



Canadian Mental  
Health Association  
Toronto

# CMHA TORONTO QUALITY PERFORMANCE REPORT

Balanced Scorecard and Program Scorecard – 2019-20

Reporting Period: Q1 & Q4

*Living, Working, Belonging*

## **PURPOSE:**

To provide the Board with a report of our efforts in implementing the strategic plan using the Balanced Scorecard (BSC) as a management tool.

## **RECOMMENDATIONS**

That the Board receives the report for information and discusses the performance measures.

## **REASONS FOR RECOMMENDATIONS**

In March 2014 the Strategic Plan for 2015-2020 was approved by the Board with a stipulation that quantifiable performance metrics were needed. The report includes both organizational and programs scorecards results for the new strategic plan. Additional measures and data may be added to future reports as we improve collection processes and systems throughout 2015/20. It is also important to note that the performance report and associate measures will mature and evolve over time. Performance thresholds may also be adjusted to reflect agency priorities and new information.

## **REPORT ELEMENTS**

The report shows results for 25 measures measured at the organizational level. Measures are reported by specific period i.e.; quarterly, semi-annually and annually. This report also includes a program level scorecard with 29 measures, some of which matured and are currently under review.

## **MEASURE STATUS**

The status of each measure is indicated in the attached scorecards as:

- **Green** – equal or better than target
- **Green** ✓ - target accomplished within required period
- **Yellow** – moving towards target
- **Blue** – in development/on track
- **Red** – level is below target

The summary scorecard is followed by a shortfall analysis sheet. For each of these measures, we provide explanations of why the shortfall occurred and descriptions of resolution strategies being employed to improve performance.

Color	Decision	Leadership Action
Green ▲	Equal or better than target	Reinforce
Green √	Target accomplished within required period	Monitor – consider review and or retirement
Yellow ▶	Moving towards target	Stay the course
Blue ▶	In development/on track	Continue monitoring
Red ▼	Level is below target	Improvement required
n.a.	Not tracked during this period	
<b>KPI</b>	<b>Key Performance Indicator</b>	<b>Maintain a close watch on this</b>
<b>Q 1 = April - June</b>	<b>Q 2 = July - September</b>	<b>Q 3 = October – December</b>
		<b>Q 4 = January - March</b>

Finance – Ensure sufficient resources to achieve the mission and strategic directions									
#	Measure	Target	Prior – Q4	Q1	Q2	Q3	Q4	Status	Progress
1	LHIN Margin	0%-2%	1.3%	4.3%	7.3%	5.0%	1.3%		
2	Return on investment	<-2% -5%	1.7%	2.4%	3.3%	1.2%	0.6%		
3	Non LHIN Operating Margin	5%	6.6%	1.3%	4.3%	7.1%	-1.8%		See shortfall analysis 1
4	# of functional centres that fall within the LHIN corridor	100%	76.5%	n/a	94.7%	83.3%	83.3%		See shortfall analysis 2
5	Increase in non-base budget funding	\$250k	\$1,633,390	\$0	\$81,000	\$124,023	\$256,474		Cumulative total
6	# of application to funding sources	n/a	3	n/a	2	3	3		Contextual measure Reported annually

Client & Community - Continue to provide and expand safe, quality services									
#	Measure	Target	Prior – Q4	Q1	Q2	Q3	Q4	Status	Progress
7	% of clients satisfied with care received in specialized services – (Primary care, concurrent disorder)	80%	96%	n/a	n/a	n/a	91%		
8	% of clients whose unmet needs for physical & addictions move from unmet to met	tbd	n/a	-	-	-	n/a		Data not available – limited capacity to extract data
9	Develop housing strategy by 2016	Written plan	Plan developed	n/a	n/a	n/a	n/a	√	target already achieved
10	Develop Quality Improvement Plan	Written plan	Plan developed	n/a	n/a	n/a	n/a	√	target already achieved
11	% of staff that respond excellent and very good to the accreditation question. ‘Please give your organization an overall grade on client safety’	85%	85.3	n/a	n/a	n/a	n/a		Data not available
12	# of adverse events does not exceed five (5) annually	5	0	0	0	0	0	√	target already achieved
13	Develop quality indicators for Access Point by March 2016	Written plan	n/a	n/a	n/a	n/a	n/a	√	target already achieved
Internal Processes – Foster research and innovation in our service delivery									
#	Measure	Target	Prior – Q4	Q1	Q2	Q3	Q4	Status	Progress
14	Access Point Waitlist analysis	2016	achieved	n/a	n/a	n/a	n/a	√	Target achieved in 2016

15	CMHA provincial OCAN study	2017	achieved	n/a	n/a	n/a	n/a	√	Target achieved in 2017
16	Develop measures to assess outcomes stratified by population group	Yes/no	achieved	n/a	n/a	n/a	n/a	√	Target achieved in 2017
17	# of health equity impact assessment conducted each year.	All programs assessed	4	n/a	n/a	n/a	n/a		No new programs for 2019-20
18	# of projects piloted	# of projects piloted	4	n/a	n/a	n/a	4		

