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# PMFSDR: SERVICE DELIVERY ACCOUNTABILITY TABLE

**WORKING PAPER  
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## 1.0 OVERVIEW

### 1.1 Introduction and Context

This paper is a backgrounder to the ***Service Delivery Accountability Table Report to the Coordinating Table***.

The Service Delivery Accountability Table (SDAT) was created to provide research and analytical support to, and develop options for, the Coordinating Table of the Provincial-Municipal Fiscal and Service Delivery Review.

The SDAT's main focus was the municipally delivered and/or cost-shared health and social service programs and the development of options for improving service delivery and accountability. The programs reviewed by the Table included Ontario Works, Ontario Disability Support Program, Ontario Drug Benefit, social housing, homelessness prevention programs, domiciliary hostels, municipal homes for the aged, public health, land ambulance services, and child care. This group of programs touches everyone in Ontario.

As laid out in its mandate, the SDAT focused its work on questions of effective service delivery arrangements that met the quality, affordability, and accountability needs of clients, taxpayers and the different levels of government involved. The Table's mandate, however, did not include program design or funding distribution.

As context, Table members noted that current service delivery and accountability arrangements between the two levels of government raise concerns about:

- complexity of service access
- service overlaps and service gaps
- lack of flexibility to better integrate services
- overly complicated administrative, funding, and reporting arrangements

Members recognized that for any program area, there tended to be a bundle of related programs with distinct rules, reporting, funding, and administrative requirements. This contributes to programs operating as separate silos with the potential for fragmented service delivery.

Examples highlighted included:

- the number and variety of housing and homelessness related programs, all of which have their own rules and reporting requirements
- complex social assistance rules which require a focus on eligibility related administrative activities
- in some programs, several funding lines with separate reporting requirements

Members further identified the consequences of this program complexity for people who are seeking services. There are often multiple entry points for related services

and programs, complex and sometimes contradictory eligibility requirements for programs and a lack of coordination and case management between programs and services. This results in clients often having to spend considerable and unproductive effort navigating across a range of often inadvertently uncoordinated programs and services.

In 2004, Deb Matthews, who at that time, was the Parliamentary Assistant to then Minister of Community and Social Services, The Honourable Sandra Pupatello, released a report related to social assistance delivery. The Report, entitled “Review of Employment Assistance Programs in Ontario Works & Ontario Disability Support Program”, was the result of a series of discussions across Ontario and highlighted a number of areas for improvement.

Since the Report, a number of improvements have been implemented. The government appointed a Committee on Poverty Reduction to develop a focused poverty reduction strategy with measures, indicators, and reasonable targets by the end of 2008. In addition, the government will also be developing a long-term strategy for affordable housing that is closely aligned with the strategy.

Table members agreed that future work should continue to focus on the areas highlighted by the Report, in particular, further streamlining of administrative activities to support an enhanced resource focus on meeting client service needs. The result would mean better outcomes for people, which research has shown, can generate substantial system-wide savings in areas such as health care, education, and law enforcement. This is also fundamental to improving the quality of life in Ontario communities, and in so doing, increasing the attractiveness of the Province from an economic development and investment perspective.

When reviewing the existing programs there were two themes that became clear. The first was the need for improved accountability and transparency for clients, taxpayers, province and municipalities. The second was that clients, taxpayers, and the public expect seamless, integrated service delivery and have increasingly high expectations for service quality.

For this reason, the Table directed its efforts into two streams: improving accountability and improving service delivery for clients.

Work on the first stream resulted in consensus on the need for a common, outcome-based accountability framework for the programs reviewed. At the heart of this new and overarching accountability framework is the concept of a broad community based plan, the Community Human Service Plan (CHSP). Work on the second stream involved exploration of different scenarios for improving service delivery for those same programs, resulting in agreement on a number of conclusions.

### **1.1.1 Fiscal Framework**

The health and social programs reviewed represent for both orders of government a combined provincial municipal investment of over \$10 billion annually.

The Ontario Disability Support Program (ODSP) at about \$2.8B in income support and delivery costs is the largest cost component.

The Ontario Works program is about \$2.2B of the total and Child Care is about \$0.8B of the total.

A significant and growing cost component is the Ontario Drug Benefits (ODB) for social assistance recipients now at over \$0.7B a year.

Cost sharing between the province and municipalities for the programs reviewed is mixed and ranges between 100% provincial to 100% municipal.

Together, the ODSP and ODB programs make up about 35% of the total expenditures on the health and social programs reviewed. As a first step within the course of the Review, the Province is taking on the full costs of these programs in phases over the four years between 2008 and 2011.

An important part of the fiscal framework for human services is the additional investments that municipalities make into locally designed programs and services and enhancements of cost-shared programs.

Assistance with their share of social program costs is provided to a number of municipalities through the Ontario Municipal Partnership Fund (OMPF). It also includes equalization measures for areas with limited property assessment, addresses challenges faced by northern and rural community, and responds to policing costs in rural communities.

The three social program grant components of the OMPF, totalling \$333 million in 2007, assist municipalities in meeting their portion of the established cost-sharing arrangements for social programs.

Human services also require ongoing capital investment. Table members noted that there was a range of capital needs throughout the human services sector that required development of a multi-year capital strategy. Housing and child care were noted as examples.

### **1.1.2 Population Served**

The population served by Ontario's social and community health services is extensive. For example, all of Ontario is affected by Public Health services, with the

population covered by health units ranging in size from approximately 34,000 in Timiskaming to over 2.6 million in Toronto.

Other examples of the scope of community human services include:

- 1.6 million requests for Land Ambulance services, resulting in 1.2 million patient transports (2006)
- approximately 365,000 Ontario Works and 329,000 Ontario Disability Support Program (ODSP) recipients (December 2007)
- more than 16,000 beds in just over 100 municipal homes for the aged
- housing for more than 4,700 adults in approximately 238 domiciliary hostels

### 1.1.3 Investing in Social Infrastructure

Table members noted the increasing awareness that investment in social infrastructure<sup>1</sup> influences and contributes to the economic competitiveness of municipalities. A strong social infrastructure is critical to quality of community life and a key success factor for economic competitiveness:

- *“...invest in the...social, educational and physical infrastructure required to enhance the quality of life and economic development potential by attracting and developing knowledge workers and high value-added industries”* (J. Antonio Villamil, Florida League of Cities)

Members also noted the experience of Ontario municipalities with integrated socio-economic planning and development in the building of stronger communities. A number of best practices were flagged as examples:

- Chatham–Kent: partnership between Ontario Works, Economic Development Services and Planning key success factor for attracting and retaining jobs – employment incentives, workforce development, staff recruitment and screening
- Team Sault Ste Marie: led by the Sault Ste Marie Economic Development Corporation and Ontario Works brings together economic development strategies and a large labour pool with training, wage subsidies and employment supports to attract new businesses to the municipality; the Team also helps to facilitate the use of all community supports and resources to assist new business and help the unemployed access training and employment

Table members referenced increasing evidence that investing in the right social infrastructure is both good for economic competitiveness and is cost effective. Just as investment in maintaining physical infrastructure is cost-effective, investment in social infrastructure is more efficient than dealing with the fall-out of not intervening. Members noted some examples of the research evidence supporting the business case for investing in reducing homelessness:

- Doing the math to reduce homelessness – *“what [US municipalities] are discovering is that it’s more cost-efficient...to provide these individuals a long-term residence up front and assign them visiting case workers, rather than allowing them to rack up hefty tabs as “frequent fliers” to [municipal] and private services”*. (Christian Science Monitor Editorial, June 2006)
  - e.g. Portland Oregon – 38% net reduction in overall service costs one year after providing supported housing services to chronically homeless
  - e.g. Greater Portland Maine – 66% reduction in policing costs (average \$7,829 reduction in policing costs per person) one year after providing supported housing services – average net savings per person all programs of \$944 per year
- Peel’s early intervention approach to dealing with homelessness helps avoid the escalating costs of chronic homelessness; U.S. research estimates that the average annual support cost for someone who is chronically homeless ranges from \$60,000 to \$150,000 compared to the costs of early intervention supports of \$3,500 to \$12,000
- Toronto’s Emergency Homelessness Pilot project provided supportive housing services to move chronic homeless into stable housing for an average annual net saving of \$4,500 per person compared to costs of emergency shelter

Additional examples related to a range of early intervention strategies were noted, as well as the increasing awareness of the costs of poverty to communities:

- Investing in early learning and care - A cost-benefit analysis of High-Scope, a U.S. developed model for integrated early learning and care, adopted and used in a number of Ontario municipalities, shows that for every dollar invested, taxpayers save \$17.07 (US) on social services
- A 2004 report to the United Way of Calgary and Area suggests that implementation of a successful and sustained poverty reduction strategy could result in savings in the order of \$8.25 million each year from reductions in the cost of health care and special education and the benefits that arise to us all from higher rates of high-school completion
- Peel’s Families First - a comprehensive case management program for sole support parents and children provides access to child care, recreation, employment, public health, and social assistance at an average cost per family of one extra month of social assistance. After an average of 16 months in the program, 83% fewer clients reported Ontario Works as their primary source of income compared to a similar group who did not participate

Table members also highlighted the importance of investing in services integration, noting that lack of integration costs money, time, and resources for taxpayers, users,

and the public and can make it more difficult for people to access the very services they need.

## **1.2 Summary of Approach**

The Service Delivery Accountability Table membership included 22 senior staff from both the province and various municipalities. It met an average of twice a month between May 2007 and February 2008.

The Table's work included the following:

- Development of a vision and a set of guiding principles
- Review of roles and responsibilities for each order of government for the programs reviewed
- Reviewed input from stakeholders
- Program-by-program review of accountability mechanisms for each of the municipally delivered and/or cost-shared human services and health programs
- Literature and inter-jurisdictional review to look at how other provinces and countries have handled issues related to accountability with similar programs
- Development of a shared accountability framework
- Consideration of opportunities to improve service delivery
- Development of service improvement scenarios

Additional work was carried out through several sub-groups. Sub-group work included developing the vision and guiding principles, clarifying accountabilities, development of a draft accountability framework, and development of standards for integrated local employment service planning. The sub-groups worked under the auspices of the Table, reporting back to it, seeking direction, and ultimately endorsement of products.



## 2.0 GUIDING VISION AND PRINCIPLES

The Table developed the following vision statement and set of principles to guide its work on improving accountability and service delivery of human services programs.

### ***A Vision for Human Services in Ontario***

Community based human services are easy to access, client centered, and outcome focussed:

- Integrated human services planning and service management at the municipal level will provide seamless access to a network of quality, place-based human services in Ontario
- Integrated and client-focused human services that are accessible, responsive, and adaptable to the specific circumstances of people and communities will result in more positive outcomes for all Ontarians
- Comprehensive human services will reduce the breadth and depth of poverty, promote social inclusion, support child development, increase and sustain labour force attachment, and improve the overall health and well-being of the population
- Measurable results for people, funders, deliverers and tax payers will be achieved through an outcome based accountability framework and funding that supports flexibility, innovation, collaboration, community engagement, transparency, and value for money
- Strategic investment in Ontario's social infrastructure will benefit all Ontarians by enhancing economic competitiveness, and the social and cultural sustainability of Ontario

### ***Guiding Principles***

The following principles guide the improvement of service delivery and accountability:

**Customer/Client Centered** – quality, meaningful services are tailored to the needs of clients.

**Accessible** – services are easy to access with straightforward, understandable rules.

**Integrated** – promotes seamless service delivery through streamlined, efficient provision of quality services without duplication and overlap.

**Flexible** – planning, funding, delivery, and administration of services are inclusive and responsive to changing needs and circumstances and varying capacities of municipalities and the province.

**Outcome Focused** – the outcomes and performance measures are clear, consistent, and are linked to program purpose.

**Clear Roles and Responsibilities** – the roles and responsibilities of the parties in the accountability relationship are clearly described, understood, and accepted.

**Streamlined/Reduced Complexity** – all aspects of the accountability relationship should be elegant in design, straightforward, and necessary.

**Continuous Improvement** – strives for excellence through continuous improvement, innovation, and risk management with ongoing monitoring, measuring, evaluation, and public reporting.

**Affordable/Cost Effective** – promotes cost effectiveness and improved return on investment through such measures as benchmarking, identification of best practices, and year-over-year and cross-province comparisons of level, quality, and cost services.

**Remedial Action** – progressive measures are used to ensure agreed upon minimum standards and service outcomes are realized and to protect customers/clients interests. The agreed upon customer/client outcome is not compromised by any enforcement measure.

## 3.0 IMPROVING ACCOUNTABILITY

The first tranche of the Table's work was the development of a shared accountability framework. Informed by a review of existing program accountability measures, the Table identified current roles and responsibilities, undertook a literature review, and developed a proposed shared accountability framework based on outcomes and linked to a community human service plan.

### 3.1 *Overview of Current Roles and Responsibilities*

At the request of the Coordinating Table, the SDAT reviewed the health and social service programs cost-shared and/or delivered by municipalities to identify which order of government has primary accountability for program outcomes: provincial, municipal, or shared.

The programs reviewed included:

- Ontario Works and the Ontario Disability Support Program (ODSP) – income support and employment services
- Ontario Drug Benefit (ODB) - social assistance component
- Child Care
- Housing related services including emergency shelter services, social housing, domiciliary hostels and homelessness prevention
- Land ambulance service
- Public Health
- Municipal Homes for the Aged

The SDAT considered the governance, service system management and service delivery roles and responsibilities for each program, including policy/legislation, standard setting and service administration and delivery.

The review resulted in the categorization of accountability for program outcomes into two main categories – those where accountabilities are primarily provincial and those where accountabilities are shared. In addition, the review identified whether the associated municipal/provincial role was that of “delivery agent”, “service system deliverer” or “service system manager”.<sup>2</sup>

For those programs where accountability for program outcomes is primarily provincial, the table identified three types of associated roles

- (a) province as delivery agent
- (b) municipality as delivery agent
- (c) municipality as service system deliverer

Where accountability for program outcomes was identified as a shared provincial/municipal accountability the identified municipal role was that of service system manager.

The table below provides a summary of the results of the Table's review of current programs.

Program	Accountability	Municipal Role
Ontario Works Financial Assistance	Provincial	Delivery Agent
Ontario Works Employment	Shared	Service System Manager
Ontario Works Administration	Shared	Service System Manager
ODSP	Provincial	N/A *
Ontario Drug Benefit (SA)	Provincial	N/A
Child Care	Shared	Service System Manager
Housing services including emergency shelter services, social housing, domiciliary hostels and homelessness prevention	Social Housing, Affordable Housing: Provincial All other services: Shared	Social Housing, Affordable Housing: Service System Deliverer All other services: Service System Manager
Municipal Homes for the Aged	Provincial	Service System Deliverer
Land Ambulance Services	Provincial**	Service System Deliverer
Note: For public health mandatory programs, the province has primary accountability and responsibility for provincial outcomes with boards of health as service system deliverers responsible for local outcomes		

\* Municipal role does include provision of Ontario Works employment assistance and discretionary benefits to ODSP clients

\*\* The Ambulance Act states that every upper-tier municipality is responsible for ensuring the proper provision of land ambulance services in the municipality in accordance with the needs of persons in the municipality (Section 6 (b))

### 3.2 Inter-Jurisdictional Literature Review

Around the world, governments have examined the issue of accountability for health and social services programs. To help inform the work of the Table related to

opportunities to improve accountability, an inter-jurisdictional literature review was undertaken

The Literature Review focused on outcome-based accountability frameworks for human services funding/delivery, with particular attention to those in which:

- accountability frameworks promote and support integrated service management and delivery across sectors
- an overarching vision provided opportunities for a broader approach to accountability
- collaborative approaches involve key stakeholders in development and/or implementation
- client centred outcomes and performance/quality measures are incorporated

Six jurisdictions were examined in the review:

- **Canada:** including child care and income support service delivery in other provinces and territories
- **Australia:** including Service Charters
- **Ireland:** including its national anti-poverty strategy and the use of outcome targets
- **United States:** including: Outcome-Based Accountability Frameworks for State-Sponsored Local Collaborative Initiatives (Federal government ); *Senate Bill 555* (Oregon); and Child Welfare Outcomes and Accountability System (California)
- **United Kingdom:** including the “Joined-Up Government” initiative; Audit Commission for Local Authorities; and Health and Social Care Outcomes Accountability Framework
- **New Zealand:** including the *Local Government Act*

The literature review showed a general move from compliance-based to outcome-based accountability models. Compliance-based and process oriented systems traditionally worked with standardized and less complex organizational structures. Current trends indicate that government operations are becoming more complex and require greater flexibility in decision making.

