

CHILDREN'S SERVICES COMMITTEE OF BRANT - Planning Day
June 29, 2011

On June 29, 2011 the Children's Services Committee of Brant sponsored a planning day at the Salvation Army Wynfield Community Church in Brantford. The session was attended by 26 stakeholders from the children's mental health system and related sectors in Brantford and Brant County. The desired outcomes were the following:

1. Agreement on an environmental scan of children's mental health services in Brantford/Brant County
2. High-level priorities for service development
3. Action strategies for moving forward

Activities and deliberations at the full-day facilitated session included the following:

- Opening remarks from the Chair of the Children's Services Planning Working Group
- Comprehensive presentations on system services, resources and gaps drawing from the recent stakeholder survey, wait list information and MCYS mapping data
- Small group discussions to draw conclusions from the presentations
- A visioning exercise to describe a "preferred future" for children's mental health services in Brantford and Brant County
- Structured brainstorming to identify system improvement initiatives
- A priority setting exercise to inform funding decisions across programs
- Cross agency sharing of outcome measurement approaches
- Breakout group work to generate recommendations and suggested actions related to information/outcome measures, collaborative service delivery, system funding and the Child and Youth Mental Health Fund
- A closure discussion to identify next steps

This report documents the work completed by session participants and will be reviewed by the Children's Services Committee to identify action steps and alterations to the Committee work plan.

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Attached: Session Agenda
 Conclusions from the Information Presentations
 Brant Children's Services in 2015
 Suggested System Improvement Initiatives
 Funding Priorities
 Breakout Group Recommendations
 Next Steps

August 2, 2011

SESSION AGENDA

- 9:15 a.m. **Arrival and Networking**
- 9:30 a.m. **Introduction**
Welcome remarks
Session overview and facilitation plan
- 9:45 a.m. **Situation Analysis**
Findings from stakeholder survey
Wait list information
Resource allocations
Conclusions
- 11:00 a.m. **Directions and Priorities**
Visioning and idea generation
Guiding principles
Priority setting exercise
- 12:15 p.m. **Lunch** - Identification of action themes
- 1:00 p.m. **Outcomes**
BCFPI presentation
Presentation/discussion of preliminary program outcome data
Implications for CS planning
- 1:30 p.m. **Moving Forward**
Breakout groups develop strategies to address information needs,
community mental health fund and other designated topics
Break - concurrent with group activities
Presentations, feedback and consensus seeking
- 3:00 p.m. **Next Steps**
System recommendations
Preliminary action steps
Format of session report
- 4:15 p.m. **Closing Remarks**
- Session concludes by 4:30 p.m.

CONCLUSIONS FROM THE INFORMATION PRESENTATIONS

Concurrent breakout group reports

- We have made improvements over the past eight years.
- There is agreement and consistency around needs and gaps.
- We need to improve wait list times to get the necessary services to the children of our community when they need those services.
- As a community we have been creative in dealing with wait lists – wait list clinic, single sessions/different modalities, egos kept out of the way, triaging and recognizing the needs of each group.
- The 2009 cuts from the Brant CAS related to purchases of children’s mental health services had an impact on quickness of service delivery. They also led to reassessment of service delivery, i.e. prioritizing services and wait list clinic.
- There are too many kids waiting for services.
- We need to look more broadly at our current services for collaborations for treatment/referral services.
- Gaps exist in clinical assessment and treatment for complex mental health (psychiatry, psychologist, social workers – MSW qualified)
- There is a disproportionate amount of high risk aboriginal youth (on and off reserve) (MH, justice, education)
- There is a need for increased collaboration, coordination across services and ministries.
- We have an improved and more detailed and inclusive data base.
- There has been a exponential increase in demand/supply, longer wait lists
- Improved diagnostic service (including ongoing psychiatry involvement) to effectively direct management
- Mobile and walk-in crisis response investment is high in Brant – Woodview Crisis Response/Mobile, Six Nations Crisis Response/Mobile, St. Leonard’s Walk-in. How many are repeat users? What’s the unit cost?
- We need more counselling services to meet wait list demand.

