



# Executive Summary

## Review of Coordinated/Centralized Access Mechanisms: Evidence, Current State, and Implications

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## EXECUTIVE SUMMARY

For some time there has been a strong interest in improving access to mental health and addiction services in Ontario and, over the past 10 years, many coordinated or centralized models have proliferated across the province. Many are quite recent and more are under development. ConnexOntario, a provincial program aimed at facilitating access to treatment and support services, has been in existence for almost 25 years and there are varying levels of collaboration between the relatively new regional access services and this long-standing provincial program. Together these various models of coordinated and centralized access constitute a major evolution in the landscape of Ontario's mental health and addiction service delivery system. There is currently no provincial description of these services, and no published synthesis of relevant research literature that may guide continued evolution and evaluation.

It was in this context that Addictions and Mental Health Ontario (AMHO) and the Centre for Addiction and Mental Health (CAMH) Provincial System Support Program (PSSP), undertook a project to review the current status of coordinated and centralized access for mental health and addiction services across Ontario. This is a "first-of-its-kind" project that describes the coordinated access models for mental health and addiction services across Ontario, and placed in the context of a comprehensive research synthesis. This project was led by Dr. Brian Rush, Scientist Emeritus at CAMH and supported by Birpreet Saini, Research Policy Analyst at AMHO. It was funded by the Ministry of Health and Long-Term Care. It is important to note at the outset that the project was not an *evaluation* of the province's coordinated or centralized access models but rather a descriptive *environmental scan* intended to prompt reflections on lessons learned, and facilitate future planning, performance measurement and evaluation.

The authors drew on multiple data sources, including : (a) an exhaustive literature review of research on the topic, which included the examination of similar models in other health and social service sectors, (b) interviews with Mental Health & Addiction leads from each of the 14 LHINs focusing on approaches to coordinated and centralized access being implemented and those being planned or considered, (c) follow-up interviews with individuals who are more directly involved in delivering many of Ontario's access services, including ConnexOntario, CitiCall Ontario (for the Inpatient Mental Health Bed Registry Project) and (d) program documents including utilization statistics, wherever available. The report begins with a background on models and frameworks to improve access, followed by findings from the literature review, and a description of the different coordinated access approaches for mental health and addictions across Ontario. They then discuss implications for more evaluation work and current and imminent provincial initiatives.

Coordinated access offers the promise of simplifying access to services through the consistent use of standardized processes and tools for assessment and referral. It can be understood using a "traffic system" analogy, as a system that has an efficient flow of traffic because of clear "rules of the road". In general, there are two models of coordinated access: centralized (single

point of access for services) and decentralized (every door is the right door – multiple locations to access services).

The research reveals mixed findings about the effectiveness of coordinated access models. Further research is needed on different approaches and in different contexts before this approach should be considered as a “best practice” in system design and development. While the concept remains very attractive, the research does not point to any optimal approach or the “critical ingredients” of a good model. One of the challenges is the context-specific nature of the programs that have been evaluated and which makes it difficult to draw firm conclusions across the body of evidence.

The findings of our review clearly indicate strong support for coordinated access mechanisms in the mental health and addiction sector across Ontario. In order to facilitate description, critical reflection and consideration of future implications we categorized the Ontario models based on their “complexity”. “Complex” models included: Waterloo Wellington LHIN, Mississauga Halton LHIN, Champlain LHIN, South West LHIN, Central and Toronto Central LHIN, and less complex models included Hamilton Niagara Haldimand Brant LHIN, Central West LHIN, South East LHIN, North East LHIN, North West LHIN and Erie St. Clair LHIN. The models developed in these regions differ in terms of number of access points, services offered at each access point, referral process, and authority/scope of intake. Strong leadership, stakeholder buy-in and adequate resources were reported to be the most important factors for successful implementation. Flexibility of the model, for example, to adapt according to local circumstances, and ongoing collaboration of key stakeholders were found to be crucial for the viability of the coordinated access approach.

We suggest that next steps include a thoughtful discussion of the main findings and implications of the results among the key players provincially and regionally. One important limitation of the current project is that resources did not allow for a wider process of data collection, for example, gathering the perspective of the many program managers and staff who are, or will be serving the clients who access their services through a central access model. Their perspective is critical to a more complete assessment of the impact of these central access models, including potential unintended consequences.

Direct input from clients and family members is also very important going forward. Furthermore, our focus here was on “specialized” mental health and addiction access models and related services while a large percentage of people seeking help do so through, for example, community health centres, family health teams, school counselling, to name just a few critical sectors and services also affected by and affecting movement toward more coordinated access models. In short, feedback is needed on our report not only from the key stakeholders contributing to it, but also a much wider range of stakeholders.

We suggest that critical reflections on our report should include a strong focus on evaluation needs going forward. This can occur, for example, by posing critical questions about particular

models and the contexts in which they exist. However, questions can also be posed at a higher level, for example, what are the critical success factors for this overall provincial move towards more coordinated access, how does it fit with other major provincial initiatives to improve evidence-based practice (e.g., new staged screening and assessment tools) and performance measurement and quality improvement (e.g., provincial performance indicators and/or the emerging, common approach to assessing client perception of care with the OPOC-MHA tool). Perhaps most importantly, a provincial lens to evaluation could address important questions related to the efficiency and capacity of the larger mental health and addictions system response to handle a major increase in treatment demand. A developmental approach to future work could be used to examine critical questions at a provincial level but with a view to contributing workable solutions to critical questions about the overall “health” of Ontario’s treatment and support system for mental health and addiction concerns.

Lastly, our review identified a host of lessons learned and potential challenges in the planning and implementation of a more coordinated approach to accessing mental health and addiction services. We see the potential for a planning guide or resource toolkit to support future development of regional/local access models. And put this forward for consideration within next steps and among relevant stakeholders.

If you have any questions regarding this project or the report and would like further information, please contact [info@addictionsandmentalhealthontario.ca](mailto:info@addictionsandmentalhealthontario.ca).