Outcome-based accountability frameworks promote and support more integrated planning and collaboration. Focussing on outcomes based accountability requires agreement on roles, responsibilities and expected outcomes, ongoing monitoring and public reporting to demonstrate results, and greater stakeholder and public involvement.

Key highlights from the literature and jurisdictional reviews include:

***Working with local governments*** – recognition that state and local governments need to work collaboratively:

- government’s high-level goals and outcomes need to consider local priorities and unique needs, and involve local government input

- greater responsibility for service delivery by local governments needs to be accompanied by greater flexibility and discretionary authority

**Local capacity for outcome-based monitoring** – local government capacity to collect data and report on measures is key to the success of outcome-based accountability:

- local governments need to foster learning and expertise by promoting the exchange of best practices and staff knowledge about how outcomes are measured and how that information can be used to improve performance

**Reaching out to stakeholders and the public** – stakeholder and public involvement are critical in developing local government goals and priorities, as well as the strategies needed to achieve them

**Outcome-based accountability** – government sets high-level outcomes or benchmarks to which the performance goals of local governments are linked:

- local governments identify their performance goals, priorities, strategies and outcomes, which link back to those high-level outcomes, and monitor and report on progress against their set outcome measures

**Enhancing outcomes through horizontal collaboration** – increasingly complex social challenges, combined with the growing pressures on public expenditure in social and health services require greater collaboration across governments, and a much broader, government-wide approach:

- different jurisdictions use different types of accountability mechanisms to encourage horizontal collaboration including service agreements, designation of a “lead” ministry for overall responsibility, integrated and coordinated local planning or establishment of a coordinating body consisting of representatives of each of the partners

**Defining a broad vision and goals** – reform is often driven by a broad government vision that sets the stage for considerable public sector reform

### **3.3 Developing an Accountability Framework**

The Table recognized that clients, taxpayers and the public expect seamless, integrated service delivery and have increasingly high expectations for service quality. They also require improved accountability and transparency.

To build and sustain public confidence and gain support for investment in human services, results need to be demonstrable.

Some of the challenges and gaps identified with current accountability frameworks, include the need for:

- performance measures in some areas

- clarifying the connections between program and desired outcomes in some cases
- improved client complaint mechanisms
- better service integration
- accounting for full program costs (e.g. volunteer time, funding from other sources)
- streamlining and simplifying complex service planning processes, administrative requirements, and funding mechanisms

Members agreed that key features of an accountability framework for human services should include:

- outcomes based policy frameworks
- linking of funding to outcomes
- a community multi-year human service plan with local outcome targets
- multi-year service contracting based on the community human service plan
- transparent reporting to stakeholders
- cross province and year over year benchmarking to lever performance improvements and identify best practices.

With increased attention to how services work together as systems, the Table agreed that an outcome-based, shared accountability framework for human service programs would promote service integration and improve accountability and transparency for clients, funders, service deliverers, and taxpayers. It would move away from compliance-based and process oriented accountability mechanisms that are focused on inputs, and instead move towards a system that is focused on results.

Outcomes based funding would allow for measurable results for clients, taxpayers and funding partners. Such an accountability framework would provide transparency, demonstrate value for money, support flexibility, service integration, innovation, collaboration, and community engagement.

In the summer, 2007, the Table developed a framework outline, and formed an Accountability Sub-Group in early September to expand and further develop the outline.

The Accountability Sub-group considered 5 key questions/topics in carrying out its task:

1. Pre-requisites/processes for development of a Community Human Services Plan.
2. Review of the identified elements of the proposed Accountability Framework against the key dimensions for accountability: i.e. defining expectations, a negotiated agreement, monitoring and reporting, corrective action – gaps, additional elements needed, key considerations?
3. Based on the Program by Program Review (and the opportunities rolling list), are there additional elements or accountability mechanisms to include?

4. Based on the Literature Review, are there additional elements or accountability mechanisms to include?
5. Implications for provincial/municipal Roles and Responsibilities.

Based on its deliberations, the Accountability sub-group drafted a proposed accountability framework based on outcomes and linked to a community human service plan that was endorsed by the Table. The approach took into account the provincial government's transfer payment accountability directive to ensure consistency. The sub-group also recognized that the necessary capacity for community human service planning needs to be determined and in place. To assist with this, the sub-group developed a draft Human Services Plan Capacity Checklist.

### **3.4 A New Shared Accountability Framework for Human Services**

The previous section describes themes, gaps and challenges of current accountability frameworks that emerged during the Table's program by program review of accountability mechanisms, as well as the key features desired in an accountability framework.

The proposed shared accountability framework for human services addresses all of these elements and recognizes that the province and municipalities that deliver human services share accountability for the provision of a range of human services that are fundamental to the functioning of sustainable communities.

The Table members noted the need for improved accountability in funding, management and delivery of services, and that transparency of decision making and transactions between affected parties are essential to improved service delivery and accountability.

A common outcomes based accountability framework for all human service programs is intended to improve accountability and transparency for clients, funders, deliverers and taxpayers. Improved human services means better outcomes for people, which in turn improves the well-being of communities, increases economic health and competitiveness, and ultimately can reduce overall taxpayer costs.

Consistent with the province's Transfer Payment Accountability Directive and other modern accountability frameworks, the proposed Shared Accountability Framework for Human Services developed by the Table has an overlay of a risk-based approach together with four requirements:

- defining expectations
- agreement and contracting
- monitoring and reporting
- corrective action

Under the proposed Accountability Framework, ministries would establish outcome based policy frameworks for each human service program that has shared accountability. The purpose for each human service program, corresponding policy



and governance frameworks, standards, quality assurance, funding and performance management would be linked to defined, deliverable, outcomes and outcome measures.

Outcomes and targets would be developed through provincial-municipal collaboration for programs with shared accountability.

The central feature of the proposed new framework is the concept of a broad community based plan, the Community Human Service Plan (CHSP). The CHSP is outcomes based and covers the range of community social service and health needs.

A single negotiated provincial-municipal service contract would be in place to secure the flow of funding. The service contract would be based on an approved Community Human Service Plan (CHSP) with funding tied to negotiated outcome targets. Multi-year funding would be subject to approval by the province and municipal councils.

CHSPs would be multi-year, multi-level, and aligned with other key municipal planning processes. Community engagement would be required, with Table members suggesting, minimally every four years. The CHSP would consist of a core plan with two components: strategic vision and direction, and a rolling multi-year service plan containing immediate targets.

Municipalities would need to have the oversight capacity to ensure that funds are being utilized in accordance with the approved CHSP. Monitoring and review against the CHSP would be performed by representatives of funders (province and municipalities) and clients. Adjustments would be made as necessary. Monitoring and reporting against the CHSP to the Province would facilitate flow of the following year's funding.

Reporting and monitoring would be based on a consistent provincially-established reporting format and a common, collaborative approach (e.g. benchmarks, technology), for:

- level of services
- achievement of outcome targets
- performance against standards
- cost effectiveness measures relative to year-over-year and provincial benchmarks
- identified risks and mitigation strategies
- departures from plan for unforeseen circumstances
- emerging issues and trends
- public reporting

There is recognition that the capacity to develop a CHSP varies, and help would be needed to support implementation and rollout of this proposed new accountability and funding model. Also recognized is the need for the province to establish outcomes, targets and indicators in advance of implementation.

Three accountability documents have been endorsed by the Table, please see Appendix 1:

- A Proposed New Shared Accountability Framework for Human Services
- Community Human Services Plan Capacity Checklist – to help in better understanding of planning capacity requirements
- Accreditation – what accreditation is, and how and where it might be helpful in improving accountability and service delivery

### **3.5 *Implementation***

For consideration as a next step, the Table proposed a 12 month plan to lay the foundation for implementation of the proposed framework. The plan would need to consider how outcomes are to be developed, modifications required to provincial and municipal business practices, capacity building requirements, and opportunities to pilot or phase-in based on provincial and municipal readiness.

## 4.0 IMPROVING SERVICE DELIVERY

The second tranche of the Table's work was the development of scenarios for improving service delivery. Scenario development was informed by consideration of existing service delivery arrangements for income assistance and employment services, housing services, child care, land ambulance, and public health. Consistent with the mandate of the Table, the Table did not make recommendations. However, the Table did achieve consensus on opportunities or "conclusions" for consideration by the Coordinating Table.

### 4.1 Overview

A range of scenarios to improve service system management and delivery were explored. These scenarios provided an opportunity to consider conceptual strategies for better targeting core outcomes, aligning, streamlining and integrating related services, clarifying roles and responsibilities, and managing risk.

The scenarios included the following:

- consolidation and streamlining of housing and homelessness programs and services at the municipal level
- streamlining income assistance
- better integration of employment planning services
- better integration of child care and children's services
- continued delivery arrangements for land ambulance recognizing the ongoing work within an evolving system, but exploration of integrated dispatch services subject to measurable results from the Niagara pilot project
- enhanced public health board governance capacity to support better local service planning
- continued direction for improvements to municipal homes for the aged

### 4.2 Summary of Scenarios and Conclusions

The following chart summarizes the scenario discussions and the Table's conclusions. A fuller description of the program-by-program reviews, scenario discussions and factors taken into consideration in reaching conclusions are found in the next section.

Scenarios	Conclusions
Consolidating the range of housing and homelessness programming into an outcome focussed housing service managed at the municipal level	<ul style="list-style-type: none"> <li>• That an outcome focussed housing service that integrates existing housing and homelessness programming, managed at the municipal level, should form a key element of the province's new Long-Term Affordable Housing Strategy</li> </ul>
Simplifying and modernizing delivery of income and employment-related supports	<ul style="list-style-type: none"> <li>• That a simpler and more modernized income support system will allow for resources to be focussed on employment outcomes</li> <li>• That further policy and fiscal analysis should be undertaken to determine opportunities for modernizing income supports</li> <li>• That improved employment outcomes as a result of a more modernized and integrated income and employment-related services be considered a key element of the government's poverty reduction agenda</li> <li>• That the range of funding arrangements for Ontario Works administration be streamlined into a single funding arrangement</li> <li>• That the province and municipalities continue to work collaboratively to advance this work</li> </ul>
Explore opportunities for diversion strategies/low-income health benefits as an alternative to social assistance	<ul style="list-style-type: none"> <li>• Support-in-principle for exploring opportunities to intervene and divert from long-term reliance on social assistance as part of the government's poverty reduction agenda</li> </ul>
Better integration of Ontario Works, ODSP and Employment Ontario employment services to improve outcomes for clients and use of resources	<ul style="list-style-type: none"> <li>• That guidelines/standards be developed to promote integrated planning at the local level of municipally managed employment services and provincially managed ODSP and Employment Ontario employment services</li> <li>• Support-in-principle for a longer term alignment at the provincial level of policy and program design for employment services</li> </ul>
Enhanced Public Health board governance capacity to support better local service planning	<ul style="list-style-type: none"> <li>• That the current delivery arrangements for public health services and flexibility in board of health governance structure are maintained</li> <li>• That integration of the full range of public health programs delivered by boards of health with a focus on outcomes and performance management continue</li> <li>• That integration of health promotion programs with municipal social services programs continue to be improved</li> <li>• That better mechanisms are developed to streamline board of health interactions with the ministries of Health and Long-Term Care,</li> </ul>

Scenarios	Conclusions
	Health Promotion and Children and Youth Services
Land Ambulance Service	<ul style="list-style-type: none"> <li>• That the current delivery arrangements for land ambulance service continue</li> <li>• Support-in-principle for exploring integration of dispatch services subject to measurable results from the Niagara pilot project</li> </ul>
Better integration of child care and children’s services to improve outcomes	<ul style="list-style-type: none"> <li>• That scenarios be shared with the provincial Early Learning Advisor to inform development of advice to the Premier</li> </ul>
Introducing a shared accountability framework for cost-shared programs	<ul style="list-style-type: none"> <li>• That accountability arrangements between the province and municipalities for programs and services where the two orders of government share accountability for outcomes be framed by an outcomes based accountability arrangement linked to community human service plans with outcome measures and targets</li> <li>• That this arrangement be phased in as outcomes based policy and funding frameworks are developed for each program</li> </ul>
Implementation planning for approved recommendations	<ul style="list-style-type: none"> <li>• That within 12 months of acceptance of the Report, an implementation plan for approved recommendations to improve service delivery accountability arrangements be developed through a collaborative process</li> </ul>

### 4.2.1 Discussion Highlights

Table members reached consensus on scenarios that would streamline delivery, support integration of services, increase flexibility for local planning, free up resources to allocate to client service and strengthen shared accountability. The government commitments related to long-term affordable housing, poverty reduction, improved employment services and streamlined government services provided context for the consideration of scenarios.

With respect to the housing scenario, members pointed out that more individuals could be served within existing resources. Although some legislative change and negotiations with the federal government are required to implement the approach, there is potential for phasing in the Table’s conclusion beginning with programs under provincial control.

The Table recognized that implementing the scenario to simplify and modernize social assistance delivery may require regulatory change and would need technology support. In addition, consideration of the potential for diversion initiatives requires policy and design work to assess short and longer term impacts.

With respect to better integration of local employment planning, the Table supported the development of standards to guide integrated local planning for employment services, an initiative which can be implemented quickly through directives to employment service systems. To that end, the Table established a working group to draft a framework.

Table members also emphasized the importance of the federal government continuing to fund housing, to develop a national housing strategy, improve access to Employment Insurance for Ontario residents and increase support for child care as part of a national strategy.

Finally, members identified the benefits of maintaining momentum set at the Table by further collaborating on the development of a plan for implementing the Table’s scenario conclusions.

#### 4.2.2 Future Roles and Responsibilities

The proposed scenarios have implications for provincial municipal roles and responsibilities related to specific programs. The following is a table of proposed accountabilities and municipal roles based on the Table conclusions.

Program	Accountability	Municipal Role
Income and Employment-Related Services	Shared	Service System Manager
ODSP	Provincial	N/A
Ontario Drug Benefit (SA)	Provincial	N/A
Child Care	Shared	Service System Manager
Outcomes Based Housing Services	Shared	Service System Manager
Municipal Homes for the Aged	Provincial	Service System Deliverer
Land Ambulance Services	Provincial*	Service System Deliverer
Note: For public health mandatory programs, the province has primary accountability and responsibility for provincial outcomes with boards of health as service system deliverers responsible for local outcomes		

\* The Ambulance Act states that every upper-tier municipality is responsible for ensuring the proper provision of land ambulance services in the municipality in accordance with the needs of persons in the municipality (Section 6 (b))

## 4.3 Program-by-Program Scenario Discussion

### 4.3.1 Overview

Over the course of the Table's work, members reviewed each of the health and social service programs that were municipally delivered and/ or cost shared. For each scenario developed, the Table considered:

- What are the core program outcome/s?
- What is the mix of services that supports achievement of the core outcome/s?
- What is the best way to deliver services to achieve the outcome?
- Implications for provincial municipal accountability?

Set out below are summaries of the discussions and scenarios related to each program with the exception of the Ontario Disability Support Program and the Ontario Drug Benefit. In August 2007, at the annual AMO conference, the government announced that, as a first step in the Review, cost-sharing for these provincially delivered programs will shift to 100% provincial funding by 2011. As of January 1, 2008 the cost for the Ontario Drug Benefit is no longer cost shared by municipalities, and starting in 2011, municipal cost sharing of Ontario Disability Support Program will be completely ended.

A summary is also included for municipal homes for the aged, although no changes are proposed for this area.

### 4.3.2 Income and Employment-Related Services

In reviewing social assistance programs, the Table noted the complexity of the system from both a client perspective and from a delivery perspective.

Given the complexity of the income support and service delivery system, a significant portion of case management resources are directed towards eligibility determination and administration rather than working with clients.

The 2004 Report to the Minister of Community and Social Services was mentioned previously. The author, Deb Matthews, stated that the complexity of the rules was something she heard about the most during consultation.

From the worker perspective:

- *“The current system is very heavily burdened with rules that are enormously time-consuming to administer. Simplifying the rules would have the advance of focusing resources where they are most effective in helping people move to employment...Front-line workers told me they spend at least 80% of their time on administrative issues...leaving little time to address the needs of the clients and help them move toward employment.”* (p.25)

From the client perspective:

- *“The rules regarding applications are unnecessarily onerous, especially for particular groups such as people with poor language skills or the homeless.” (p.25)*
- *“Some caseworkers believe it is very difficult for clients to look for a job when they are worried about constant verifications and disentanglement.” (p.29)*

From the employer perspective:

- *“Employers also identified the complexity of employment programs as a barrier to their participation.” (p.31)*

The two social assistance programs, Ontario Works and the Ontario Disability Support Program (ODSP), are interconnected. Many of the applicants to the ODSP apply while they are in receipt of Ontario Works. Employment assistance for the non-disabled dependents of ODSP is provided through Ontario Works. Discretionary benefits for both ODSP and Ontario Works recipients are provided through Ontario Works.<sup>3</sup> Delivery is supported by a common technology system.

