	Indicator	Measure	2017-18 Targets	18-19 Q4/YTD Results		17-18 Results	16-17 Results
Strategic Direction 1 Working more effectively as a Network **Quality Dimension:** Adequate Resourcing	1. Return on Investment	% agencies in compliance with 80% contracted hours in ECR (incl. acceptable NC)	100% (including acceptable variance)	94%	🟨	88%	100%
	2. Productivity	% agencies compliant with 70% Service Recipient Hours Target (incl. acceptable NC)	100% (including acceptable variance)	100%	🟩	94%	100%
	3. Total margin	Ratio of Expenses to Income	1	1	🟩	1	1
	4. Service Results	a) Service Recipient Hours (MCCSS contract) b) Count of visits by type c) # ABA Intakes completed d) New contract deliverables *Source: MIS Report*	a) 76,369 SR Hours b) All visits/ type c) ABA intakes d) CSP-130 e) ASD Hub- 611 assessments	a. 77,412 SR Hours (106% of target) b. 32,656 visits (61.74% Face-to-Face) c. 1,323 d. CSP – 153 referrals e. ASD Hub- 587 assessments	🟩	a. 77,659 SR Hours (102% of target) b. 30,589 visits (66.28% Face-to-Face) c. 1,873 ABA Intakes d. CSP - 220 e. ASD Hub- 660 assessments	a) 77,969 SR hours (96.9% of target) b) 29,692 visits (69.33% F-F) c) 2,405 ABA (187%) d) **CSP - 15 clients;** e) **ASD – 100 assessments**
	5. Capacity	Prof. Dev: # events & participants; Learning Management System: # users and course completes	Maintain # events/ participants. LMS: users; new courses, completions	31 events/995 participants LMS: 4,407 users; 2006 courses completed; 81 active courses; 4 new	🟩	20 events/661 participants LMS: 3814 users ; 1307 courses completed; 3 new & 213 active courses	54 events/ 783 participants; LMS: 2,346 users; 2,114 courses completed; 49 active courses; 18 new
	6. Reach	Total # served; # of MCCSS only clients (MIS)	Total clients 7,000 MCCSS clients	7,207 clients 6,531 MCCSS only	🟩	7,405 clients 5,880 MCCSS only	7,079 clients 5,263 MCCSS only
	7. ECR Adoption	% increase in active ECR users in by type; % of new users active at 3 and 6 months	Expect increase per SNS; 80% of **new users** (12 mos.) active at 3 months	571 users: 64% non-hosted; 28 agencies; 72% new users active at 3 months; 68 % active 6+ cons. months	🟩	568 users: 64% non-hosted; 28 agencies; 75% new users active at 3 months; 60% active 6+ cons. months	533 users: 61% non-hosted; 27 agencies; Of 92 new users, 65% were active at 3 months

Strategic	Indicator	Measure	2017-18 Targets	18-19 Q4/YTD Results		17-18 Results	16-17 Results
Direction 2: Strengthen Partner-ships and secure more funding	8. Partner engagement & satisfaction	Partner Tool: Nov. 2016 n=32 *Overall Satisfaction Benefits/Drawbacks*	Work with Partner Tool results to create SNS baselines, and create goals for network improvement.	To be developed in alignment with the 2018-21 strategic plan.		The work to create baselines and goals was not completed	87.1 % satisfied or very satisfied; 90% of partners report that benefits of participation exceed or greatly exceed drawbacks
Quality Dimension: Shared leadership	9. Contracts	Variance at year end	0	2		2 (planned absence/delay in hiring)	2
	10. Provider satisfaction	Survey; % very satisfied or satisfied ; *Source: Provider Survey – May 2017, n=103-229*	90%	Plans for evaluation of provider satisfaction will be developed in alignment with 2018-21 strategic plan.		98% 93% would recommend CTN 89% reported benefits exceed or greatly exceed drawbacks	
	11. Level of integration	MPOC subscale for comprehensive, coordinated care (CCC) *Source: CSP CanChild research May 2019*	Over benchmark of 5	6.63 (Simcoe) 6.52 (York)		4.8 with SPOC 4.8 without SPOC 4.8 overall	5.1 with SPOC
							4.5 without SPOC 5.0 overall
	12. Network Alignment	% families reporting successful **transitions**, *Source: Family Survey*	>80% of families experiencing a transition indicate that is was successful	To be determined based on Family Feedback Strategy.		Of 77% families who reported any transition, 64% reported that it was successful.	Of 53% families who reported any transition, 79% reported that it was successful
		Network Connectivity: *Trust; Density Degree of centralization Source: Partner Tool, November 2016*	Set goals with partners related to 2016 results.	To be determined			

