

Importance of ACT Data

- What was the MOHLTC's role with ACTT data?
- What happened when the LHINs came along?
 - Who is responsible for CDS-MH data now?
 - What information do we have now?

What was the MOHLTC's role with ACTT data?

- In the beginning ... there were paper, people and pencils
- CDS-MH capture and data checks by Winston (HDB) and TAP volunteers: Data Outcome Monitoring Committee
- Annual provincial report disseminated to all Regional Offices, all pertinent divisions in MOHLTC, all teams
- Federal Health Accord Funding for new ACT teams

What happened after the LHINs came along?

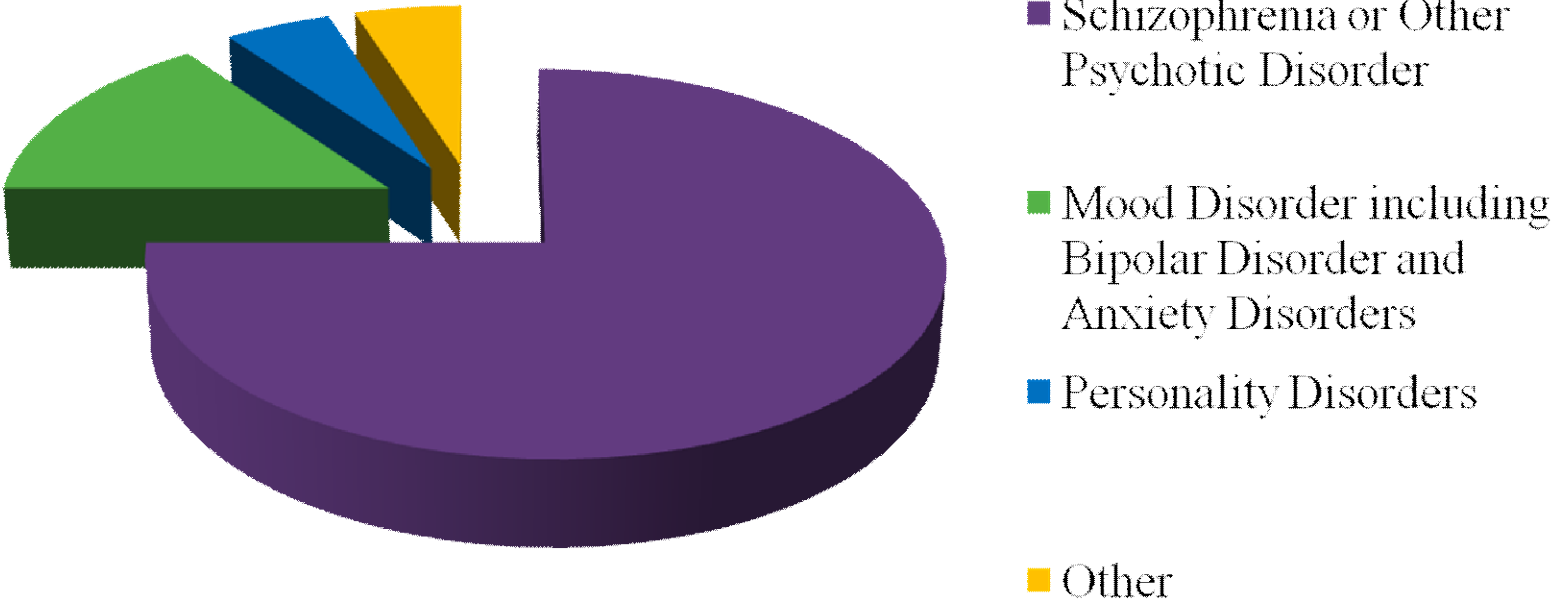
- Administration and funding of ACT teams divested from MOHLTC to LHINs
- No central/provincial coordination or support
- LHIN Education Day, 2006
- Responsibility of data accuracy and quality left to LHINs

*Did anyone tell
them?*

What information do we have based on 2011-12 data?