In its initial review of the programs, the Table looked at income support and administration and then looked at employment assistance.

For the **income support** component of Ontario Works, the social assistance program delivered by 37 Consolidated Municipal Service Managers (CMSMs) and 10 District Social Services Administration Boards (DSSABs), members agreed the core outcome is a basic minimum income for Ontarians in financial need. Related outcomes identified by members include readiness to learn, healthy individuals and strong communities, economic competitiveness, stable housing, and community engagement.

Members agreed:

- that the key service is the provision of payments for income support and benefits to eligible individuals and families
- on the need for person-centred, accessible services and for ongoing improvement to service quality and standards of services.

Members noted that:

- related services include other income support programs such as Employment Insurance (EI), Workplace Safety and Insurance Board (WSIB), Canada Pension Plan (CPP) and Old Age Security (OAS) as well as a range of social and health services and benefits
- services and benefits include housing and homelessness prevention services, immigrant settlement services, employment services, case management services to assist people with stabilization, and addiction and mental health services.

In examining **employment assistance**, Table members agreed that:



- the core outcome is that people are employed to the fullest extent of their abilities
- key outcome measures are employment, earnings and employment retention.

Members noted that:

- increased employability is a transition outcome
- related outcomes include improved economic competitiveness, community engagement, healthy individuals and strong communities, and people are housed
- employment is not an option for all and for some might be a part-time option;
- employment is an important avenue to community engagement and both an outcome and support for stabilization, and also contributes to an individual's sense of dignity and self-worth.

Key services include client-centred case management and support services. Support services include stabilization, employability development, training, employer engagement, and individualized employment placement, retention, and advancement services. Related services include housing, child care, immigrant settlement services, recreation, addiction treatment, and other health services.

Members noted that there are three main employment service systems, with the Ministry of Training Colleges and Universities (MTCU) responsible for training services:

- Employment Ontario (managed by the province through MTCU)
- ODSP employment supports (managed by the province through MCSS)
- Ontario Works employment services (managed by CMSMs and DSSABs).

There was consensus that income and employment support programs play a critical role in supporting the economic competitiveness of local communities. Key factors are the dependence of the economy on a temporary, casual and part-time labour pool to meet competitive demands and the need for ongoing retraining, skill development and adjustment services to meet emerging demands for a flexible labour force.

In examining opportunities for improving income support and employment service delivery, members agreed on key objectives for improved service delivery including:

- improved employment outcomes
- streamlined and simplified social assistance delivery
- improved access to employment services
- treatment of people with dignity and fairness
- strengthened accountability and sustainability.

In considering scenarios for service delivery improvement, specific opportunities were highlighted:

- opportunities to improve information sharing

- opportunities to modernize delivery including increased use of web-based services to clients
- importance of the case management or “case navigation” function to assist clients to navigate the service continuum and meet individual needs
- importance of income and employment services to community engagement and social inclusion
- need to link local human service planning and economic development
- importance of local community human services planning.

Members noted that:

- improved employment outcomes contribute to the prosperity of a community together with measurable cost savings in related program areas such as health and housing
- an integrated income and employment system could support the government’s commitment to a provincial poverty reduction strategy
- simplifying the rate structure would allow for greater client transparency, streamlining of administration and modernizing delivery, freeing up resources to invest in employment outcomes
- more use of web-based services would free up resources to focus on providing employment services and improved services for clients and employers.

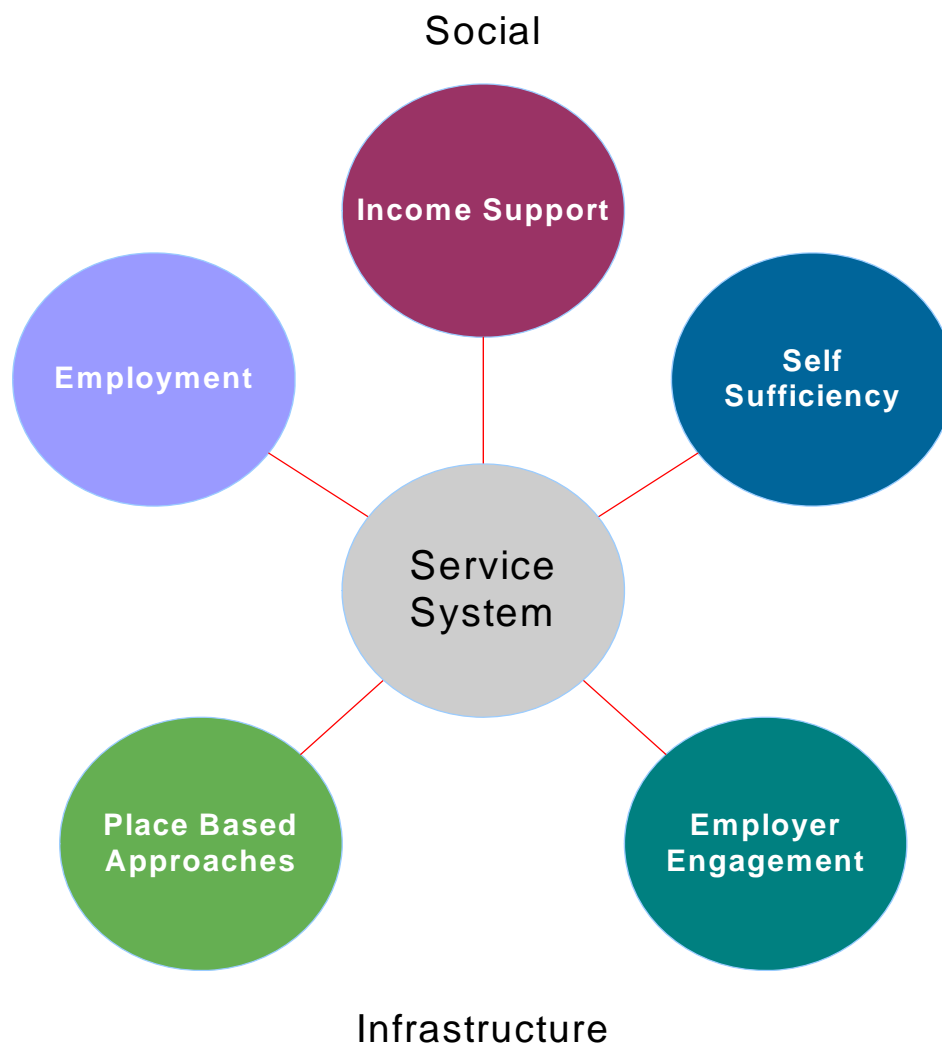
It was recognized that implementation of a better integrated and modernized income and employment system would take time. However, in the short term, steps could be taken to simplify client access through greater use of web-based services, improve coordination of employment planning between employment service systems, and streamline program funding for case administration.

The scenarios discussed by the Table included:

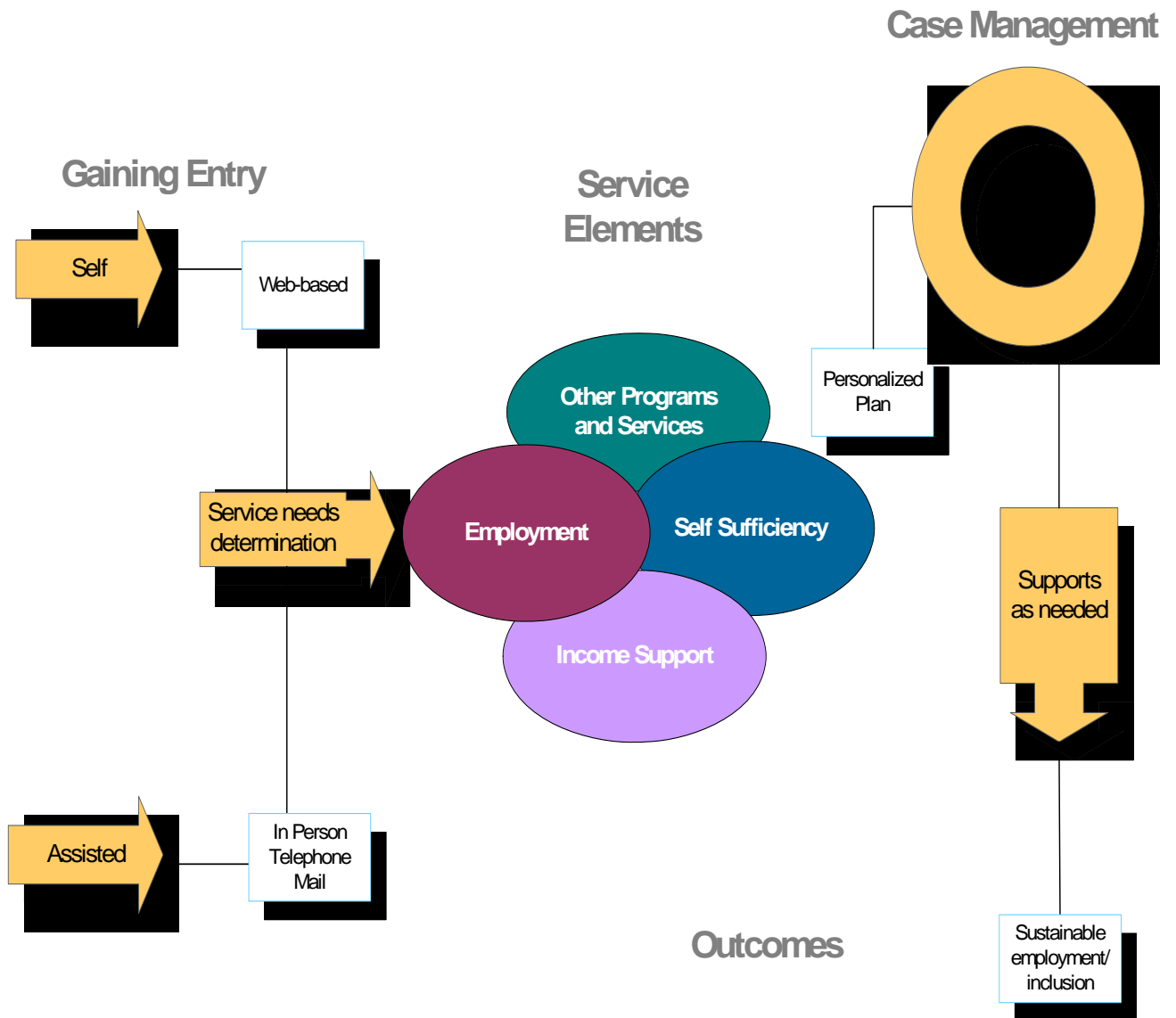
- simplified and modernized delivery of income and employment-related supports
- better integration of Ontario Works, ODSP and Employment Ontario employment services at the local level and the potential to improve harmonization at the provincial level
- diversion strategies such as short term financial assistance and low-income health benefits as an alternative to social assistance
- bundling together the different funding streams for program administration

To visualize what an integrated and modernized system could look like, members saw the following graphics as helpful.

**Graphic 1: An Integrated Modernized Approach to Income and Employment-Related Services**

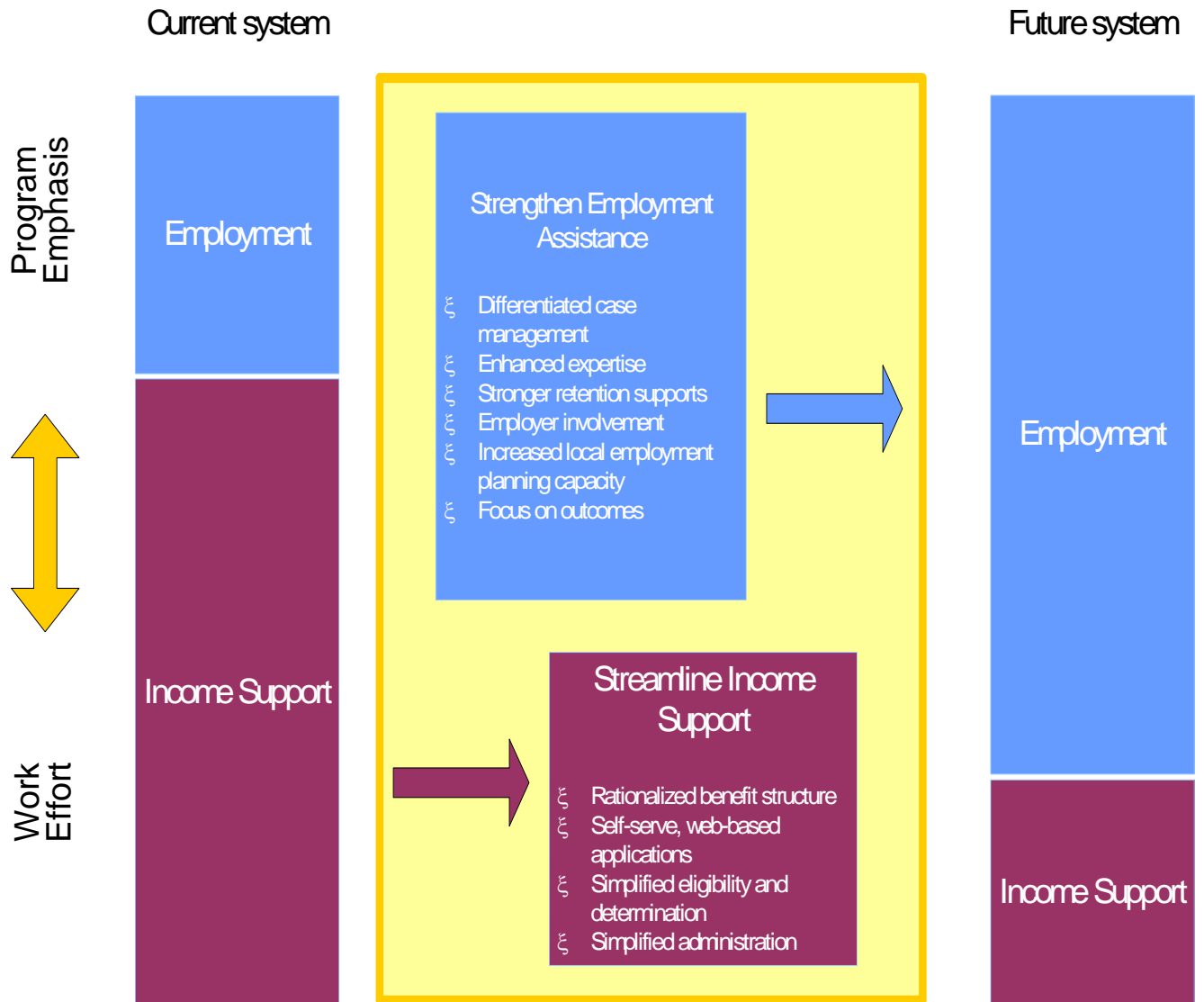


Graphic 2: Service System Service Path



Graphic 3: Towards a New Service System

# Aligning Program Work Effort and Emphasis



For a more detailed illustration, developed by City of Toronto staff, please see Appendix 2, “*Picturing an Integrated Service System and Path*”.

The Table considered the concept of short-term emergency support for people in financial crisis as a way to help divert entries into longer term assistance and minimize re-entries to the system. While program design was outside the scope of the Table, members considered the concept worth pursuing nonetheless.

The Service Delivery Accountability Table determined that in an integrated income and employment service, accountability for outcomes would be a shared provincial-municipal accountability instead of the current mix of both primarily provincial and shared accountabilities.

Finally, there was agreement in broad terms on the work still to be done. For example, more policy and fiscal analysis is needed to assess opportunities for streamlining income support, diversion strategies and health benefits. Supporting legislation, program and technology development would also be required. In particular, technology needs to be an integrated, seamless system to maximize service integration and client self-help.

Please see Appendix 3 for case examples of how today, better integrated service delivery and use of technology improves services for people.