Strategic	Indicator	Measure	2017-18 Targets	18-19 Q4/YTD Results		17-18 Results	16-17 Results
Direction 4: Improve technologies, tools and processes that streamline Network operations & communications **Quality dimension** Effective integration enablers	13. Satisfaction with shared electronic record (SER)	a) regular use of record b) adoption c) user-friendliness *Source: Provider Survey: May 2017, n=105-229*	Increase satisfaction: a) "Consult client record regular basis" b) "Each team member documents" c) SER is user friendly	Plans for evaluation of satisfaction with SER will be developed in alignment with 2018-21 strategic plan.		a) All providers: 84% (SPOC: 98%) b) All providers: 59% (SPOC: 96%) c) All providers: 68% (SPOC: 96%)	
	14. Documentation Timeliness	% agencies achieving compliance in documentation timeliness (Clinical – Average time between visit and related in SER= 7 days; and 7 days for non-service recipient time)	100% of agencies are documenting SR and Non SR within 7 days	100% Service Recipient Documentation 56% Non-Service Recipient Documentation		94% Service Recipient Documentation 82% Non-Service Recipient Documentation	100% Service Recipient Documentation 71% Non-Service Recipient Documentation
	15. Helpdesk Calls & Response	Average time (Hours: Mins) tickets are open in the quarter; # helpdesk tickets during period;	3 days [Monitor change in #]	62.42 hours 2.6 days Total tickets: 5,927		25 hours 1.05 days Total tickets: 3,630	36.53 hours 1.52 days Total tickets: 3,058
	16. Videoconferencing events – type/hours	Utilization hours/events by type (admin, clinical, educational)	OTN now available from Oak Ridges & Barrie only	N/A		270 events; 832 hours 81% CTN 81% admin 16% clinical 3% educational	325 events; 1,028hrs CTN events 81% 82% admin 13% clinical 5% educational
	17. Site occupancy	% Average utilization	Clinical – 65 %	63%		68%	Clinical – 59%
	18. Communication	a) MPOC – score on general communication sub-scale b) Website – monthly average views, users, new c) Newsletter – %open/read	a) Gen Communication b) Website: 12,800 page views; 3,200 Users; 30% new c) Connect: 35% open rate; 25% click through	a) 6.18/7 – Simcoe* 6.05/7 – York* b) 22,759 page views; 5,029 users; 67% new c) Connect: 38% open; 24% click through rate		a) 4/7 b) Website: 14,526 page views; 3,193 users; 65% new c) Connect: 36% open; 22% click through rate	a) 4.5/7 b) Website: 13,926 page views, 3,111 users;32% new c) Connect: 34% open; 22% click through rate

*MPOC is a measure of client centeredness - MPOC is being measured by CanChild for CSP funded clients. N=54 (n_{simcoe}=22, n_{york}=32)

