

2016-17 Community Mental Health Plan for Children and Youth

Agency: Huron-Perth Centre for Children and Youth
Service Area: HURON & PERTH
Prepared By: Terri Sparling, CEO
Date: March 27, 2017

Section A – Executive Summary:

Huron-Perth Centre in collaboration with many system partners is proud of another year of service provision efforts together. The Huron Perth Children's Mental Health Network provides the forum that brings partners together specific to planning for Child & Youth Mental Health services. System partners actively work with Huron-Perth Centre to align their services with the Core Service Delivery Plan such that there is a growing shared understanding of collective resource capacity through an updated inventory of services and the opportunity to leverage existing resources in an optimal way. The role that each system partner plays is significant; however, the important contribution that our Huron-Perth Helpline and Crisis Response Team (a SW LHIN funded adult mental health service) cannot be overstated. This service provides the front door to children and youth in serious mental health crisis. The protocol in place to link these children and youth back to services that exist in either the CSDP or the CMHP provides a seamless pathway for children and youth. If this partnership was not in place, the cost to the MCYS funded CYMH system to render a 24/7 crisis response would significantly reduce the capacity of all other MCYS funded CYMH Core Services provided through the Huron-Perth Centre. There is clearly a vested interest in preserving this important aspect of the CMHP.

This report has been prepared to cover the following areas:

- Section B – Engagement Summary – this section provides a clear picture of the various engagement strategies used to monitor the service system, identify gaps and priorities and identify action plans.
- Section C - Sector Partner Services Summary – this section provides an updated summary of all child and youth mental health services and programs delivered in the service area through system partners including any referral pathways or protocols and highlight any changes in system partners. See Appendix A
- Section D - Local Child and Youth Mental Health Community Planning Mechanisms – this section provides information about community planning mechanisms and notes plans to formalize its structure
- Section E - Priority Identification – this section offers a summary of progress made on priorities established for 2016-17 and provides 3 priorities regarding pathways and relationships with system partners. See Appendix B.
- Section F - French Language System Partners
- Section G – Approvals - note that the document has been reviewed by the Board President but full Board review will not occur until April 13, 2017.

System partners have a shared enthusiasm for the progress to date and the opportunities that have emerged through discussions on priority action. There is a keen interest to leverage our collective resources to strengthen capacity to serve more complex need children and youth through deeper collaborative service responses.

Section B – Engagement Summary:

The Huron-Perth Centre values its partnerships with community and collaboration is a core value. The Huron Perth Children's Mental Health Network (HP CMH Network) is the primary community planning mechanism to coordinate existing resources, build partnerships, identify service gaps and foster creative service responses to current and emerging needs of children, youth and families. School Boards, primary health are represented in the Network membership along with many other system partners Engagement efforts are through the HP CMH Network and include face to face meetings, email/telephone/face to face meetings with subgroups between Network meetings. Community partners twin their activities to achieve multiple purposes whenever possible. Engagement processes for both CSDP and CMHP occur simultaneously hence relevant material from the CSDP is duplicated and shown below:

The Community Mental Health Plan for 2016-2017 was created through the following engagement efforts:

System Partners:

Mechanism	Purpose	Outcomes	Challenges
HPC Clinical Services Managers with HPC Staff	Leadership to the "Timely Access Team"	Weekly case reviews to prioritize, manage volume, track service duration, refine processes to achieve centralized access to a clinician who can provide a range of response within the first six weeks of call	Volume of calls as it impacts scheduling/finite resources
	Leadership to Counselling & Therapy/Intensive 1-1 support staff	Established a number of evidence-based group services in addition to ongoing provision of individual and family therapies	Complexity of some cases limit management time needed to monitor overall case flow/service duration issues
	Leadership to Day Treatment	Implemented recommendations from external review Increased consistency in treatment approach through changes in personnel, in training and ongoing support	Increased time needed to support new staff
HP CMH Network	To provide a forum to share information, consult, coordinate, collaborate, problem-solve, identify gaps and emerging needs, social planning functions	5 meetings held engaging 40+ members by email/meetings 3 subcommittees+	Finding optimum time/ competing priorities Inclement Weather