*The Table concluded:*

- *a simpler and more modernized income support system will allow for resources to be focussed on employment outcomes*
- *further policy and fiscal analysis should be undertaken to determine opportunities for modernizing income supports*
- *improved employment outcomes as a result of more modernized and integrated income and employment-related services should be considered a key element of the government’s poverty reduction agenda*
- *the range of funding arrangements for Ontario Works administration should be streamlined into a single funding arrangement*
- *the province and municipalities should continue to work collaboratively to advance this work*
- *guidelines/standards be developed to promote integrated planning at the local level of municipally managed employment services and provincially managed ODSP and Employment Ontario employment services.<sup>4</sup>*
- *support in principle for exploring opportunities to intervene and divert from long-term reliance on social assistance as part of the government’s poverty reduction agenda*
- *support in principle for a longer term alignment at the provincial level of policy and program design for employment services.*

### **4.3.3 Housing/Homelessness Services**

As a first step in reviewing housing services, the Table examined individual housing and homelessness prevention-related programs under the ministries of Community and Social Services (MCSS), Health and Long-Term Care (MOHLTC) as well as Municipal Affairs and Housing (MMAH). Key services included in the review were emergency shelter services, social housing, domiciliary hostels, housing allowances, supportive housing services, affordable housing, and homelessness prevention services such as the rent bank and emergency energy fund. Currently there are more than twenty housing and homelessness prevention programs.

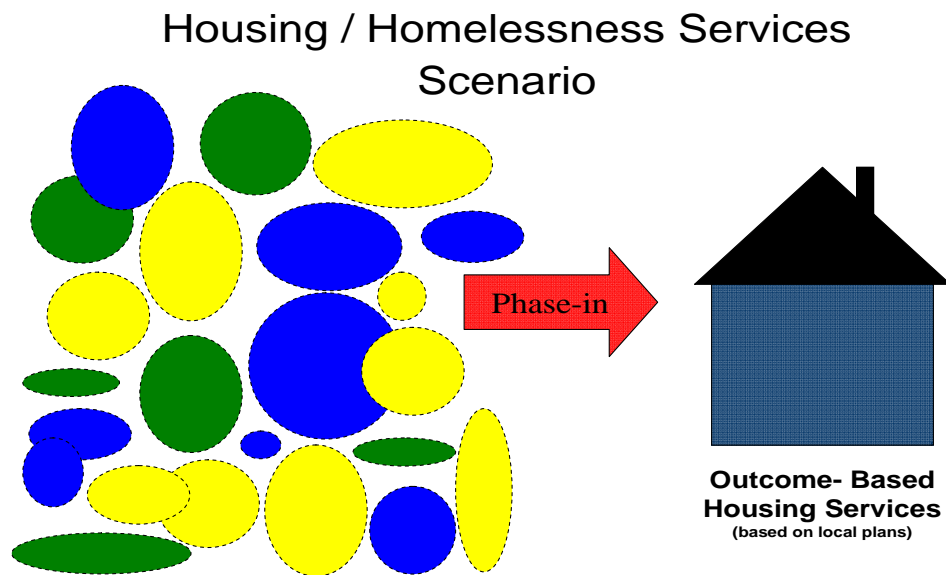
There was consensus among the members that the core outcome for services related to housing and homelessness is that people are housed. Other related outcomes identified include healthy individuals and strong communities as well as employment and community engagement.

The scenario discussed by the Table was a consolidation, over the medium term, of the range of housing and homelessness programming into an outcome focussed housing service:

- managed at the municipal level
- policy/program areas (i.e. operating and capital) harmonized at the provincial level.<sup>5</sup>
- parallel municipal harmonization to enhance municipal capacity to coordinate local service delivery driven by community based, multi-year housing plans

Table members discussed the bundle of housing and homelessness prevention services needed to achieve the outcome and the importance of a continuum of housing services to meet client needs. Members noted that housing needs vary by individual and community and that having the flexibility to tailor housing services to the needs of individuals based on local circumstances is critical to achieving a positive outcome.

They found the following graphic helped to illustrate how the current array of multiple homelessness-prevention and housing services and programs, some overlapping, could move to an outcome-based housing service.



The Table agreed on the need for program harmonization to support the new service system, which would take time to achieve and require a transition strategy.

Members also discussed the relationship between health outcomes and housing outcomes and whether the MOHLTC long-term care services are primarily part of the housing continuum or part of health services.

Members acknowledged strong connections between housing and other services and the cost impacts on those services of people not being adequately housed, for example, policing and hospital emergency services.<sup>6</sup>

Members agreed on the importance of community planning and evidence based research to determine local service strategies, and the need to have local outcomes reflected in community plans. They also agreed that performance measures and standards should be open and transparent, and that “every land use planning” discussion needs to include affordable housing.

*The Table concluded that:*

- *an outcome focussed housing service that integrates existing housing and homelessness programming, managed at the municipal level, should form a key element of the province’s new Long-Term Affordable Housing Strategy.*

#### **4.3.4 Land Ambulance**

Members reviewed land ambulance service and agreed it is in the midst of an evolutionary process from patient transportation service to an emergency medical response. In several cases, the management of ambulance services is integrated with fire and police, and mixed views were expressed on whether land ambulance is part of emergency services or the health continuum. A follow up survey undertaken by



Emergency Health Services showed that more municipal ambulance services report through the Health continuum of the municipal structure than through the emergency management area.

The current land ambulance service system, part of Ontario's Emergency Health Services (EHS) system, includes land ambulance services delivered by fifty upper-tier/designated delivery agents and by ten First Nations. Land ambulance communication services (dispatch) are delivered by four municipalities, seven hospitals, eleven provincial services and one private organization.

Table members agreed that a model for this service should encompass strategic management, partnership, financial accountability, patient accountability, seamlessness and technology.

Members discussed the need to articulate client-centred outcomes and outcome measures, clarifying:

- who is the client
- whether services are improved if land ambulance services are clearly part of the local emergency response system or part of the health services continuum
- whether dispatch services should be managed municipally

They flagged the link to resource management, noting a key issue for municipal cost sharing is capacity to pay for costs that are out of municipal control and for costs that are within municipal control. Members also discussed the control of resources which are deployed by Dispatch. Dispatch is directly linked with municipalities through municipal deployment plans and the Dispatch Advisory Committee, and members stressed the importance for service operators to have control over their fleet/resources.

Members noted that:

- the technology that supports the front-end of ambulance dispatching is consistent across the province with the exception of a Niagara pilot site
- technology in other municipal public safety agencies and the ability to support such technologies varies significantly across the province and can have an impact on tiered response times
- the need for paramedics to remain on hand at hospitals as paramedics must stay with a patient at a hospital until a transfer of care takes place

In terms of municipal funding for non-ambulance medical transportation, there are differing municipal funding policies that apply to non-emergency patient transfers. Table members also expressed the need to look at cost sharing arrangements in terms of actual costs versus approved costs, noting that the need for change is the result of the evolution that has occurred in EMS from transportation to a front line medical service

Some members suggested that once measurable information is available from the Niagara pilot<sup>7</sup> this should inform decisions regarding whether to expand the pilot

sites. Consideration should also be given to operating a parallel pilot in a rural area, and/or implementing changes to the service.

Other key considerations identified for land ambulance are ambulance services moving towards an enhanced medical services delivery model, communication services utilizing a medical dispatch model, and the Table's support for the current medical quality and accountability model utilized within the ambulance system.

*The Table concluded:*

- *the current delivery arrangements for land ambulance service should continue,*
- *support in principle for exploration of integrated dispatch services subject to measurable results from the Niagara Pilot project*

### **4.3.5 Public Health**

Members agreed that public health goals are generally population based although many of the activities target individuals.

Table members discussed whether it would be beneficial to separate the management of public health services into provincial responsibilities (e.g. infectious disease control) and locally-managed responsibilities (e.g. health promotion). It was agreed that the full range of public health programs should continue to be delivered by boards of health, but highlighted the importance of linkage with community human services planning.

While the integration of health promotion programs with municipal social services programs can be improved, members did not support transferring responsibility for health promotion programs to municipalities. Better integration should occur between municipal and public health programs consistent with a 'social determinants of health framework'.<sup>8</sup>

Members were in agreement that the public health system must function according to provincially-set standards with a focus on outcomes and performance management.

Of thirty-six boards of health:

- twenty-two are autonomous, operating separately from the administrative structure of municipalities
- four are integrated into municipal administrative structures, but are autonomous, focused primarily on public health, and operate under policies and procedures of their municipalities
- ten are within a regional government or single tier city, where municipal council has the mandate and authority of a board of health

Municipal councils that act as boards of health should ensure a strong focus on public health. Members noted that there were advantages to having the full engagement of

municipal councillors in public health issues given their community connection and knowledge of community health.

The Table acknowledged the challenges of reporting to three ministries and some members noted that care should be taken to ensure that these relationships are not a hindrance to moving towards better integration.

It was noted that the recommendations of the Capacity Review Committee, are under consideration by the province. It was further noted that the work of the SDAT may inform the provincial response to the Capacity Review Committee's Report.

Other key considerations identified for public health are international linkages, and the need for coordination and partnerships with other services as well as broad public health messaging.

*The Table concluded that:*

- *the integration of the full range of public health programs delivered by boards of health with a focus on outcomes and performance management should continue*
- *the integration of health promotion programs with municipal social services programs should continue to be improved*
- *the current delivery arrangements for public health services should be maintained, including the flexibility in board of health governance structure*
- *better mechanisms should be developed to streamline board of health interactions with the Ministries of Health and Long-Term Care, Health Promotion and Children and Youth Services*

#### **4.3.6 Child Care/Children's Services**

The Table reviewed child care services. In Ontario, the child care system consists of both licensed care and informal (unlicensed) care. Child care services are provided to children up to age 12 or up to age 18 for children with special needs.

Most funding for child care services comes from parent fees. Through MCYS, the province provides funding for fee subsidies, wage subsidies, wage improvement, special needs resourcing, resource centres, and administration. Child care services are cost shared on an 80% provincial/20% municipal basis while administration is cost shared 50%/50%. It was noted that Best Start is funded by the province at 100% of the cost.

The Table agreed that the core outcomes of child care services are readiness to learn, healthy child development and support to employment. Members also agreed that child care services need to be integrated with the full spectrum of children and youth services in order to achieve core outcomes and straightforward access to services for parents and children.

The scenarios discussed by the Table included both a longer term and shorter term approach:

- a longer term vision of integrated service delivery adopted to achieve outcomes – readiness to learn, healthy child development and support for labour market attachment
- service system roles clarified, possibly using the new “Early Learning Advisor” to assist
- in the short term, consolidation of Ontario Early Years Centres, Family Resource Centres, Family Literacy Centres, Special Needs Resources, Best Start, and the range of Child Care funding components (fee subsidies, wage subsidies) into a single program:
  - in order to streamline administration, simplify access for clients, and support service integration
  - a new funding formula and plan for stabilizing child care developed that supports longer term stability for the single consolidated program

The Table noted that the foundation stone for integrating services to meet the needs of children and parents is an individualized plan “to help a child achieve his or her potential” that brings together the appropriate mix of services and resources based upon the needs of the child and continues throughout the life of the child.

The consensus view was that the spectrum of children and youth services ranges from early years services through child welfare, children and youth mental health services, and to formalized integration with the education system. Member discussion included the need for an integrated service path from the perspective of parent and child needs.

Members flagged the need for:

- clearer linkages between different parts of the children’s service sector
- greater clarity regarding expectations for how the various components of the children and youth system should work together
- clear accountability between service managers and providers for working together
- clear direction to all stakeholders on roles and expectations for service system planning and integration
- accountability mechanisms and measures related to service outcomes and delivery
- stability in the child care sector – in both staffing and funding.

The Table identified key strategies to improve service delivery for parents and children including:

- establishing strong provincial governance with clear guidelines related to expectations for outcomes, planning, linkages, and accountabilities between service providers across the range

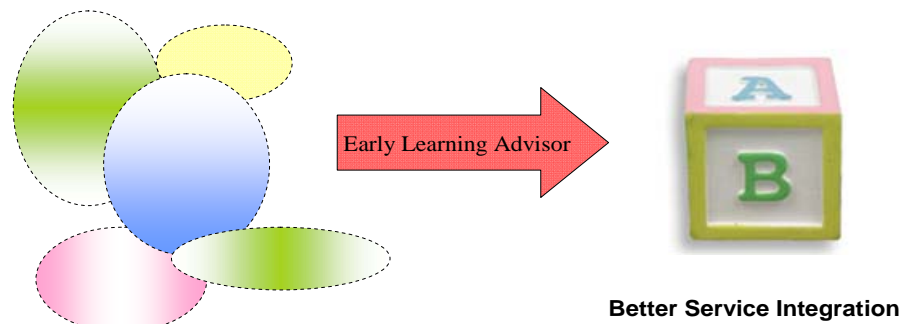
- formalizing linkages across service sectors with consideration given to legislative requirements and provincial directives to drive integrated service delivery across sectors
- establishing a responsibility centre for needs assessment and development of an individual's plan
- investing in stabilizing the sector – e.g. wages, stronger linkages to educational system and College of Early Childhood Educators
- setting an accountability framework for children and youth services with outcome measures, benchmarking, and mechanisms to track and compare whether service providers are achieving benchmarks.

A number of scenarios to better integrate child care and children's services were identified. The Table was in agreement on a longer term vision of integrated service delivery to achieve outcomes – readiness to learn, healthy child development and support for labour market attachment. Members also agreed that there was a need to clarify service system roles and that the new “Early Learning Advisor” may assist. Specific scenarios discussed included:

- consolidate Ontario Early Years Centres, Family Resource Centres, Family Literacy Centres, Special Needs Resources, Best Start, and the range of Child Care funding components (fee subsidies, wage subsidies) into a single program
  - to streamline administration, simplify access for clients, support service integration
- develop a new funding formula for the consolidated program that supports longer term stability
- develop a plan for stabilizing child care that considers both policy and financial strategies.

*The Table concluded that the scenarios discussed should be shared with the Early Learning Advisor.*

This conclusion is illustrated by the following graphic.



#### 4.3.7 Municipal Homes for the Aged

The Table reviewed the Ministry of Health and Long-Term Care (MOHLTC) Municipal Homes for the Aged, part of the Long Term Care (LTC) Homes Program.

Most upper- and single-tier municipalities are required by law to operate at least one home. As of April 30, 2007, there were 103 municipal homes for the aged providing more than 16,000 beds together with appropriate care for seniors who are no longer able to live independently.

In the course of the review, the Table noted that as of April 2007, Local Health Integration Networks (LHINS) hold the ministry's share of funding to LTC Homes. All homes, regardless of type, are required to meet common service standards established by MOHLTC.

Members also acknowledge that Community Care Access Centres (CCACs) are responsible for placement coordination for all LTC homes, including municipal homes for the aged. Placement services may cross LHIN and/or municipal boundaries as residents may choose to be admitted to any home.

MOHLTC provides funding on a per diem basis adjusted based on the care requirements of residents in the home, and the residents pay regulated co-payment amounts. While municipalities are not required to financially contribute to the operation of their home unless there is a shortfall, a number of Table members stressed that many municipalities make a considerable investment to subsidize operation of their homes. They made clear their interest in receiving additional provincial funding so that municipalities can provide the level of service expected by the community.

*After completing its review of the program area, Table members concluded that municipal homes for the aged are part of the health care continuum, not the housing continuum. No changes were suggested at this time, given work to improve the system was already underway and the Table supported the continued direction.*

A number of factors were involved in reaching this conclusion. For example, Table members agreed that each municipality or district in the north already has the ability to provide seniors with a local, accessible option for care in a homelike setting. They also have the level of flexibility necessary to adapt service offerings to meet local cultural preferences and/or population needs. Strong support for the municipal role was voiced in the course of public dialogue leading up to the new *Long Term Care Homes Act*.

Another consideration is that accountability mechanisms and local governance structures appear to be sufficiently in place to support the public policy interests of efficient and effective use of government funding and quality care outcomes for residents. The existing standards and accountability framework provide clear guidance on the operation of homes. The standard complaints procedure investigation element of the framework has especially helped build public confidence, as does the fact that all homes' records of care are available on a public website.

It was also noted that work is currently underway by MOHLTC to develop a common assessment tool. A common assessment pilot project is expected to lead to standardized care planning, a critical component of positive health outcomes. More accurate and reliable data on the care outcomes for residents should also be available as a result of the pilot.

#### **4.4 Conclusion and Next Steps**

At the outset of this review, the Table identified two themes to guide its work: improving accountability and improving service delivery. Our vision is of community based human services that are easy to access, client centred and outcome focussed.

To that end, the Table continues to support a shared accountability between the province and municipalities for human services. However, the Table is proposing a significant shift away from siloed, compliance-based and process oriented systems toward more integrated service systems that are outcome focused and client-centred.