Strategic	Indicator	Measure	2017-18 Targets	18-19 Q4/YTD Results		17-18 Results	16-17 Results
Direction 5: Improve access to information, services and supports for families **Quality dimension** Access, equity, inclusivity	19. Access: Waited for assessment, *excluding ABA	# of unique clients who waited for one or more assessments; Average # days waited **Range of days waited**	Benchmark – 90 days	4,391 clients; 9,775 assessments; 30 days (avg.); Range 0 –207 days; Longest waits: PT/OT-GROWTH, ACCS, AUDIOLOGY		3,847 clients; 8,102 assessments; 53 days (avg.); Range 0 – 407 days; Longest waits: DACS, OT/PT Growth, ACC/SLP	2,716 clients 4,982assessments 84 Ave. days; **Range 0-302 days Longest waits: Diagnostic assessment/neurodev., ACCS**
	20. % assessments >90 days wait, excluding ABA	% of waits for one or more assessments >90 days		11% (1,031)		18% (2,534 assessments)	28% (1,380 assessments)
	21. Access: Waited for Service	# of unique clients waited for # multiple services ; Average # days waited **Range of days waited**	Benchmark – 90 days	3,953 clients; 7,928 Services; 15 days (avg.); Range 0 - 413 days; Longest wait: DACS, BTXOT, ACCS		3,127 clients; 5,652 Services; 16 days (avg); Range 0 - 136 days; Longest wait: DACSPAED, DACSMED, BTXOT	2,050clients 3,432 Services 10 Ave. days; **Range 0-139 days Longest waits: Botox, SW ACCS**
	22. Wait for service over 90 days	% of waits for multiple services >90 days		7% (529 clients)		6% (317 clients)	2% (70 clients)
	23. % of Clients who waited with no other service	% of Clients who waited for assessment while **receiving no other services visible in ECR**	Benchmark – 90 days;	3,147 clients (72%); Average 19 days		2,534 clients (66%); Average 40 days	1,415 Clients (52%) Average 77 days

Indicator	Measure	2017-18 Targets	18-19 Q4/YTD Results		17-18 Results	16-17 Results
24. Family Engagement	# events and Participants – families; # events and Participants – youth Survey to identify satisfaction with and impact of participation in family engagement activities; Family Mentor (FMP) and volunteer programs	a) Participants/event b) Youth/events c) Satisfaction-events d) 50 Peer mentors; new referrals; 350 families 4 FMP- led workshops; 60 attendees e) 125 volunteers/440 hours	a) 2,503/43 b) 18 events and 80 youth attending c) Appreciative Inquiry (11 Youth – summary document) d) 45 Peer mentors; 67 new referrals; 134 families in total over the year e) 19 workshops – 387 attendees (f) 127 volunteers providing 804 hours	(green)	a)1591/35 family events b)645* c) 43% d) 40 Peer mentors; 2 new referrals; 139 families in total e) 3 FMP workshop, 38 attendees (f) 112 volunteers/380Hours * Not all attendance at events was separated as child/youth **Recruitment of peer mentors paused in 3rd quarter due to loss of two coaches	a) 2,678 participants in 112 child/family events, workshops b) 974 youth/13 events (wheelchair basketball, etc.) c) 95% satisfaction rate d) **FMP** – 32 mentors; 87 families in total; e) 7 FMP workshops, 144 attendees; f) 80 Volunteers/91hours
25. ACCESS/intake	Average days in 'intake' ABA Intake (Level 1 & CFI)	CTN – 30 days ABA – 200 days	7 days/5,695 clients 220 days/975 clients	(green)	10 days/2,348 clients 140 days/2,077 clients	19 days / 1,450 clients 174 days/2,122 clients
26. Satisfaction re ACCESS	% families very satisfied (CTN-ABA separated)	90% very satisfied	Overall: 85% VS/9% Satisfied n=532 *No longer separated between CTN and ABA.	(green)	Overall: 92% VS/4% Satisfied n=26 [ABA: 100% VS n=4]	Overall: 81% VS/18%Satisfied n=105 [ABA: 73% VS/27% Satisfied n=41]

Legend	Green		Performance on track or met
	Yellow		Performance requires closer attention, as there is some concern about achievement; **See mitigation plan**
	Red		Urgent action is needed to achieve the target; **See mitigation plan**
	Blue		Developing indicator requiring further data collection and/or analysis to establish a baseline or target
	Gray		To be determined – see accompanying notes

Mitigation Strategy

Indicator	Concern/Explanation	Mitigation Plan
1	**Return on Investment** • Single Agency issues related to frequent manager changes and small FTE.	• This challenge is expected to resolve in the 19-20 fiscal year.
2	**Contracts – Variance at Yearend** • Two organizations had a contract variance at yearend greater than 10% of the total value of the contract. • Both had challenges recruiting the additional contracted FTE for Coordinated Service Planners related to the incremental funding received from the Ministry for 2018-19.	• The positions have now been recruited at both of the organizations.
21	**Documentation Timeliness** • Non-service recipient time continues to be an issue although the number of agencies not meeting target remains a concern the time to document NSR is dropping and 50% of the non-compliant agencies are only a part day above target. Hospitals remain a challenge for integrated positions due to discrepancies on reporting time for CTN and for hospital services.	• Director to review the issue with clinical managers to determine most appropriate approach. This target is of lower importance than the SR timelines as long as data is in by the end of the month for the data pull. • NSR agenda item deferred on clinical managers due to high priority agenda items.