BRANT CHILDREN'S SERVICES IN 2015

Visioning exercise where participants wrote desirable headlines to appear in newspapers on June 29, 2015

Increased Access and Supply

Service Expanded – Children Win
Parents Celebrate End of Wait Lists
Ten Bed Addictions Centre Begins to See Clients
Low Wait Lists for Mental Health Services
Children's Walk-in Therapy Looking for Clients
Children's Mental Health Supports Available in Every School
Last Child on Wait List Welcomed into Service
Brantford General Hospital Opens Pediatric Mental Health Ward
Five Child Psychiatrists Come to Brantford
All Assessments Happening on Time
Increased Access to Addictions Counselling in all Secondary Schools
Mobile Crisis Available Around the Clock for all Ages
High Risk Youth Receive Priority Service
Excellent Service to Children at Risk in Innovative School Program
More Support for Families with Children with ASD

Integration and Collaboration

Family Thanks Five Services for Helping Their Son
Brant Continuum of Services Meets Needs
Brant Community Agencies Work Together to Respond to Needs of Children and Youth
Inter-agency Approach Lauded by Parents
No Wrong Door – Children's Services Accessible and Easy to Find
Bi-annual Meetings of Front line Works Improve Treatments and Reduce Wait Lists
Ministry of Education Mandates Teachers to Receive Training on Children's MH
Integrated Early Years and Parent Support Services Reduce Adolescent Suicide Rate
MCSS and MCYS Collaborate to Ensure Continued Services

Adequate and Stable Resources

MCYS Announces Funding Boost to Brant Community
Extra Funding Eliminates Children's Mental Health Wait Lists
Government Doubles Investment in Child and Youth Mental Health Services
Children's Services Receives Additional Funds for Advanced Training

Successful Outcomes

Children Involved with CAS decline due to High Quality of Services
Children's Well Being in Brant Significantly Improved in Past Four Years
Mental Health Stigma in Brant among Lowest in Country
Brant's Children are Doing Well
Brant CAS Closes its Doors as Service No Longer Needed
Focus on Prevention Significantly Drops Need for Crisis Services
Need for Children's Mental Health Services Experience Dramatic Drop in Demand
Brantford Recognized as Community of Excellence in Delivery of Children's Services

SUGGESTED SYSTEM IMPROVEMENT INITIATIVES

Based on a structured brainstorming activity where ideas were generated on a free-response basis. Participants then allocated “votes” to priority items.

| Suggestion | Score | Resources | Delivery | Community |
|---|--------------|------------------|-----------------|------------------|
| More community youth workers and social workers | 20 | x | | |
| Families involved in system planning | 15 | | x | |
| Ensure right child, right service, right time | 14 | | x | |
| Formal debriefings of clients/lessons learned | 13 | | x | |
| Increase child psychologists | 13 | x | | |
| Increase MH services – decreasing waitlists | 12 | x | | |
| Child psychiatry at BCHCS | 11 | x | | |
| Equalize families/professionals at the table | 10 | | x | |
| Centralized data base | 9 | | x | |
| Increased connections with school boards | 8 | | | x |
| Build resilience with youth and families | 8 | | | x |
| More respite options for higher needs kids | 8 | x | | |
| Develop Aboriginal advisory committee | 8 | | | x |
| Evidence based practice | 8 | | x | |
| Ongoing child psychiatry | 8 | x | | |
| Mental health champion for community | 8 | | | x |
| Standard outcome measures | 8 | | x | |
| Focus on prevention | 6 | | | x |
| AMH works in schools | 6 | | | x |
| Expand Triple P to all levels | 6 | x | | |
| Focus on improving children’s problem solving/coping skills | 6 | | x | |
| Intersection points for agency collaboration | 7 | | x | |
| Increase respite | 7 | x | | |
| Early intervention | 7 | x | | |
| Prepare adult MH system for transition of youth | 7 | | | x |
| Include youth in treatment plan | 5 | | x | |
| Standardize assessment tools | 5 | | x | |
| Youth involved in system planning | 5 | | | x |
| Service in different languages | 5 | x | | |
| Professionals go in-home | 5 | x | | |
| Empower parents | 4 | | x | |
| Share pots of money across services | 4 | | x | |
| Increase access to high end clinical and medical services | 4 | x | | |
| Increase DS/MH collaboration re: dual diag. | 4 | | x | |