Central to this vision is a community human services plan, developed by municipalities, which will inform planning and funding priorities and decisions at the local level.

The Table can see a future for human services in which municipalities have flexibility to move funding within and around programs to where it better satisfies needs, in which local employment service delivery planning is integrated, not fragmented, and

where the delivery of income and employment-related supports is streamlined and modern. And these are but a few examples among the many discussed in this background paper.

The vision will require changes at both the provincial and municipal levels for the way human services are planned, managed, and delivered.

There is urgency to this work. This process has afforded an opportunity for a thoughtful and comprehensive review of a range of human services programs. The Table reviewed numerous studies, reviews, and case examples that all support the need for service delivery systems that are integrated, easy to access, and client-centred. There is also a common view among provincial and municipal representatives as to the direction forward, and this should be capitalized on.

The Table also considered planning for implementation. Members advised that implementation planning for approved recommendations should move forward immediately on approval. The Table advice is that within 12 months of acceptance of the Report, an implementation plan for approved recommendations to improve service delivery accountability arrangements should be developed through a collaborative process that involves the province and municipalities.



## APPENDIX 1

### A) Proposed Shared Accountability Framework for Human Services

#### INTRODUCTION

The province and municipalities that deliver human services share accountability for the provision of a range of human services that are core to the functioning of sustainable communities. Demonstrable results (outcomes) are needed to build and sustain public confidence and support for investment in human services.

Clients, taxpayers and the public expect seamless, integrated service delivery and have increasingly high expectations for service quality, effectiveness and efficiency. The partners understand the need for improved accountability in funding, management and delivery of services, and that transparency of decision making and transactions between affected parties are essential to improved service delivery and accountability.

#### PURPOSE

The purpose of a new Accountability Framework for Human Services is to move accountability away from compliance-based and process oriented systems that are focused on inputs towards a system that is focused on outcomes.

A common outcomes based accountability framework for all human service programs is intended to improve accountability and transparency for clients, funders, deliverers and taxpayers. Improved human services means better outcomes for people, which in turn improves the well-being of communities, increases economic health and competitiveness, and ultimately can reduce overall taxpayer costs.

#### SCOPE

This framework supports integrated service planning and delivery and increased flexibility for municipalities to plan and manage resource allocations as a consolidated funding envelope to achieve targets.

A key element for the new Accountability Framework for Human Services is the Community Human Services Plan, which forms the basis of the negotiated agreement requirement detailed below. It is noted that there is potential for linking community human service plans to a provincial human service plan.

Like the province's Transfer Payment Accountability Directive and other modern accountability frameworks, the Accountability Framework for Human Services has an overlay of a risk-based approach together with four mandatory requirements:

Defining Expectations, Agreement and Contracting, Monitoring and Reporting, and Corrective Action.

Finally, municipalities will have different starting points for human services planning, depending on capacity. Using the CHSP as the basis for negotiating a single funding agreement with the province, would mean that the organization proposing the CHSP has demonstrated capacity to engage the community and plan for, manage and deliver across the range of human services. One of the tools for assessing capacity, the Community Human Services Plan Capacity Checklist, is found in Appendix 1

## **VISION and PRINCIPLES**

### **Context**

In developing the Accountability Framework for Human Services, the partners articulated a vision of strategic human services in Ontario to set a broad context and principles. They also identified draft “guiding” principles that work inclusively to support improved service delivery.

In a complex system involving partners, accountability is fundamental to the creation of effective relationships and sound management practices. Each of the partners must clearly understand and accept their respective roles and responsibilities.

Accepting responsibilities creates an obligation to account for the discharge of that responsibility. Each of the partners also commits to the performance expectations of the partnership, and these performance expectations need to be in balance with their respective capacities to deliver results.

The reporting of results and outcomes achieved is the foundation of accountability. Reporting allows for adjustments to be made, including changes to strategic directions and resource allocations. When established outcomes are not achieved, consequences and corrective actions are taken so that activities are redirected in line with expectations.

### **Vision**

The following is the vision of strategic human services in Ontario:

- Integrated human services planning and service management at the municipal level will provide seamless access to a network of quality, place-based human services in Ontario.
- Integrated and client-focused human services that are accessible, responsive and adaptable to the specific circumstances of people and communities will result in more positive outcomes for all Ontarians.

- Comprehensive human services will reduce the breadth and depth of poverty, promote social inclusion, support child development, increase and sustain labour force attachment, and improve the overall health and well-being of the population.
- Measurable results for people, funders, deliverers, and tax payers will be achieved through an outcome based accountability framework and funding that supports flexibility, innovation, collaboration, community engagement, transparency and value for money.
- Strategic investment in Ontario's social infrastructure will benefit all Ontarians by the enhancing economic competitiveness, and social and cultural sustainability of Ontario.

## Principles

The following are guiding principles:

- **Customer/Client Centered** – quality, meaningful services are tailored to the needs of clients
- **Accessible** – services are easy to access with straightforward, understandable rules
- **Integrated** – promotes seamless service delivery through streamlined, efficient provision of quality services without duplication and overlap
- **Flexible** – planning, funding, delivery, and administration of services are inclusive and responsive to changing needs and circumstances and varying capacities of municipalities and the province
- **Outcome Focused** – the outcomes and performance measures are clear, consistent and are linked to program purpose
- **Clear Roles and Responsibilities** - the roles and responsibilities of the parties in the accountability relationship are clearly described, understood and accepted
- **Streamlined/Reduced Complexity** – all aspects of the accountability relationship should be elegant in design, straightforward. and necessary
- **Continuous Improvement** – strives for excellence through continuous improvement, innovation and risk management with ongoing monitoring, measuring, evaluation and public reporting
- **Affordable/Cost Effective** – promotes cost effectiveness and improved return on investment through such measures as benchmarking, identification of best

practices, and year over year and cross-province comparisons of level, quality and cost of services

- **Remedial Action** – uses progressive measures to ensure agreed upon minimum standards and service outcomes are realized and to protect customers/clients interests. The agreed upon customer/client outcome would not be compromised by any enforcement measure

## REQUIREMENTS

For the provincial and municipal orders of government, risk management practices provide the opportunity to use the optimum level of oversight, control and discipline, enabling management of risk in changing environments and help provide the proper level of assessment so that program/service delivery objectives are being met.

Based on a risk management approach, the following requirements must be in place:

### 1. Defining Expectations

The province must establish common principles, definitions, common rules and consistent measures across the human services spectrum. The purpose for each human service program, corresponding policy and governance frameworks, standards, quality assurance, funding, and performance management are all linked to defined, deliverable, outcomes and outcome measures.

Outcomes and outcome measures are developed through provincial-municipal collaboration.

### 2. Agreement and Contracting

A negotiated, provincial-municipal service contract must be in place to secure the flow of funding. The service contract is based on an approved Community Human Services Plan (CHSP).

The CHSP, based on outcomes, covers the range of social and community health needs. It contains the following elements:

- Data gathering and analysis
- Environmental assessment, including all relevant areas of municipal responsibility
- Stakeholder engagement strategy, including other orders of government, community and stakeholders
- Description of community human service issues/needs, present and future
- Plan for innovation, including evaluation, and a long-term plan for innovation reinvestment opportunities e.g. x % of the envelope intended to achieve targets that can be used for new service approaches/areas
- Strategy/plan to address issues includes, defined, deliverable outcomes and outcome measures – short and longer term

- Risk management plan
- Timeframes and reporting
- Public reporting/feedback
- Plan for resource allocation to meet targets

CHSPs are multi-year, multi-level, and aligned with and built upon other key municipal planning processes. Community engagement is required (no less than every 4 years). The CHSP consists of a core plan with two components, a strategic vision and direction and a rolling, multi-year service plan containing immediate targets. For example, a 4-year rolling plan with annual updates and reports.

Annual updates and a report are required, including an explanation of variance.

Funding is flowed based on an approved CHSP. Multi-year funding is subject to approval by the province and municipal councils.

### **3. Monitoring and Reporting**

The province and municipalities must have the oversight capacity to ensure the funds are being provided in accordance with the CHSP.

Auditing, monitoring and review against the CHSP is performed by representatives of funders (province and municipalities) and clients. Adjustments are made as necessary. Monitoring and reporting against the CHSP facilitates flow of the following year's funding.

Reporting and monitoring is based on an agreed upon consistent reporting format and a common, collaborative approach (e.g. benchmarks, technology), for:

- Level of services
- Achievement of outcome targets
- Performance against standards
- Cost effectiveness measures relative to year over year and provincial benchmarks
- Identified risks and mitigation strategies
- Departures from plan for unforeseen circumstances
- Emerging issues and trends
- Public reporting

### **4. Corrective Action**

The objective of corrective action is to ensure that provincial funds are either used in accordance with the negotiated provincial-municipal service contract, or funds are returned to the provincial treasury.

Progressive corrective action is taken to address shortfalls and issues associated with achievement of plans. Action plans as well as progress on them are reported to the province, municipal councils and the public.

## **ROLES AND RESPONSIBILITIES**

### **Province**

Province is responsible for establishing provincial principles, objectives, province-wide priorities, policy frameworks (including legislation and regulation), provincial level targets, outcomes and outcome measures, provincial resource allocation – by region, service/sector – to support the achievement of outcomes.

### **Municipalities**

Municipalities are responsible for community level planning, including the necessary linkages with other planning bodies and processes; establishing local priorities, outcomes and outcome targets aligned with those set provincially; and determining service and service delivery models, local resource allocation including level of investment in specific types of services.

## **IMPLEMENTATION APPROACH**

Within 12 months, develop an implementation plan which considers the development of outcomes and implementable outcome measures, provincial and municipal business practices, capacity requirements, and opportunities to phase-in based on provincial and municipal readiness.

A strategy for capacity building and review with the necessary support mechanisms will be needed.

## **DEFINITIONS\***

### **Accountability**

The obligation to answer for results and the manner in which responsibilities are discharged. Accountability cannot be delegated.

### **Governance**

The processes and structures through which power and authority are exercised, including the decision-making processes.

### **Responsibility**

The obligation to assume a role or take specific action(s). Responsibility may be delegated or conferred by mutual agreement, depending on the relationship.

### **Risk**

The chance of something happening that will affect the achievement of objectives. Risk can represent an opportunity or threat to the achievement of objectives.

### **Risk Assessment**

The identification and analysis of relevant risks to the achievement of assigned objectives. Risk assessment is a prerequisite for determining how risks should be managed.

### **Risk Management**

The active process of systematically identifying risks, assessing exposures and developing appropriate action plans so that risks are managed in a way that will enable a recipient to meet its business objectives.

### **Value for Money**

Use of public resources with due regard for economy, efficiency and effectiveness.

\*selected/adapted from: Ontario's Transfer Payment Accountability Directive, August 31, 2007, and Roles and Responsibilities, 2001

## B) Proposed Human Services Plan Capacity Checklist

Capacity Required	Documented and Demonstrated
<b>For Defining Expectations and Negotiating Agreement/Contracting</b>	
<b>to plan</b> for services at the community level by developing a Community Human Services Plan (CHSP), focused on outcomes, which covers the range of social and community health needs	<i>Human Resources</i> <ul style="list-style-type: none"> <li>○ understanding of outcomes, outcome measures, targets, and measurable results</li> <li>○ understanding of each of the human services covered by the CHSP, and how they integrate and/or interconnect with each other and linked to other planning processes</li> <li>○ understanding of client needs and service provider community</li> <li>○ community engagement negotiation experience in the context of human service planning</li> <li>○ ability to access information from many sources, analyze, and use it</li> </ul>
	<i>Structure</i> <ul style="list-style-type: none"> <li>○ dedicated planning function with effective community engagement mechanism</li> <li>○ performance measurement system</li> <li>○ written statements of the philosophy, goals, and objectives for integrated, community human services planning exist and are available to all staff</li> </ul>
	<i>Culture</i> <ul style="list-style-type: none"> <li>○ council commitment to achievement of client centered outcomes and support for integrated human services planning</li> <li>○ commitment to significant community engagement in the planning process and for broad partnerships to support community capacity-building, noting that capacity can expand as a natural consequence of effective planning</li> <li>○ common understanding of the expected results or standards for human services is shared between municipal staff and council</li> <li>○ commitment to ongoing evaluation and corrective action</li> </ul>
	<i>Record of Achievement</i> <ul style="list-style-type: none"> <li>○ established record of meeting provincial requirements in an appropriate and timely fashion for all human service areas</li> </ul>
<b>to manage and oversee services</b> that are delivered through a network of organizations and/or departments using a systems approach that effectively meets the needs of client groups, through partnership and collaboration among organizations within the network	<i>Human Resources</i> <ul style="list-style-type: none"> <li>○ understanding of outcomes, outcome measures, and targets</li> <li>○ capacity to manage and oversee services</li> </ul>
	<i>Structure</i> <ul style="list-style-type: none"> <li>○ accessible system for consumers/clients to receive information on their right to complain about and appeal decisions without negative impact for using the system</li> <li>○ client satisfaction survey or similar mechanism is part of performance measurement system</li> </ul>
	<i>Culture</i> <ul style="list-style-type: none"> <li>○ council support for collaboration, community capacity building, and partnership that is shared among staff</li> <li>○ promotion of seamless service delivery through streamlined, efficient quality services without duplication and overlap</li> </ul>
	<i>Record of Achievement</i> <ul style="list-style-type: none"> <li>○ established record of service system management through partnership and collaboration</li> </ul>
<b>to have adequate physical structure in place</b> to support the key aspects of planning, managing and overseeing services, including physical environment, electronic and other logistical support	



<b>For Monitoring and Reporting, and Taking Corrective Action</b>	
<b>sound fiscal management</b> of funding for delivery of outcomes, timely reporting and taking appropriate corrective action	<i>Human Resources</i> <ul style="list-style-type: none"> <li>○ dedicated financial function and staff who have professional accreditation</li> <li>○ sound fiscal management</li> <li>○ tracking, reporting, and determining corrective action plans</li> </ul>
	<i>Structure</i> <ul style="list-style-type: none"> <li>○ internal financial controls, audit, and risk management systems</li> <li>○ up-to-date annual audited financial statements</li> </ul>
	<i>Culture</i> <ul style="list-style-type: none"> <li>○ focus on public accountability, transparency, and value for money</li> </ul>
	<i>Record of Achievement</i> <ul style="list-style-type: none"> <li>○ established record of sound fiscal management of provincial and other funds, timely reporting, continuous improvement, and taking appropriate corrective action</li> </ul>

### C ) Accreditation as a Support to Accountability

- Accreditation is a quality-assurance mechanism that promotes public accountability and improved quality for organizations.
- Accreditation includes the following features:
  - An accreditation body that sets performance standards for service quality and measures performance against those standards;
  - Accreditation standards that are established through a consensus process involving representation from experts, funders, and service sector stakeholders;
  - A third-party peer review that applies standards via an onsite review process;
  - Information that is gathered through the examination of documentation, interviews, and observation;
  - A certificate of accreditation that is awarded where an agency demonstrates a sufficient level of conformance with standards.
- Examples include:
  - The Ontario Council on Community Health Accreditation (OCCHA) - Organizational and administrative aspects of a board of health/public health agency including program planning, implementation, monitoring and evaluation are measured against peer-set principles and standards.
  - ISO (International Organization for Standardization) - ISO is a network of the national standards institutes of 157 countries, one member per country, with a

Central Secretariat in Geneva, Switzerland, that coordinates the system...many of its member institutes are part of the governmental structure of their countries or are mandated by their government.

