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Ontario's System of Care

- Use of CAFAS mandated in 2000 in 120 CMHCs
- First ever standardized system-wide information about the global level of functioning outcomes for Ontario children & youth who receive MH services
- Date collected quarterly
- Nearly 100% uptake
- Progress needed:
- Program level data
 - Integration of IT
 - Use of data for system management

Data Export

- Clients ages 6-17 years who receive (certain) MH services in participating CMHCs;
- Practitioners must have sufficient knowledge about the client in order to rate CAFAS reliably

What do CHMCS Export?

- Open & closed cases
- Use a selection filter that captures CAFAS
 variables that are part of the Ontario Common
 Data Set

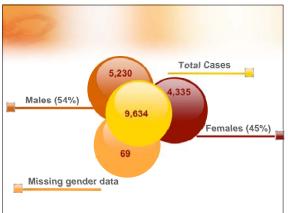
Data Limitations

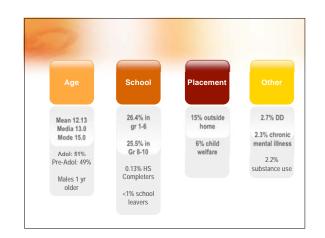
- Data represent a subgroup of children/youth receiving treatment in Ontario; there are an estimated 210 organizations across the province.
- · CMHCs do not necessarily rate all their clients.

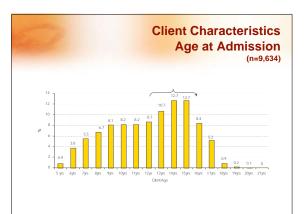
Data Limitations..cont'd 4 Exceptions to CAFAS use in Ontario: Clients receiving services for which no detailed screening or assessment occurs (e.g., prevention, outreach, parent education groups, support groups) Clients receiving services that are delivered in 1-3 sessions (e.g., crisis, early intervention, single-session intervention) Clients seen in one organization primarily for redirection to a more appropriate service; Clients receiving services for problems other than psychological, emotional, behavioural, or substance use related (e.g.,

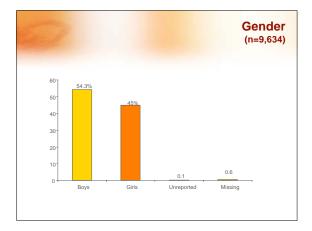
developmental impairment).