Indicator	Definition
1. Return on investment (ROI)	% of host agencies meeting the targeted (80%) % of contracted hours documented in the Shared Electronic Record/adjusted for acceptable variance
2. Productivity	% of host agencies meeting the service recipient (SR) to non- service recipient hours target of 70% (70:30)/adjusted for acceptable variance
3. Total margin	Ratio of Expenses to income
4. Service Results	a) % service recipient hours delivered in relation to MCCSS operating plan targets; b) #Visits; c) #OAP (ABA) Intakes completed d)new initiatives' requirements
5. Capacity	Total number of training and professional development events and attendees ; Learning Management System (LMS) # new modules, participants, courses
6. Reach	a) Total # unique individuals served b) % unique individuals receiving services per MCCSS targets
7. ECR Adoption	% increase in users (by type) in shared electronic record active in previous 6 months; % of newly trained users using the record in first 6 months
8. Partner engagement, satisfaction	Overall satisfaction and benefit vs drawbacks of participating in network, per Partner Tool survey
9. Service contract Costs	# contracts with surplus or deficit greater than 10% of the contracted amount at year end
10. Provider satisfaction	Results obtained from Provider Satisfaction surveys – satisfied or very satisfied with participation in the network
11. Level of integration	May be reported via Family survey/MPOC comprehensive, coordinated care subscale, or the Provider Survey - % teams per level of integration
12. Network Alignment	% families reporting a successful transition; network scores for trust, density, centralization per Partner Tool survey
13. Family Satisfaction	Scores obtained from 3 sub-scales of the Measures of Process of Care (MPOC) per the Family Survey
14. Child and Youth Satisfaction	Piloting various methodologies to gather feedback on service directly from children, pre-teens and youth
15. Coordinated Plans	# unique clients with a coordinated plan from any source documented in the shared electronic record (SPOC, SPC, TIPP)
16. Child/Family Outcomes	Parent report of improved child and family outcomes from Family survey OR outcome measurement from CANS – items showing greatest improvement
17. Quality of services	Quality record audit on a representative sample of # records both active and closed, per accreditation standard
18. Service Satisfaction	% of families satisfied with services received at level of delivering provider organization, per family survey
19. Inclusivity	% requests for interpreter service that are able to be met (total requests and % change)
20. Satisfaction re ECR	Results of provider survey on 3 questions related to use/satisfaction with Shared Electronic Client Record
21. Documentation Timeliness	Average time between clinical visit and documentation; % that occur within the targeted timeframe (7 days); by SR and Non-SR activity
22. Helpdesk Response	Average response time (to ticket closed) and # Helpdesk tickets;
23. Videoconferencing	# events and hours videoconferencing used for admin, education or clinical purposes
24. Communications	a) Family Report/satisfaction on general communication subscale of MPOC; b) Website page views; # users/% new; c) Connect – open rate and click through rate
25. Site Occupancy	% Average utilization of clinical drop down space per daytime capacity available
26. Waited for assessment	# of unique clients (across all functional centres) who waited for multiple assessments; # assessments waited for; Average # days waited/range of days waited
27. Waited Assessment> Target	% (#) of waits for multiple assessments that were longer than the 90 day benchmark
28. Waited for service	# of unique clients who waited for multiple services (all functional centres); # waits for services; Average # days waited for services ; range/longest waits
29. Waited for service> Target	% (#) waits for multiple services longer than the 90 day benchmark
30. Client Profile - waited	% of clients who waited and were receiving no CTN services over the benchmark
31. Family Engagement	# family –related activities; Family satisfaction (Family Survey-events); # youth activities; # peer mentors/hours; # families with mentor; # volunteers/volunteer hours
32. ACCESS & OAP (ABA) intake	Average # days in intake from referral received to discharged from service navigation, with ABA Intake separated out
33. Satisfaction with Intake	% of families very satisfied with service from Access, with ABA and CTN intake reported separately *when numbers allow separate analysis