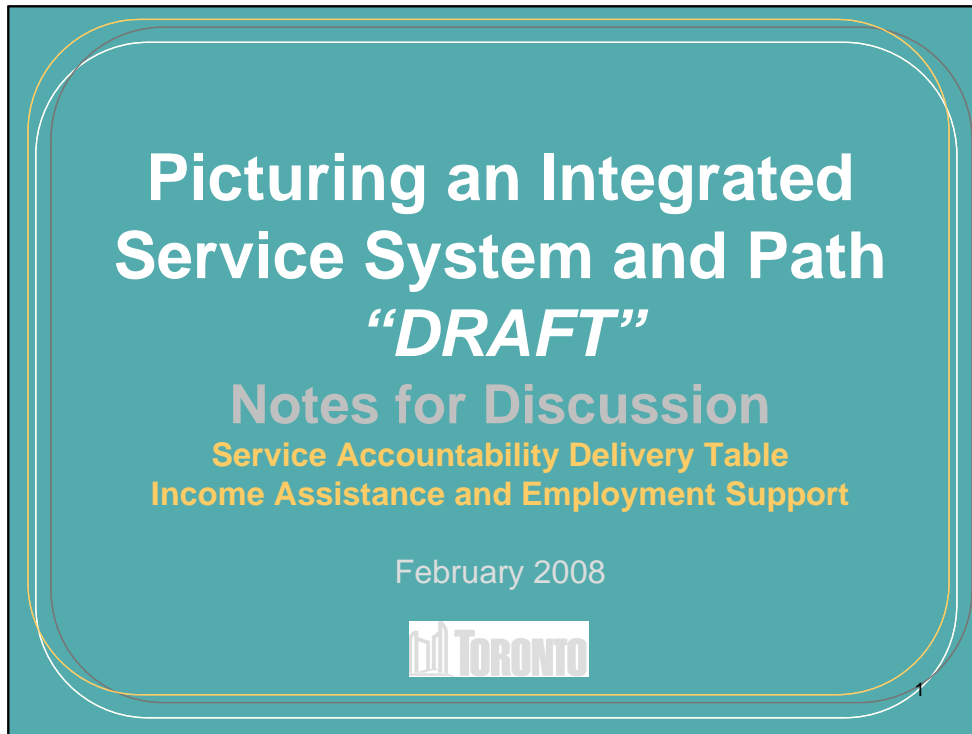
- Canadian Council on Health Services Accreditation (CCHSA) - CCHSA's accreditation program is used by all types of health facilities, from large and complex health systems to community health organizations and residences providing long-term care. Note that some developmental services organizations are accredited through CCHSA.
- The Council on Accreditation (COA) - COA is an international, independent, not-for-profit, child- and family-service and behavioral healthcare accrediting organization.
- The National Quality Institute (NQI) – NQI is an independent, not-for-profit organization that is the leading authority in Canada on workplace excellence based on quality systems and healthy workplace criteria. A Board of Governors comprised of leaders from the private sector, public sector, health care and not-for profit sector governs NQI. NQI acts as a national partner with many organizations to advance the Excellence movement in Canada.

## **Givens**

- Funding social service and community health needs based on a Community Human Services Plan (CHSP) will require capacity building, cultural shifts and organizational structures at both the provincial and community level to support implementation
- Using the CHSP as the basis for negotiating a single funding agreement with the province, would mean that the organization proposing the CHSP has demonstrated capacity to engage the community and plan for, manage and deliver across the range of human services
- Municipalities will work with the province on the development of provincial outcomes and outcome measures
- The partners will work together on capacity assessment and identifying capacity building strategies

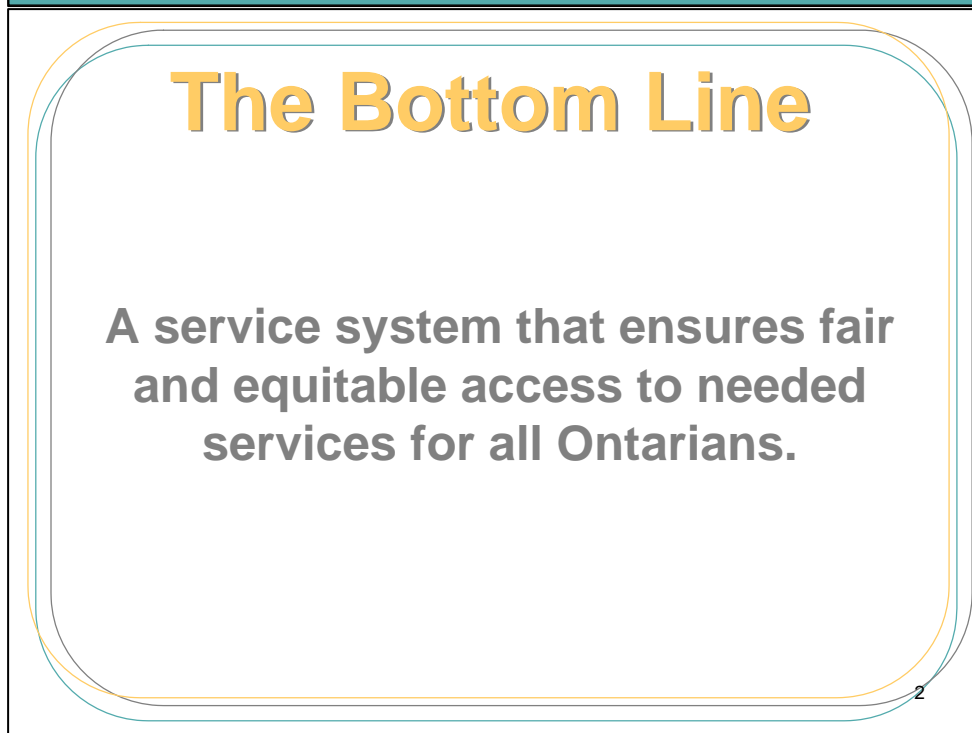

## APPENDIX 2

### Picturing an Integrated Service System and Path



**Picturing an Integrated  
Service System and Path**  
***“DRAFT”***  
**Notes for Discussion**  
**Service Accountability Delivery Table**  
**Income Assistance and Employment Support**

February 2008



**The Bottom Line**

**A service system that ensures fair  
and equitable access to needed  
services for all Ontarians.**

## Fundamentals

- Investments in people match needs
- Builds on existing networks and strengths
- Flexible and responsive
- Streamlined and efficient
- Appropriate accountability

*Integrated where it makes sense*

3

## Informing Design

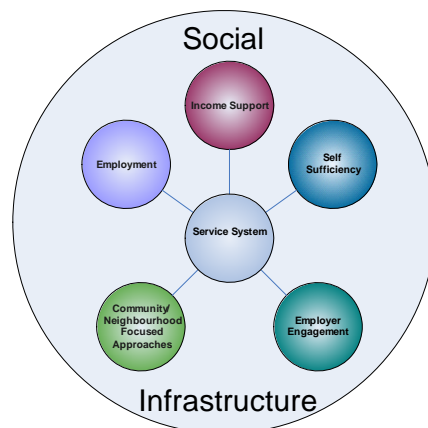
- Holistic and comprehensive
- Accessible along a continuum
- Individualized service based on need (people facing)
- Dual focused
  - Demand/Supply
  - Service User/Employer
- Service intensity based on distance from the labour market
- Integrated at a place-based level

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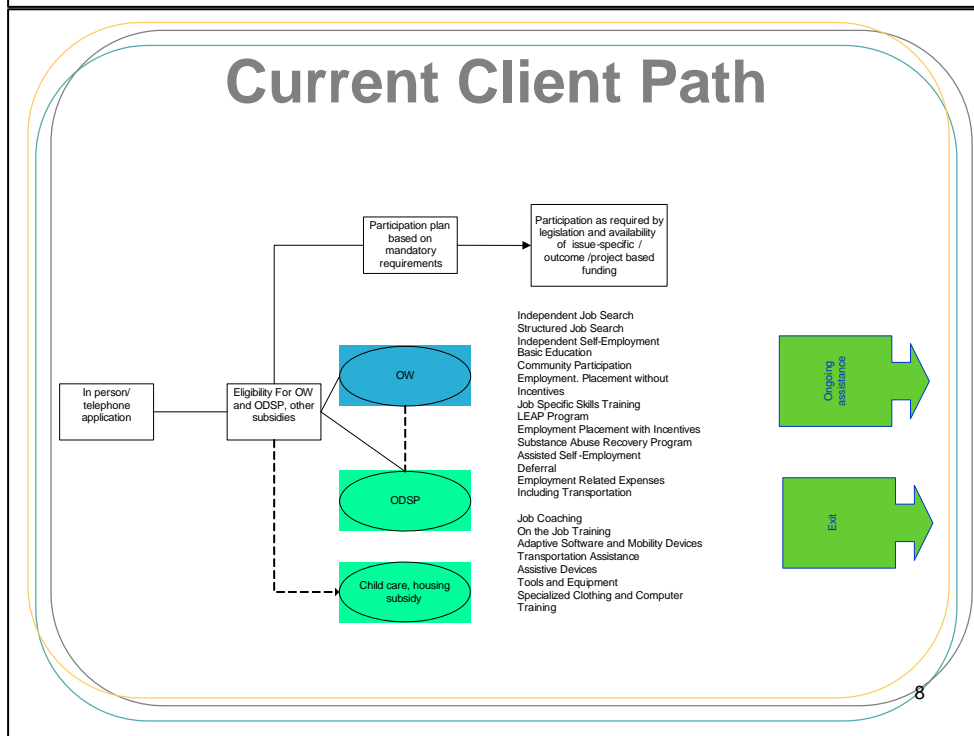
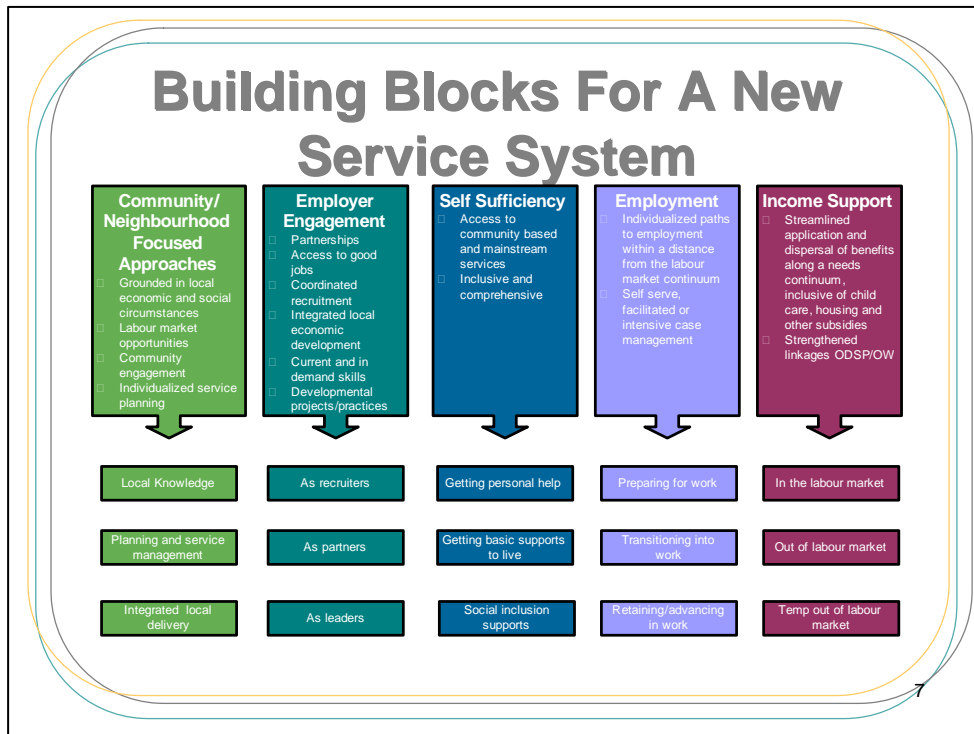
## An Integrated Modernized Approach To Employment and Income Related Services

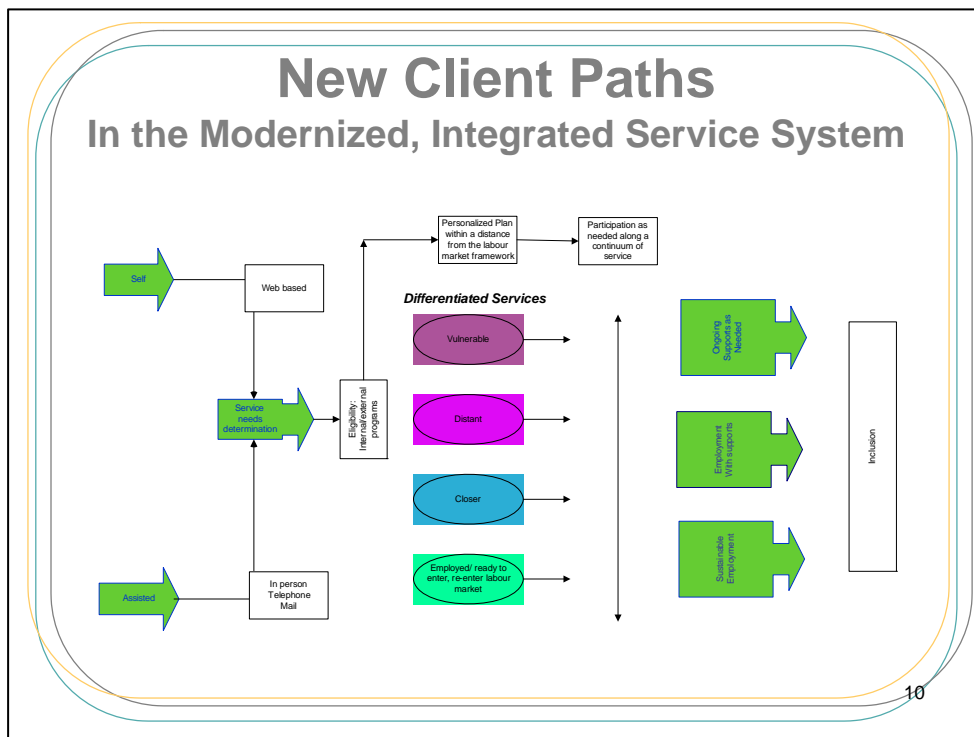
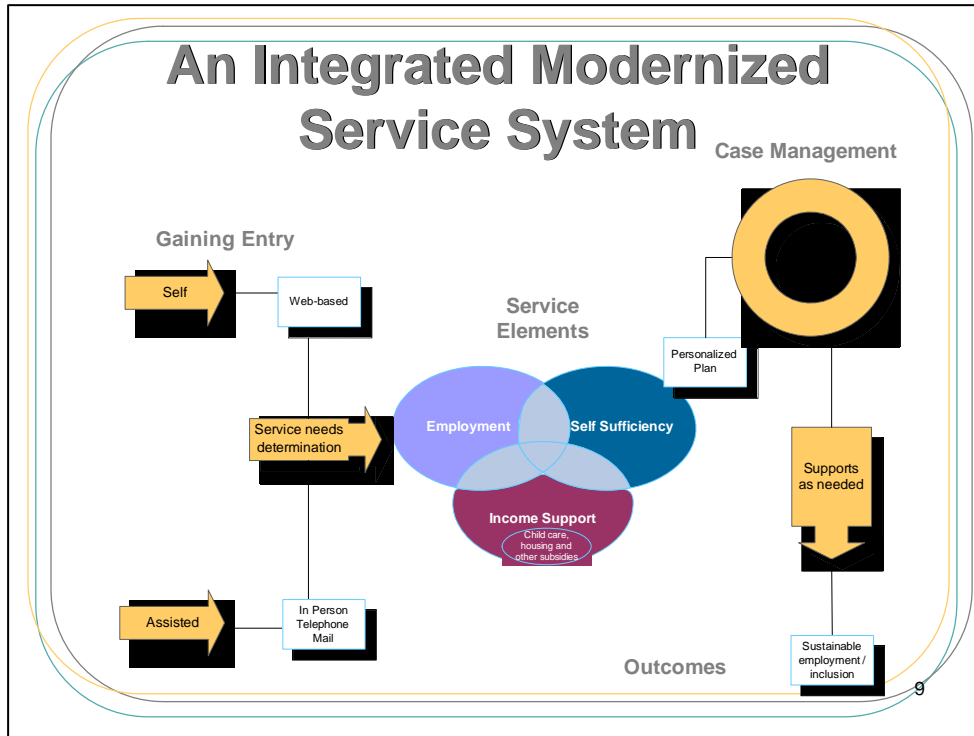
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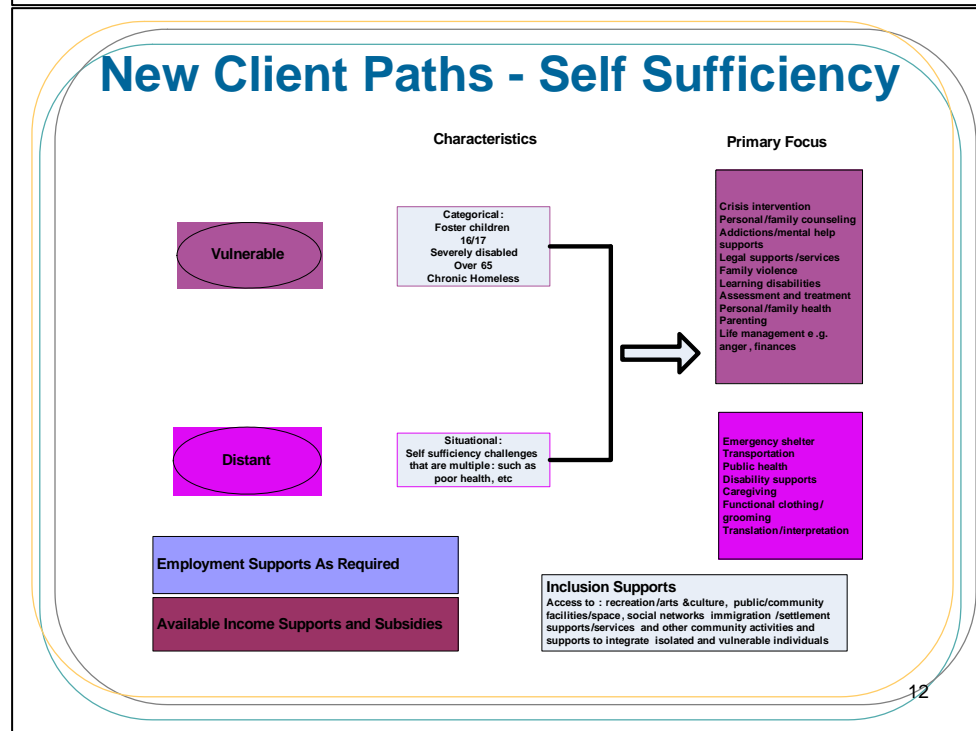
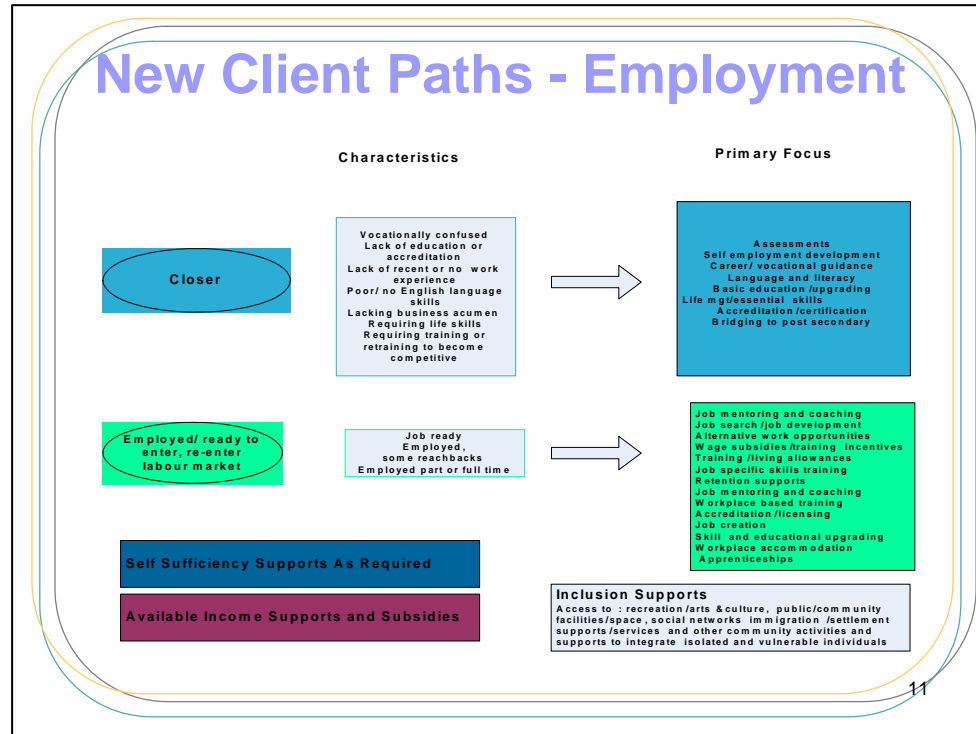
## An Integrated Modernized Approach To Employment and Income Related Services