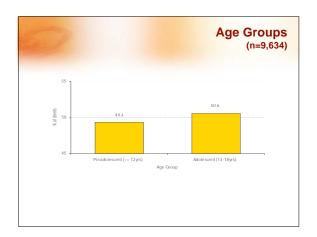


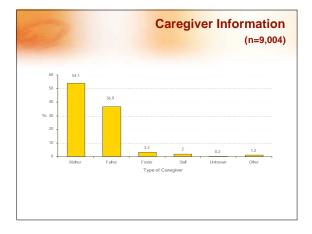


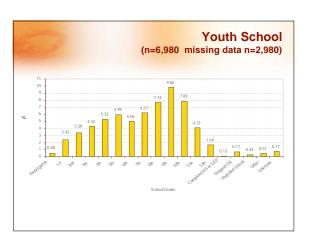


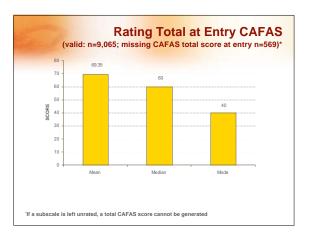


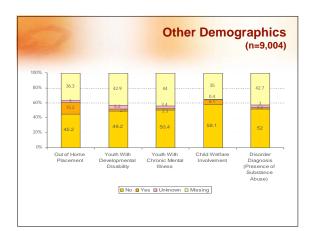


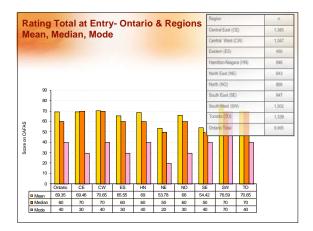




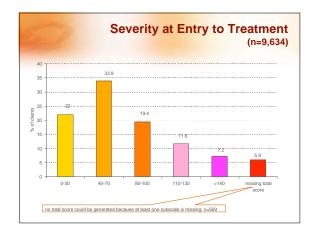


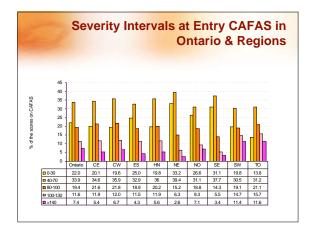


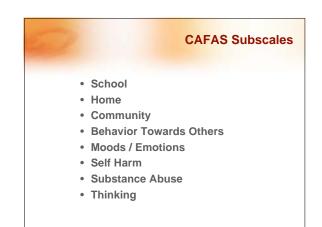


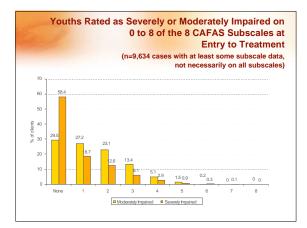


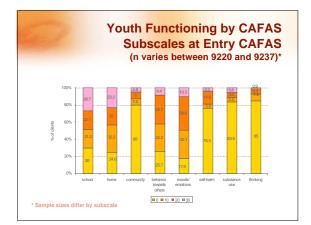
	CAFAS Total Score
A total score of:	Means the client was:
0-30 professional	likely referred to qualified health
40-70	likely receives outpatient services
80-100	likely receives outpatient care with
additional service nature	s of a supportive or intensive
	likely receives intensive, community- Ithough some youths may need services at some point
> 140 required; may be some point	very intensive services would be in residential or inpatient settings at



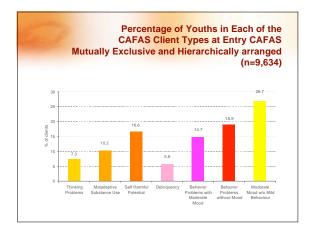


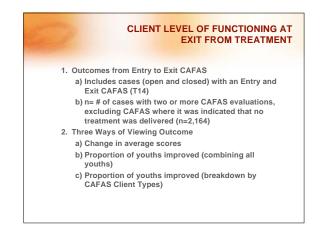


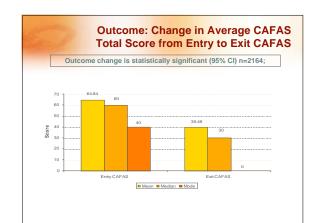


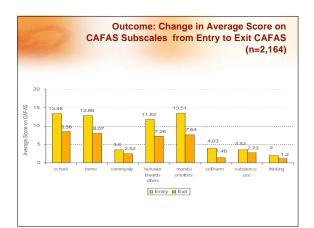




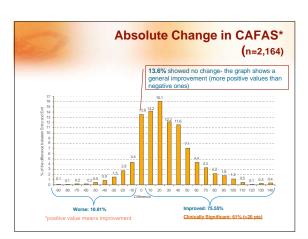


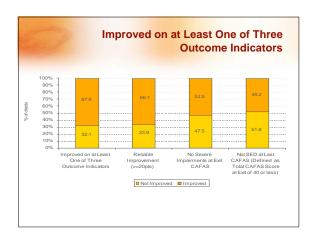


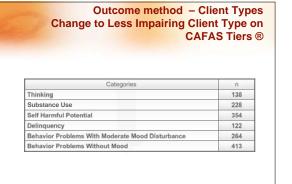


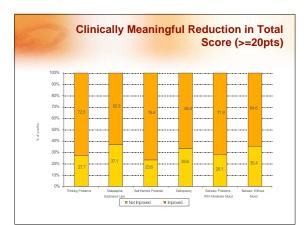


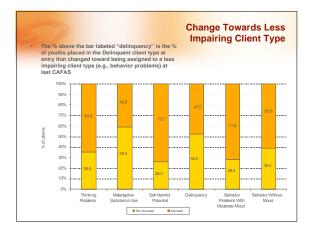
Youths Improved			etho
Outcome Method	n showing improvement	out of n (valid sample size)	%
Improved on at least one of the three outcome indicators	1371	2,019	67.
Clinically meaningful reduction in total CAFAS Score- Reliable Improvement (Restricted to youths with Entry CAFAS >= 20)	1328	2,009	66.
No Severe impairments at exit (Restricted to youth with one or more severe impairments at Entry)	440	838	52.
Improving from SED to Non SED (Restricted to youths with Entry CAFAS >=40)	648	1,344	48.3