| Suggestion | Score | Resources | Delivery | Community |
|---|--------------|------------------|-----------------|------------------|
| Permanent youth drop-in | 4 | x | | |
| Increase in-home service for families 24/7 | 4 | x | | |
| Art and recreation programs at the table | 3 | | x | |
| Use schools as hubs of community | 3 | | | x |
| Address issues of income security and employment | 3 | | | x |
| Increase youth completing secondary school | 3 | | | x |
| Help children develop youth centre | 3 | | | x |
| Increase family/youth education re: MH | 2 | | | x |
| View child as a whole – all services | 2 | | x | |
| Simplify system | 2 | | x | |
| Treat cause, not symptom | 2 | | x | |
| Increase out of home overnight respite | 2 | x | | |
| Increase training for education and health personnel | 2 | | | x |
| Decrease accessibility to prescription drugs | 1 | | | x |
| Break cycles | 1 | | x | |
| Increase access of culturally appropriate services for Aboriginal youth | 1 | x | | |
| Less labeling, more needs ID | 1 | | | x |
| Continue service as child gets older | 1 | x | | |
| Examine other communities | 1 | | | x |
| Streamline information sharing | 1 | | x | |
| Access CBT | - | | x | |
| Increase worker holidays | - | x | | |
| Overall Brant focus on children's well being | - | | | x |
| Increase staff training | - | | x | |
| End stigma | - | | | x |
| End bullying | - | | | x |
| Hire more front-line staff | - | x | | |
| Use peer support model for parents | - | | x | |
| Increase client self-advocacy | - | | | x |
| Outreach to different cultural groups | - | | | x |
| Increase post-secondary graduates | - | | | x |
| Educate workplaces of families with kids with MH issues | - | | | x |
| Increase client satisfaction with current services | - | | x | |
| Continuity of service | - | | x | |
| ID agency expertise on continuum of service | - | | x | |
| Improve hours of operation | - | | x | |
| Non-traditional partners to reduce stigma | - | | | x |

FUNDING PRIORITIES

Exercise where participants spread hypothetical new dollars across funding categories

| Service | Allocation |
|---|-------------------|
| Counselling Services (Individual/Family/Group) | \$367.10 |
| Assessment/Diagnostic | \$296.00 |
| Out of Home Respite | \$279.10 |
| Service Coordination/Navigation | \$196.85 |
| Children's Mental Health 0 to 6 years of age | \$188.10 |
| Addictions Counselling | \$172.60 |
| Brief Therapy/Quick Access Services | \$139.50 |
| Community Groups/Family Education and Support | \$129.35 |
| Intensive Child and Family Supports (In-home/In-school) | \$116.80 |
| Emergency Response/Crisis Intervention (Mobile Crisis) | \$107.85 |
| Residential Treatment | \$83.75 |
| Walk-in Clinics | \$76.70 |
| Wraparound Services for Children with Complex Needs | \$58.85 |
| Arts and Recreation (new category identified) | \$50.70 |
| Specialized Services (Sex Offender/Fire Setter) | \$30.50 |
| Section 23 Classrooms (Day Treatment) | \$27.90 |

BREAKOUT GROUP RECOMMENDATIONS

Small group work followed by presentations and discussion

Information/Outcome Measures

1. Develop a common standardized assessment tool.
2. First contact agency to share/forward data to other service providers.
3. Increase collaborative education to service providers re: outcome assessments (i.e. Ministry/funder expectations; outputs vs. outcomes).
4. Establish common client/family evaluation (standardized tool) to be used across community.
5. Promote across Ministry collaboration re: outcome measurements – population health indicators.

Collaborative Service Delivery

1. Spread the word re: 211 (right child, right service, right time).
2. Offer interagency joint training and cross training.
3. Hold case review days involving families and services.
4. More interagency group work for clients (create list of potential groups people are interested in exploring collaboration).
5. Working with clients involved in more than one agency encourage client to sign consents and have case conferences.

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BREAKOUT GROUP RECOMMENDATIONS (Cont'd)

System Funding Recommendations

1. Develop principles for funding – sustainability, capacity, quality, allocation based on needs, gaps and pressures, focused on a continuum of service, evidence based.
2. Priorities for future funding: counselling; assessment and diagnosis (psychologist); respite; service coordination/navigation.
3. Share staff resources and clinical training.
4. Infrastructure and sustainability funding
5. Establish flexible funding within organizations and the system based on changing needs, pressures, gaps and outcomes.

Child and Youth Mental Health Fund

1. Continue funding to respite.
2. Increase funding to community groups – so more groups are offered as well as offering groups more frequently (relaxation, problem solving, building resiliency in families, parent/child interaction groups).
3. Categorize funding to go towards prevention – continue with existing community groups, in addition add other groups that target prevention.
4. Arts and recreation programs to become more accessible and available – camps geared toward needs of children with MH challenges

NEXT STEPS

Consultant Interpretation

| | |
|---|--|
| Information/Outcome Measures | <i>Planning Working Group to address #1, #2 and #4 Recommendation #3 is in existing CSC work plan</i> |
| Collaborative Service Delivery | <i>#2 in existing Outcomes Working Group work plan CSC could consider pilot for #3 CSC should monitor #4 for secondment opportunities</i> |
| System Funding | <i>Planning Working Group to develop funding principles (#1) Communicate priorities to Ministry</i> |
| Child and Youth Mental Health Fund | <i>Continue fund for now Shift focus towards prevention Reallocate as more evaluation data on outcomes becomes available</i> |
| Other | <i>Distribute report to all session participants Planning Working Group to review and make recommendations to CSC Hold CSC meeting to review potential actions in context of existing work plans</i> |