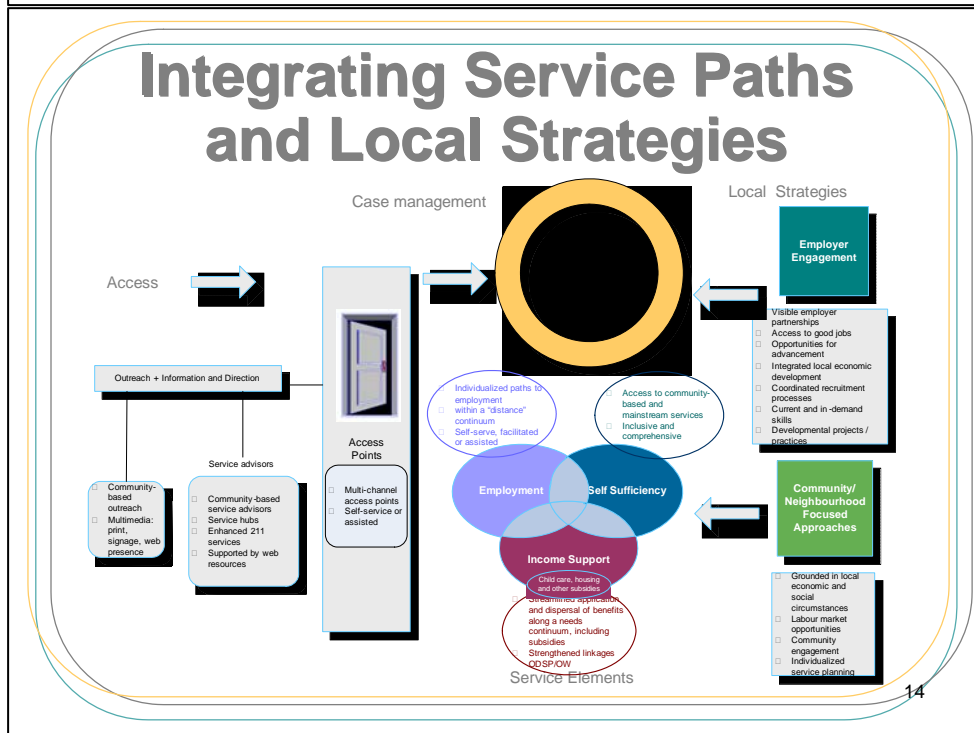
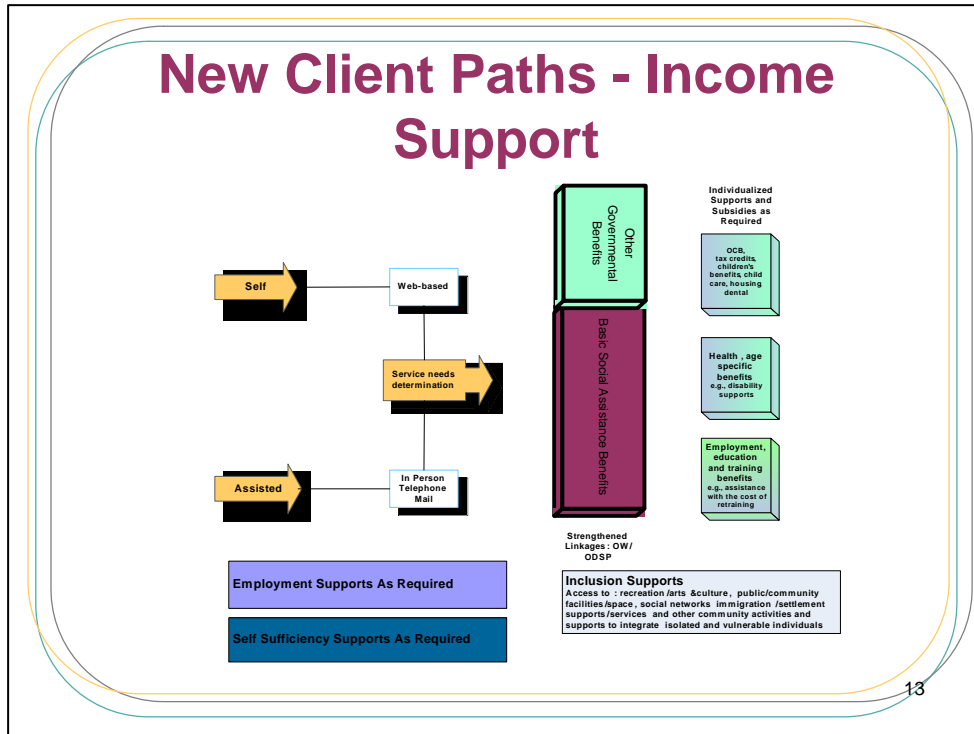
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## Service System Integration Planning and Management

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## Taking a “Line-of-Sight” View

“line-of-sight”

- **...clearly shows the path from the point at which one stands to the intended outcome...This line-of-sight needs first to be established from the participant’s perspective. Only then can a second line-of-sight be developed that will focus on implementing the tactics and strategies necessary to the outcomes that are sought.**
- Corbett, T. and Noyes, J., (2005), “Cross-Systems Innovation: The Line-of-Sight Exercise, or Getting From Where You Are to Where You Want to Be, FOCUS, Vol. 24.1: 36-41.

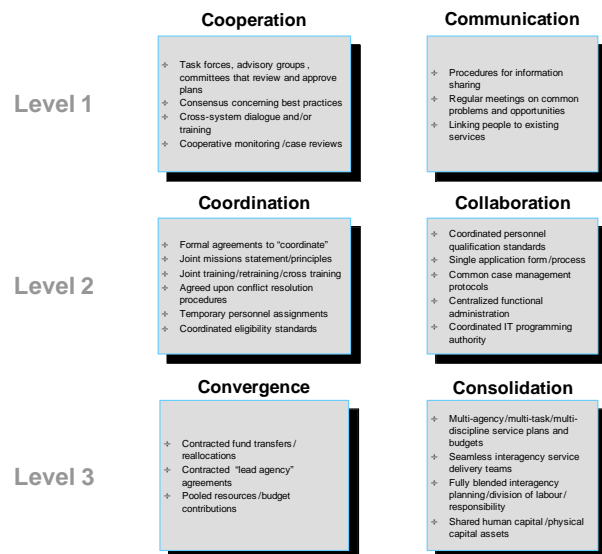
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## Key Questions for Conducting a “Line-of-Sight” Exercise

- Who are you serving?
- What are you trying to achieve?
- What does the current system have or not have?
- What do you need to have to be able to achieve your objective?
- Who are your partners?

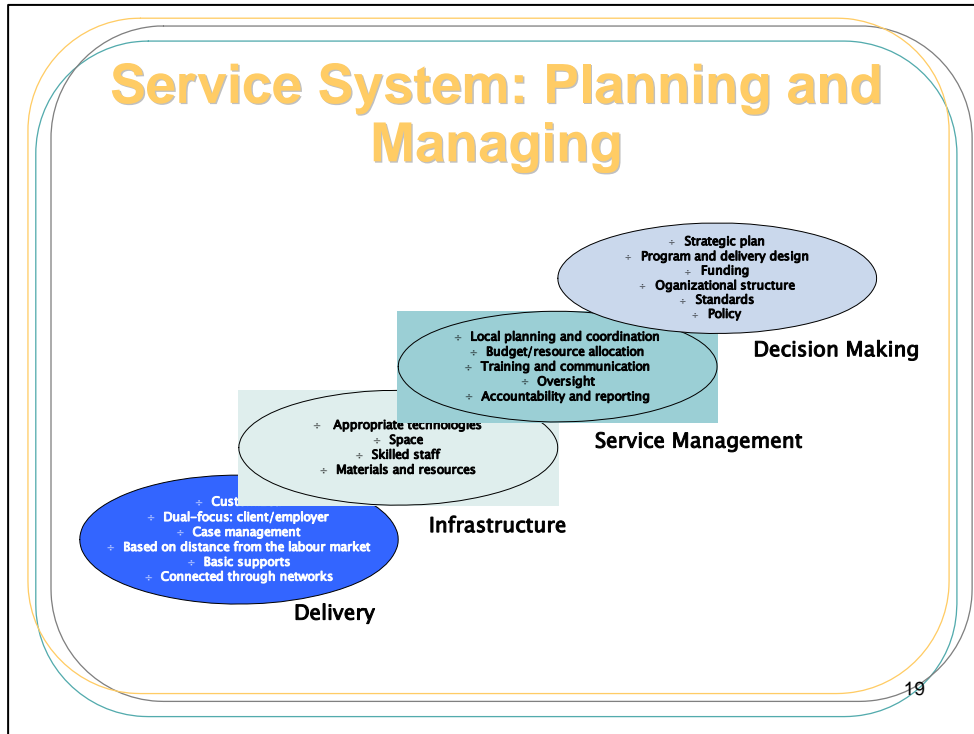
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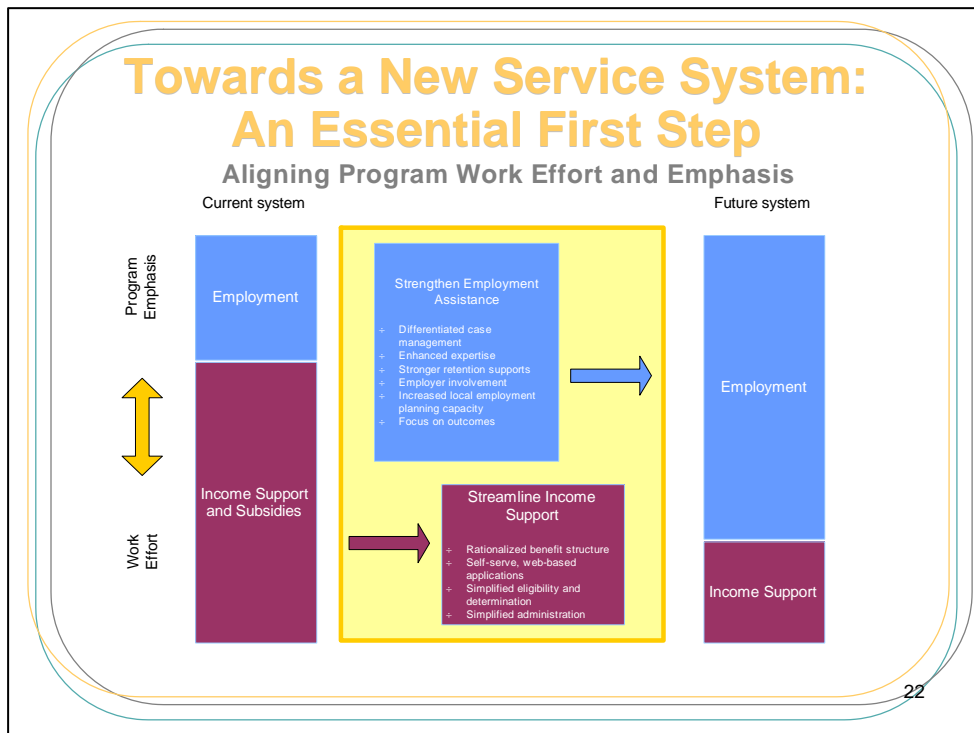
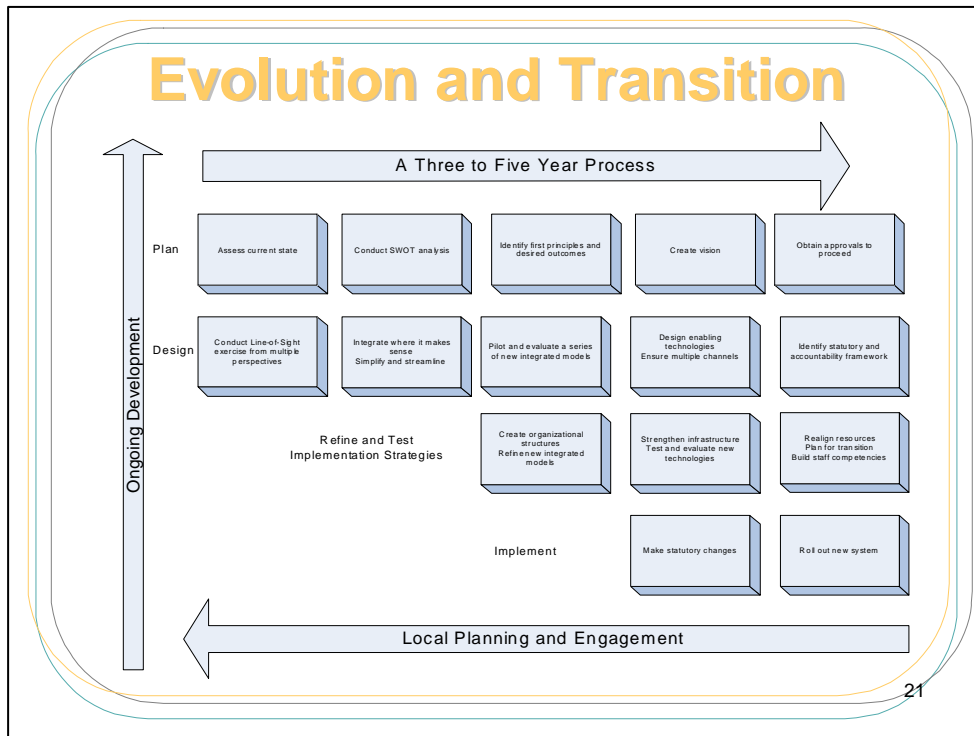
## Levels of Service Integration\*



COOPER, L., and NOYLS, J. (2007) Human Services Systems Integration: A Conceptual Framework

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## Appendix

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## Glossary

**Case management** is increasingly recognized as a successful way of tailoring individual routes out of poverty and unemployment. It recognises that employment transitions often include much more than accessing work: Individual and family needs must be identified; appropriate services need to be delivered across multiple agencies and providers; and numerous steps towards self-sufficiency need to be planned.

