co-Response and Mental Health Support Team.</p>

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<p>Service Efficiency</p>	<p>Analyze Streamlined access process: time from receipt of referral to initial contact with client.</p>	<p>Baseline</p>	<p>Average time from receipt of referral to initial contact was 11 calendar days.</p>	<p>Streamlined Access time from referral to initial contact with within Ministry guidelines of 10 business days.</p> <p>In spite of significant increase in monthly referrals over previous years, Streamlined Access appears to be managing efficiently with respect to this indicator.</p> <p>Average wait –time did vary throughout the reporting period. Supervisor believes variance in wait times are associated with staffing levels during reporting period.</p>	<p>Continue to monitor referral to initial contact wait times as an indicator of program efficiency on a semi-annual basis (end of Q2 & Q4).</p> <p>Review for other Streamlined Access related process and/or outcome indicators to measure for program improvement purposes. To be completed by Scott Belisle and Jeanette Rowsell (beginning of March (2017)).</p>

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<p>Service Access</p>	<p>Examine the impact of toll free crisis line number and rebranding of service on call volumes.</p>	<p>10% increase in completed crisis calls.</p>	<p>This review of data shows a 12% increase in completed calls in 2015/16 over the previous fiscal year. In addition, call volumes trended up as the year progressed.</p> <p>Note: “Complete Call” – call received by crisis response worker and entered into database.</p> <p>“Incomplete Call” – call into crisis service, however, unanswered.</p>	<p>With respect to “incomplete calls”, there was a dramatic drop starting in the third quarter and continuing to end of the fiscal year. The high rate of incomplete calls at the beginning of the fiscal year reflects the trend shown in the blue line from 2014/15.</p> <p>Although we saw a trending upward of completed calls, the notable drop in “incomplete calls” cannot be fully accounted for. It may be that once individuals were unsuccessful in getting through, they reduced their call attempts. Another explanation be improved documenting of crisis calls by staff. This was an area that the supervisors focused on during the fourth quarter of 2016</p>	<ol style="list-style-type: none"> 1. The implementation of the new telephone system includes the ability to acquire granular call reports relating to calls coming into our crisis response service. Recommendation to use the new call reports (can be downloaded in Excel format) to examine trends relating to calls into the service. To be completed by Crisis Supervisor(s) semi-annually. 2. Continue to monitor completed calls and audit to ensure calls into the service are recorded into the electronic record.

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Stakeholder Input	To maintain “satisfaction” levels with agency stakeholders.	<p>80% of clients either Strongly Agree or Agree with the following two statements:</p> <p>1. “I think the services provided here are high quality.”</p> <p>2. “If a friend were in need of similar help, I would recommend this service.”</p>	<p>Overall rating of 95% for each of the two statements.</p> <p>The OPOC was made available to our clients via our YSSN website and hard copy which was provided by staff/students. Hard copies were entered into Survey Monkey format in order to generate aggregate data from respondents. The OPOC is to be offered to clients annually as a minimum requirement. The OPOC was made available for the following mental health programs/services:</p> <ul style="list-style-type: none"> • Intensive Case Management • Dual Diagnosis Case Management • Flexible Supports Case Management • Trauma Case Management • Streamlined Access • Short-term Crisis Support Beds <p>Total sample size was 147.</p>	<p>First experience with YSSN using the Ontario Perception of Care (OPOC) tool. This validated tool is specifically designed for mental health and addiction populations. This instrument is used to gather client feedback on their experiences with services as it relates to an expected quality of care.</p> <p>The OPOC is comprised of 7 domains and a total of 27 questions. We are finding it provides far more granular results with respect to client perceptions. CAMH is tasked with rolling out the OPOC province wide.</p> <p>Implemented at end of January 2016, therefore response rates (sample sizes) were somewhat limited, especially with respect to dual diagnosis and trauma case management.</p>	<p>Now that OPOC is implemented at YSSN, we need to ensure we can improve and/or sustain response rates to provide greater validity in results. Provide result information via YSSN news letters (i.e., quarterly “What’s Up Report”). Consider posting results on YSSN website for client access.</p> <p>Work with individual programs to explore which domains in the OPOC (and corresponding questions/statements) best reflects quality outcomes and/or process indicators for future evaluation.</p>

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Stakeholder Input			<p>1. "I think the services provided here are high quality." Results by program</p> <p>ICM 94% with N=54 Flex ICM 96% with N=25 Trauma ICM 60% with N=5 DDX ICM 0% with N=3 Streamlined 96% with N=24 Crisis Beds 100% with N=17</p> <p>2. "If a friend were in need of similar help, I would recommend this service." Results by program</p> <p>ICM 95% with N=54 Flex ICM 96% with N=25 Trauma ICM 60% with N=5 DDX ICM 100% with N=3 Streamlined 100% with N=24 Crisis Beds 94% with N=17</p>		