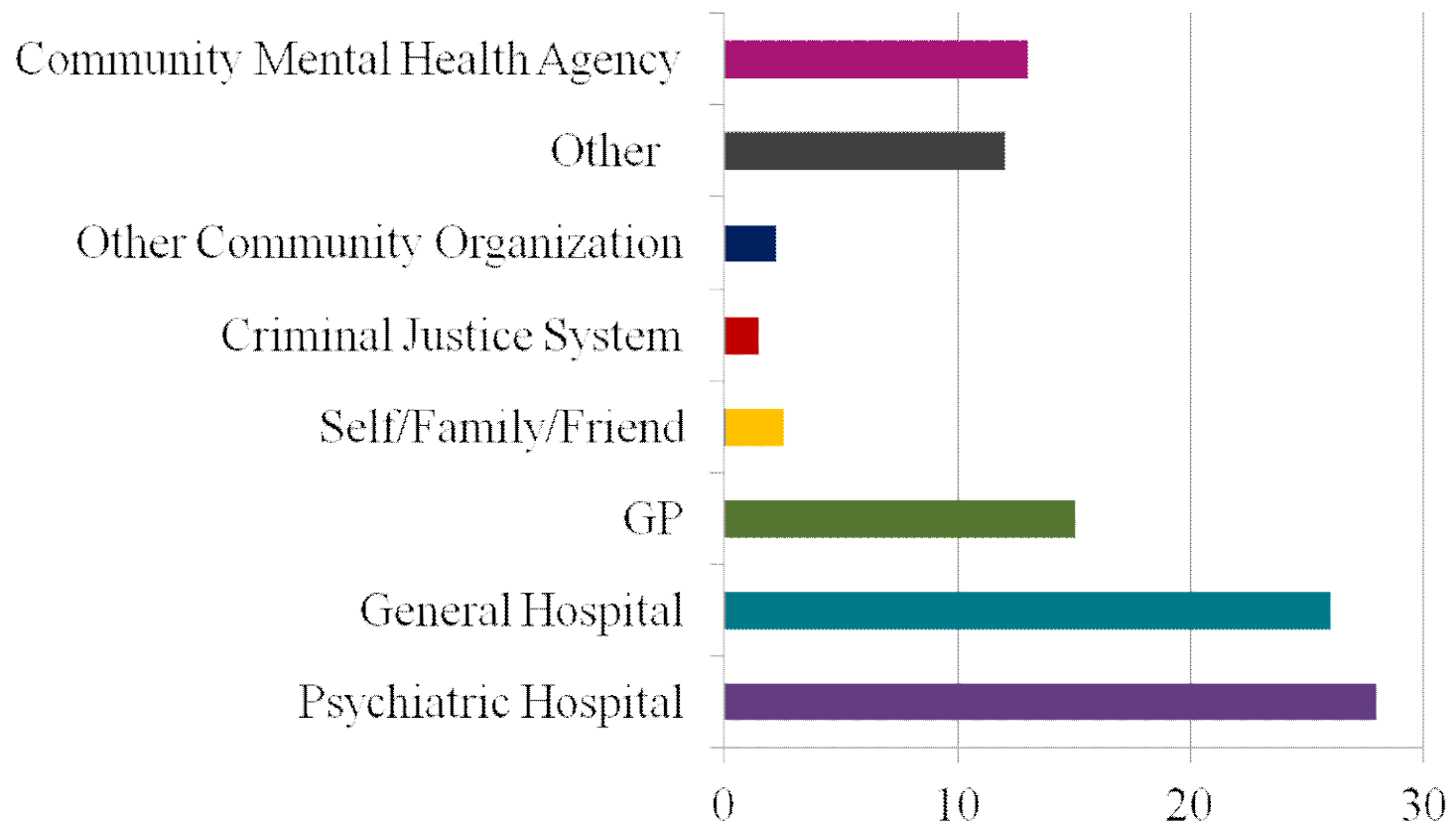
- 78 teams in Ontario
- Over 6,700 enrolled clients
- 75% of enrolled clients have diagnosis of schizophrenia or schizo-affective disorder
- Majority of clients are being referred by psychiatric hospitals, Schedule 1 hospitals, and community agencies