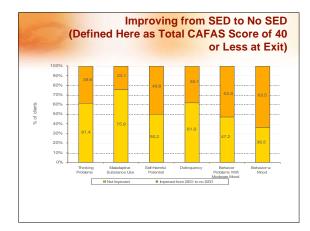


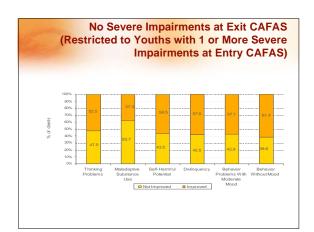


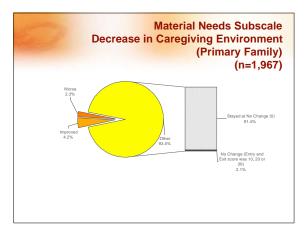


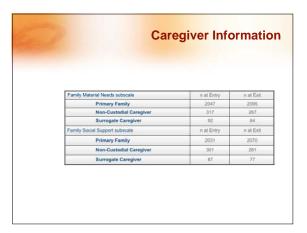


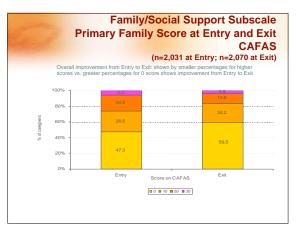


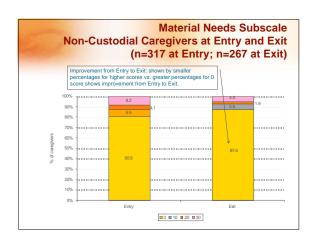


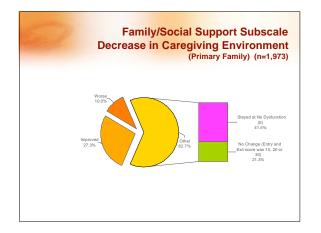




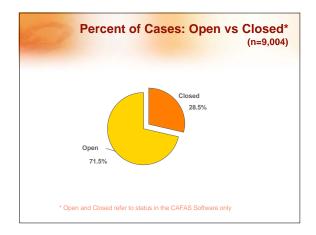


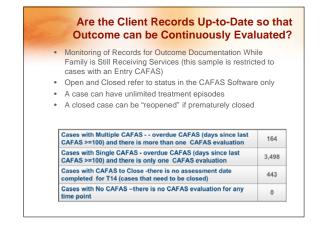




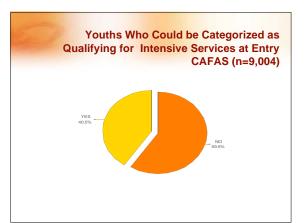


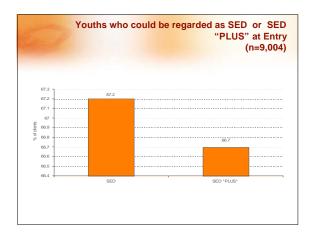
Cases submitted where •The age is between 6-18 •There is a Total Score for CAFAS at Entry	
•Sex value is not missing	9,00
Excluding admission date not in range -cases open or closed:	9,00

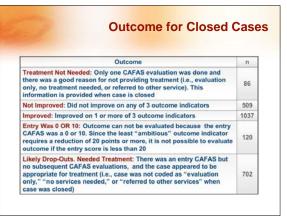


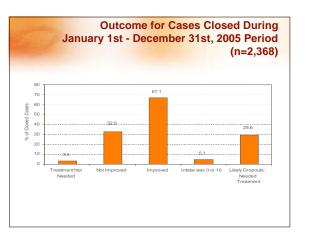


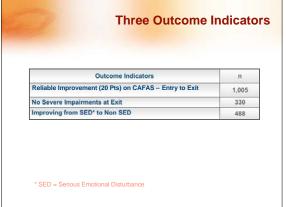
Case Management	Case Management (con		
Case Management	n		
Cases SED* (CAFAS Total Score >=50)			
Cases SED Plus (Total score >=50 & there is at least one subscale with severe or moderate impairment)			
Cases Qualifying for Intensive Services (Total Score>=80, and there are at least 2 subscales scored with severe or moderate impairment)	3,65		
with severe of moderate impairment,	2.21		

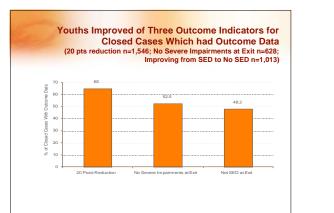


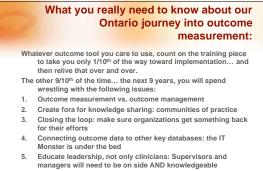












 At a system level, keep one step ahead: Now that we have a common metric in place, what will we roll out next ? Think of you overall infrastructure plan.

Thank you

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