**Self-Sufficiency supports** are critical to enable case managers to develop a comprehensive service plan for those clients who seem to have extraordinary difficulty in finding and keeping employment. Broader self-sufficiency needs identification and case planning may be required. Self-sufficiency needs may often be multiple, preventing people from moving forward towards either eventual employment or improved quality of life. Supportive measures deal with issues related to health, home and family, or other systemic factors, such as long term use of social assistance or a history of incarceration.

**A distance from the labour market approach** recognizes that successful employment programs must include a broad range of services which need to be customized depending on the specific needs of individuals and employers. As such it identifies, organizes and allocates appropriate employment services and supports based around individual needs, rather than strictly demographic or other more siloed and programmatic categories.

**Demand-led strategies** use the in-depth knowledge and understanding of the needs of specific industries and sectors to shape the education, training and work experience of those seeking work. Demand-led approaches are characterized by a "dual customer" focus with a joint emphasis on serving employers and individuals; new partnerships and working relationships between employers, government and others; and sector-based, with a focus on high-growth sectors, with "good" jobs in high demand.

**Community/Neighbourhood focused approaches** are grounded in local economic and social circumstances. The emphasis is on flexible and comprehensive strategies utilizing local assets to meet local needs while building local capacity.

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Note: Presentation prepared by City of Toronto staff

## APPENDIX 3

### Case Examples

#### Scenario #1

A young person is laid off his job which he has had for five months. He calls the Social Services office and is advised to either stay on the line or to go to the *Social Services Access Site (SSAS)*. He decides to hang-up and log onto the website.

At SSAS, he sees *Ontario Works* information with an on-line application, employment information as well as information about *Other Sources of Income Support* sub-site. After reading the asset restrictions within *Ontario Works* and the other eligibility requirements, he decides to look at *Other Sources of Income Support*. At that sub-site he navigates to the *Employment Insurance (EI)* sub-site, where he also sees an opportunity to be directed to *Employment Ontario* to learn about services in the community. After reading the eligibility criteria for EI, he applies on-line.

Before he leaves the site the young person goes to *Help Finding a Job*. Using the Service Canada job bank he seeks and finds a job. He does not apply for *Ontario Works*.

#### Scenario #2

A mother with two children has fled her abusive spouse by moving in with her parents. She calls the Social Services office but elects not to go to the website as her parents have no Internet access. On that call, an appointment is set for her to meet with an Integrated Access Agent. She is advised to arrive at the location 30 minutes prior to the actual interview for an orientation session.

At the office, the woman is assisted to access the *Ontario Works*, *Child Care* and *Social Housing* information material from the *Social Services Access Site (SSAS)*. She prints several screens which interest her.

At the interview, her first action is to ask for immediate financial assistance to help with the costs of her family living with her parents. The Integrated Access Agent recognizes the request but engages her in a more general conversation about her plans and her other needs.

From that discussion an *Ontario Works* application is jointly completed on-line by the worker and the client. A second interview is arranged. At the second session, the client and the worker use the SSAS site and the *Employment Ontario* site to develop a retraining and support plan. From the SSAS site, applications are completed for *Child Care fee subsidy* and *Social Housing*.

#### Scenario #3

An older man arrives at the Social Services Office expressing a desperate need for food and shelter. At the reception, it is apparent that he is illiterate. An interview is scheduled within the hour and an application taken by the Integrated Access Agent. At the interview, the applicant's need for shelter is satisfied through a referral to a local men's shelter.

During the interview, it becomes apparent that the man has numerous addictions. Using the local resources on the *Social Services Access Site (SSAS)* an appropriate service is located and the referral completed. Assistance is issued the same day.

#### Scenario #4

A single middle aged person leaves the spouse that she was dependent on and finds an apartment. However, after paying the rent, there is no money for food. She is computer and Internet literate. On her own, she locates and uses the *Social Services Access Site (SSAS)* to apply for Ontario Works on-line. Her Ontario Works eligibility is confirmed with an in-person interview.

At that interview, the person comes prepared with an employment plan based on information she found on the SSAS site and through other searches. The Integrated Access Agent works with the client to develop a step-by-step return to work and self sufficiency plan. That plan includes an apprenticeship program through Employment Ontario and a Housing Allowance under the Affordable Housing Program.

#### Scenario #5

A worker in a women's centre goes on-line to find out about available benefits, eligibility requirements for a woman in a crisis situation. The woman is able to apply for Ontario Works online with the help of the worker from the safety of the centre rather than having to spend the time in the local office.

She is also able to apply for Rent Geared to Income Housing. The site also includes the requirements needed to be considered under the special priority status. The worker can ensure the documentation requirements for this are forwarded to the office immediately which should expedite the process for the applicant. When she goes meets with the Integrated Access Agent, she knows what to expect and has the additional documents needed.

#### Scenario #6

A young woman visits the Peel Ontario Works office for help. She is facing eviction, has mental health issues, is a victim of violence and suicidal, is in conflict with the law and has emerging sight problems. Peel's Outreach Team - a collaborative effort of Peel's health, housing, and Ontario Works services in partnership with the Peel branch of the Canadian Mental Health Association (CMHA), Peel Addiction Centre and the Catholic Cross Cultural Services - visits with her the same day connecting



her to mental health supports, transitional housing, the mobile crisis centre and income assistance.

With wrap-around follow-up supports through the Outreach Team, in three years she is housed, working as a nanny in lieu of paying rent, has had cataract surgery and is consistently following through with probation and psychiatric appointments.

## APPENDIX 4

### Framework to Guide Integrated Local Planning of Employment Services

#### Preamble

Employment services play a critical role in helping individuals prepare for, connect with, and remain in the labour market. Currently there are multiple service system managers, including the Ministry of Community and Social Services (MCSS), the Ministry of Training, Colleges and Universities (MTCU), the Ministry of Citizenship and Immigration (MCI) and municipalities. All have different mandates, priorities and accountabilities. In some areas of the province, other ministries such as Agriculture, Food and Rural Affairs (OMAFRA), Natural Resources (MNR) and Northern Development and Mines (MNDM) may also play a role in employment system-related planning.

The various service system managers within the workforce development sector have largely worked independently to design, plan for and deliver services, despite often sharing common clients.

Service system managers agree that *integrated service delivery planning* at the local level is necessary for improving the quality of, and access, to employment services, and supporting successful outcomes for the clients and employers within these systems. Service system managers recognize that there are a wide variety of service delivery partners and stakeholders.

#### Context

Recent developments such as the transfer of some federal programs to Employment Ontario, the provision of new federal funding under the Canada-Ontario Immigration Agreement for language and settlement services for newcomers, and the new federal-provincial Labour Market Agreement, further highlight the need for improvements in service planning coordination and integration.

Ideally, a local workforce development system consists of a broad range of services, supports and resources. The role of this system is to support social inclusion and economic and human capital development to improve the quality of community life. Clients and employers expect this system to provide programs and supports relevant to their needs and responsive to supporting local economic growth and community capacity development. For clients and employers, the workforce development system should:

- be streamlined (i.e. seamless and accessible);

- offer client-centred pathways to employment;
- coordinate across sectors; and
- respond in an effective and timely way to their needs and the needs of the overall community.

The system should also:

- reflect the priorities identified under a broader poverty reduction strategy;
- directly link to the community human service plan; and,
- over time, be guided by a consistent provincial framework that is developed incorporating best practices from locally developed plans.

### Guiding Principles

The following guiding principles work inclusively to support improved service delivery and as such, also underpin the standards for integrated service delivery planning for employment services at the local level:

- **Employers/Clients** – play an integral role in the local employment services system and are engaged in service delivery planning for employment services
- **Customer/Client Centered** – quality, meaningful services are tailored to the needs of employers and clients
- **Accessible** – services are easy to access with straightforward, understandable rules
- **Integrated** – promotes seamless service delivery through streamlined, efficient provision of quality services without duplication and overlap
- **Flexible** – planning, funding, delivery, and administration of services are inclusive and responsive to changing needs and circumstances and varying capacities of municipalities and the province
- **Outcome Focused** – the outcomes and performance measures are clear, consistent and are linked to program purpose
- **Clear Roles and Responsibilities** – the roles and responsibilities of the parties in the accountability relationship are clearly described, understood and accepted

- **Streamlined/Reduced Complexity** – all aspects of the accountability relationship should be elegant in design, straightforward and necessary
- **Continuous Improvement** – strives for excellence through continuous improvement, innovation, and risk management with ongoing monitoring, measuring, evaluation, and public reporting
- **Affordable/Cost Effective** – promotes cost effectiveness and improved return on investment through such measures as benchmarking, identification of best practices, and year over year and cross-province comparisons of level, quality and cost of services
- **Remedial Action** – uses progressive measures to ensure agreed upon minimum standards and service outcomes are realized and to protect customers/clients interests. The agreed upon customer/client outcome would not be compromised by any enforcement measure

### **Standards for Integrated Employment Service Planning**

Employment services are designed and delivered to assist employers and a range of individuals, including those furthest from the labour market. Integrated service delivery planning will examine the needs of these employers and clients to determine the service linkages that will best meet those needs.

The following standards will facilitate the process for integrated service delivery planning to support coordinated delivery of employment services at the local level.

Integrated service delivery planning:

- is based upon a joint assessment of the environmental influences that may impact service delivery
- identifies a continuum of services and supports that addresses client needs over time (i.e. from the completion of education or training, to entering the workforce, to maintaining and improving employment)
- enhances services in ways that lead to improved employment outcomes, both from a client perspective and the employers' business perspective. Program service plans will clearly reflect both the direct and indirect linkages between employment services offered through the various service system managers, shared success indicators, and coordinated evaluation tools
- needs to support the priorities reflected in a community's broader economic and community development strategy

- recognizes that the needs and pathways followed by individuals requiring assistance are unique to each person and no one service path will work equally for all
- will be aimed at improving customer/client satisfaction, greater transparency and enhanced access to the employment services system
- respects the mandates, priorities and accountabilities of existing service system managers, while identifying areas for flexibility to enhance service effectiveness for clients and employers
- uses best practices as opportunities to inform and improve the system
- develops shared outcomes and measures.

### **Success Indicators**

Success indicators are developed at the local level as part of the integrated service delivery planning process, and reflect the priorities of all service system managers with a focus on the particular community. The success indicators are intended to assist the service system managers in determining how well the integrated service delivery planning process is working, and where further improvements are needed. Potential success indicators might include:

- Services are easily accessible to employers and a range of individuals including unemployed/underemployed individuals and those who are typically furthest from the labour market.
- Completion of a jointly developed and approved environmental scan.
- Development of a shared services and supports continuum (available to the public) that clearly sets out the resources available to employers and clients within the community.
- Service plans exist that demonstrate direct and indirect linkages between the available employment services and local economic development plans.
- Shared referral protocols ensure that system users, such as employers and clients, are directed to appropriate services based on analysis of needs and desired outcomes.
- Development of shared tools and processes that support continuous system improvement, such as evaluation tools, common assessment tools and mechanisms to identify and address service overlaps and gaps in the continuum of services.

- Development of shared outcomes and measures across the employment services system.
- Improved customer/client satisfaction and access to services for employers and clients.

### **Proposed Implementation Plan - Draft Framework to Guide Integrated Local Planning of Employment Services**

The following proposed implementation plan reflects a province-wide perspective regarding system change. The proposed plan recognizes work that is already underway to integrate local planning of employment services, based on community readiness. Furthermore, the proposed plan supports the flexibility, based on community readiness, to make decisions that will affect local planning activities within an overarching expectation that decisions will reflect the context of longer term harmonization and integration.

<b>Item</b>	<b>Purpose</b>	<b>Target Timeline</b>
Initiation of Integrated Service Delivery Planning	Release a joint communication from MTCU, MCSS, and MCI to introduce integrated service delivery planning concept and provincial expectations	September 2008
Service Planning (Guidelines)	Incorporate integrated service delivery planning standards into 2009 service planning guidelines for ministry program areas under MTCU, MCSS and MCI	January 2009
Training	Provide service planning training to ministry and municipal staff who are responsible for service planning and service contracting to support discussions at the local level	January/February 2009
Service Planning (Plans)	Service system managers incorporate integrated service delivery steps (e.g. joint environmental scan, mapping of services and supports continuum, identification of shared success indicators) into 2009/10 planning process*	Beginning Spring 2009
Review Progress	Review 2009 service plans against early success indicators to inform 2010 service planning process	Spring 2010

\* Note: The Local Demonstration Project Initiative under the auspices of the Local Workforce Development Reference Group, which is co-sponsored by MCSS and the Ontario Municipal Social Services Association (OMSSA), and recently joined by MTCU and MCI, will help to inform the implementation of integrated service delivery planning. These projects will be aligned wherever possible with MTCU's project that focuses on the development of a model for "local labour market planning" tailored to the unique needs of each Employment Ontario Region. A transitional Steering Group will be established, with representatives from MCSS, MTCU, MCI, AMO and City of Toronto, to oversee the progress of various pieces with a goal of identifying system-wide best practices for integrated service delivery planning.

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## ENDNOTES

<sup>1</sup> For purposes of discussion, “Social infrastructure is the system of social services, networks and facilities that support people and healthy communities. Social infrastructure is essential to ensuring every person has the opportunity to contribute to a progressive society in a meaningful way.” County of Simcoe Social Services

<sup>2</sup> **Delivery agent:**

Service delivery is the supervision and provision of services to clients and the administration of the service delivery function. (Part III Glossary, *Roles and Responsibilities—2001*, and Part 1(B), Service System Management)

**Service system deliverer:**

A broader and more flexible role than ‘delivery agent’ in terms of assessing, planning and responding to local/regional needs within an overall accountability framework. Plans and delivers programs under an agreement with the provincial ‘service system manager’ to meet the needs of a designated geographic area within established provincial financial and program-specific policy, legislation and standards. (Provided by MOHLTC)

**Service system manager:**

The management of service delivery activities of governments and organizations with the necessary authority to implement and oversee services that are delivered through a network of organizations and/or departments. These activities differ from programmatic/linear management in that they are conducted using a ‘systems’ approach. Such an approach aims to achieve a system of services that effectively meets the needs of client groups through partnership and collaboration among organizations within the network. (Part III Glossary, *Roles and Responsibilities—2001*)

<sup>3</sup> Reference to Ontario Works throughout this section includes continued linkage to ODSP for purposes of provision of discretionary benefits (income) and employment services to non-disabled adult dependants.

<sup>4</sup> In this regard, the Table established a working group under its auspices to report on standards that could be used to guide integrated local planning of employment services. The Framework developed by the working group and endorsed by the Table, is found in Appendix 4

<sup>5</sup> A number of these programs are covered by federal provincial agreements which will require negotiation in order to change. There is potential to phase in beginning with programs under provincial control.

<sup>6</sup> Research studies in the United States and Canada which highlight the cost for these services can be found in the references section.

<sup>7</sup> This demonstration project to assess the impact of emerging and alternate computer aided dispatch technologies on the efficiency, effectiveness and operational performance of both the delivery of land ambulance fleet and communications services as well as on the overall quality of patient care.

<sup>8</sup> A “social determinants of health framework” is an understanding of the relationships between target populations, determinants of health, potential strategies to impact these determinants and the anticipated outcomes. Examples of determinants of health are income and social status, education and literacy, employment and working conditions. A framework can provide a context for integrated planning among local social services partners (e.g. municipalities) and public health. A fuller description of this framework is found in the references section.