Diagnosis of ACT Clients Reported in 2011-12

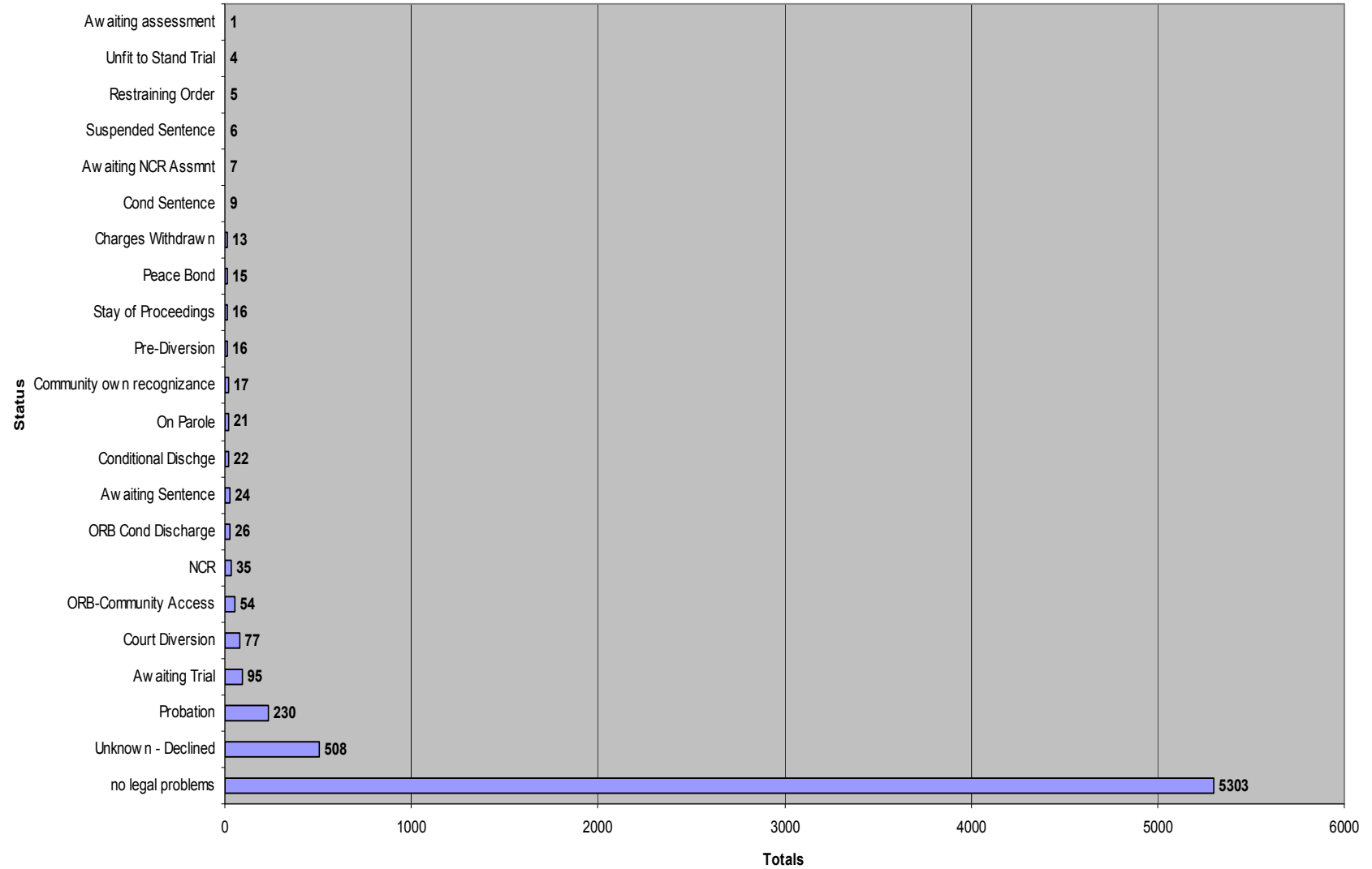


ACT Referral Sources: 2011-12 (%)

N = 1,119



ACT Current Legal Status FY 2011-2012



Next Steps: Opportunities to Improve

- OAA and TAP collaboration with MOHLTC – what’s important to *you*?
 - OCAN can reveal the client’s met/unmet needs
 - Is there still a need to tell the ACT program story?
- MOHLTC and LHINs need to review all mandatory CDS-MH data elements (e.g. legal status: optional reporting element)
- Edit checks for mandatory data fields