School Services Advisory+	To bring together all service providers that provide school-based services for the purposes as outlined above, specific to schools	Regular meetings held led by MH Leads Finalized service pathways documents Provided input into review of 3 year strategy, consultation on wellness strategy and input into new MH strategy; work on common consent, support to school based staff	Scheduling
Huron Perth Suicide Prevention Advisory Committee+	To bring together community partners with a vested interest in youth suicide prevention	Regular meetings led by HPC; active participation to develop a community plan for suicide prevention, intervention and postvention; member of regional advisory, supported continued access to training including conferences and ASIST training done by School boards	Scheduling, usually twinned with School Services Advisory
Transitional Age Youth+	To bring together professionals from children and adult system to improve transitions into adult services	Meetings to begin the dialogue Linkage to regional/provincial bodies with same concerns Youth engagement to develop a survey to youth	Time
Presentations to stakeholders	To share information, foster dialogue and cultivate interest in ongoing collaboration	Ongoing information to Huron-Perth Centre staff, board and community partners	Time to meet
Huron Perth Adult Mental Health & Addictions Network	To provide a forum to share information, consult, coordinate, collaborate, problem-solve, identify gaps and emerging needs, other health planning functions	Information-sharing re CYMH system with adult service partners Collaboration on MH week activities Discussions re ongoing challenges with crisis response protocol & work of transitional age youth sub-committee	

Membership on United Way's Social Research & Planning Council	Research & social planning	Community Data Bank Information sharing on community planning	Time
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- **Engagement of diverse populations including Aboriginal and Francophone-serving providers:** Huron Perth is fairly homogenous with no identified aboriginal population and not designated as FLA; no specific engagement strategy needed.
- **Youth Engagement:** youth engagement has occurred through ongoing linkage with our New Mentality Chapter (New Horizons); 3 youth attended "Disable the Label" conference in July 2016. Since September 2016 we have been focused on re-building the group as our youth leaders have aged out; currently recruiting new youth and engaging with healthy school committees for CMH Week activities; our local/provincial advocate with lived experience (Caitlin Robb) has been active with artistic skills graphic arts to support our suicide prevention work.
- **Family Engagement:** As a result of funding from the Centre for Excellence Grant we launched a pilot project in process since November 2016. The project has included focus groups, telephone consultations, survey and the Network is finalizing a parent/caregiver survey to be launched in spring 2017; creation of some ongoing mechanism for family engagement i.e. Parent Advisory is a desired outcome.
- **Any challenges regarding engagement including plans to address challenges moving forward:**
 - Respect for others' time has been single most important strategy for sustaining engagement and willingness to collaborate
 - Use of teleconference and email has mitigated some weather challenges
 - Building on natural opportunities to meet with community partners (their invitation, going to their meetings/staff groups)
 - Promotion of new website has helped build a common understanding of service improvements and the vision of Moving on Mental Health

Section C – Sector Partner Services Summary:

The Core Services for Huron and Perth are enriched through many partnerships, protocols and strong working relationships with other sectors. There has been no substantive change to services other than a growing interest to grow collaborations particularly as it relates to meeting more complex needs of children and youth. The inventory has been updated to more closely reflect current capacity with the following notes of interest:

- **Description of programs** (including who is delivering them, geographic coverage, age group served, any specific population that the service is targeted towards, and associated service commitments); - The Sector Partner Services Summary is shown in Appendix A.
- **Any new partners engaged in the plans development;** several new partners have joined and these are highlighted by “NEW”; we continue to be interested in closer collaboration with primary health and welcome other closer liaisons with other providers.
- **Any changes to services delivered by system partners; and any associated referral pathways, protocols between the service or program and the core CYMH system, including any changes to relationships between the lead agency and system partners** – the main changes is the loss capacity with the partnership with the Huron Perth Children’s Aid Society for the service “Coordinated Clinical Services for Children in Care”