Learning & Growth – Build capacity to support our staff and our work									
#	Measure	Target	Prior – Q4	Q1	Q2	Q3	Q4	Status	Progress
19	Increase in employee engagement index	80%	87%	n/a	n/a	n/a	n/a		Data not available due to covid 19
20	Annual turnover rate	tbd	15.7	n/a	n/a	n/a	13.8%		
21	% of staff satisfied in their current job	90%	86%	n/a	n/a	n/a	n/a		Data not available due to covid 19
22	% of staff that respond agree & strongly agree to the accreditation question “ I have the materials, supplies and equipment I need to do my work”	90%	81%	n/a	n/a	n/a	n/a		Data not available due to covid 19
23	Develop & implement a Human Resource Strategy	2016	n/a	n/a	n/a	n/a	n/a	√	Strategy completed and implementation is ongoing
24	% of staff that feel that the organization supports their learning & development	90%	84%	n/a	n/a	n/a	n/a		Data not available due to covid 19
25	Develop and implement an IT strategy	2016	n/a	n/a	n/a	n/a	n/a	√	Strategy completed and implementation is ongoing

**Program scorecard – Q1-Q4 – 2019-20**

Program		Key Measures	Baseline	Target	Results				Reporting Schedule	Accreditation Quality Dimensions
					Q1	Q2	Q3	Q4		
ACTT	1	% of clients that have had metabolic monitoring within the last year	n/a	65%	n/a	n/a	n/a	Data unavailable due to COVID19	Annually	Effectiveness
	2	% of clients with no mental health hospitalization within the last year (admissions)	n/a	80%	96%	96%	86%	86%	Quarterly	
CTO	4	% of clients with no mental health hospitalizations within the last year		75%	97%	97%	88%	88%	Quarterly	Effectiveness
CTO <i>new</i>	5	To increase the number of short term case management spots	n/a	4 spots	n/a	100%	n/a	100%	Semi-annually	Accessibility
Court Support	6	% of clients that have been diverted within the last year	68%	75%	n/a	n/a	n/a	79%	Annually	Effectiveness
	7		61%	65%	n/a	n/a	n/a	80%	Annually	Continuity of Services
Case Management	8	To increase the number of short term case management spots	5 spots	8 spots	n/a	100%	n/a	100%	Semi-annually	Effectiveness

<b>Employment</b>	11	To increase employment training opportunities by 100%	0%	100%	n/a	100%	n/a	100%	Annually	Effectiveness
	12	To increase outreach activities by 100%	0%	100%	n/a	n/a	n/a	100%	Annually	Effectiveness
<b>Early Intervention</b>	13	10% increase in the number of clients in school, working or volunteering	40%	50%	53%	53%	54%	61%	Quarterly	Accessibility
<b>FOR</b>	14	Number of Applied Suicide Intervention Skills Training (ASIST) Family Workshops offered to family care givers  New for 2020	n/a	2 in year 1 3 in year 2	n/a	n/a	n/a	100%	Annually	Client- Centred Services
<b>Housing</b>	15	% of clients with 12mths tenure	n/a	80% participation rate	90%	90%	93%	92%	Quarterly	Population Focus
	16	20% reduction in evictions	n/a	19	n/a	n/a	n/a	13 a 32% reduction	Annually reported but tracked quarterly	
<b>Healthy Families</b>	17	# of educational workshops conducted for Mental Health service providers in the child welfare sector	n/a	1 in year 1 2 in year 2	n/a	n/a	n/a	2	Annually reported	Efficiency
	18	% of clients who were successfully linked to services	78	80	n/a	n/a	n/a	91%	Annually reported	Continuity of Services

<b>Intake &amp; Referral</b> <i>new</i>	19	Increase 24 hr response time	48hrs	24hrs:50%	80%	85%	85%	86%	Quarterly	Safety
<b>TCM</b>	20	% of clients that have service initiation within 5 business days	n/a	75%	n/a	n/a	n/a	100%	Annually	Accessibility
	21	% of clients with no mental health hospitalizations following enrollment	63%	85%	n/a	100%	n/a	100%	Semi-annually	Effectiveness
<b>TRHP</b>	22	% of clients satisfied with program activities	63%	85%	n/a	n/a	n/a	94%	Annually	Client Centred Services
	23	% of clients with no mental health hospitalizations following enrollment	n/a	80%	n/a	97%	n/a	98%	Semi-annually	Effectiveness
<b>Pathways</b> <i>new</i>	24	Decrease referral to decision time	14 days	7 days	n/a	100%	n/a	100%	Semi Annually	Accessibility
<b>Routes</b>	25	20% increase in the number of participants attending recovery based education/groups	60%	80% Participation rate	100%	100%	100%	100%	Quarterly	Client-Centred
<b>SafeBed</b>	26	Decrease the turnaround time for SB units	2 days	4hrs	1.75hrs	2.75hrs	2.75hr	2.75hrs	Quarterly	Effectiveness
	27	% of time that SB met the 4hrs	75%	85%	98%	96%	97%	98%	Quarterly	Effectiveness
	28	Increase the % of clients that were successfully linked to Case Management Services	70%	80%	100%	100%	91%	96%	Quarterly	Effectiveness

	29	% of time that SB met the 72hr target for referring clients to Case Management Services	60%	75%	100%	100%	100%	100%	Quarterly	Effectiveness
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