Key system partners are identified in Appendix A. The improvements to the capacity for each core service as a result of the contributions from system partners are highlighted below:

1. **Targeted Prevention** – as a result of the new CYMH investment this core service has a small but vital amount of dedicated time to provide leadership to the collaboration that is now officially the Huron Perth Suicide Prevention Advisory Committee. The committee is readying to launch its first community plan for suicide prevention, intervention and postvention.
2. **Brief Services** – A number of community partners (health units, addictions, CCAC MHANs, Clinicians within FHTs) provide some form of brief service within school-based services and family health teams. There is growing awareness of the changes to access into services provided by Huron-Perth Centre through the Timely Access Team.
3. **Counselling & Therapy** - A number of community partners (health units, addictions, CCAC MHANs, Clinicians within FHTs) provide some form of Counselling and Therapy within school-based services and family health teams.
4. **Family/Caregiver Capacity Building and Support – Rural Response for Healthy Children is a “NEW” partner;** Healthy Babies/Healthy Children and the work of Kids First provide some services in this area. As noted there have been some continued discussions between sectors regarding the mental health needs of children and youth in child care, recreation and leisure programs and partners are seeking creative ways to respond.

5. **Crisis Services – IDENTIFIED PRIORITY AREA** – as noted in the CSDP and within this document the volume pressures on this service are challenging an essential partnership. This is a trend that is also being experienced in the West Region and our South West Local Health Integration Network has led a number of consultations regarding access paths to emergency departments and in-patient care. This may well be a provincial priority as well. This partnership through a well established formal protocol with various health service providers offers crisis response that includes: 24/7 Helpline, crisis intervention, case management with 8 Emergency Departments, linkages to regional acute care and warm handoffs back to community services including Huron-Perth Centre. The role of CCAC Mental Health and Addiction Nurses with discharge planning from acute care to community is still a part of planned revisions to the protocol.
6. **Intensive Services** – as a result of the new CYMH investment \$81,921 has eliminated the shortfall that would have occurred as a result of the ending of a funding relationship with the Huron-Perth Children's Aid Society and both school boards; this has appropriately reduced the reliance on resources from community partners and shifted responsibility of the service to Huron-Perth Centre.
7. **Specialized Consultations and Assessments – “NEW” Dr Al Brown, a child psychiatrist is planning to render some services in association with Huron-Perth Centre effective Spring 2017**
8. **Service Coordination** – no change to role of community partners as shown in Appendix A; the importance of service coordination emerges through efforts to strengthen collaboration (identified priority 1 & 2).
9. **Access Intake** – no change to role of community partners as shown in Appendix A.; the creation of the Timely Access Team has offered a clearer understanding of how to access services to community partners and the website improvements are being promoted through presentations in the community.

Section D - Local Child and Youth Mental Health Community Planning Mechanisms:

Huron-Perth Centre as lead agency in the service area of Huron and Perth has continued to rely on the same community planning mechanisms for the work plans associated with both the CSDP and the CMHP. These mechanisms are listed below for easy reference:

- Huron Perth Children's Mental Health Network –
 - CYMH providers (MCYS) Huron-Perth Centre, Family Services Perth-Huron, Community Living – Central Huron, CPRI and the Coordinated Access Mechanism (Community Services Coordination Network), Regional Respite
 - Education Avon Maitland District School Board, Huron Perth Catholic District School Board
 - Child Welfare Huron Perth Children's Aid Society
 - Youth Justice Youth Probation, Police representation
 - Youth Housing/Homelessness Shelterlink, SafeHomes of Huron
 - Child Care Perth Care for Kids, City of Stratford
 - Addictions Choices for Change
 - Health/Primary Health CCAC – MHANs, Dr Blaine (pediatrician), 9 FHTs
 - Public Health Perth Health Unit, Huron Health Unit
 - **“NEW” Rural Response for Healthy Children**
 - Others Several private therapists, Autism Huron Perth, Stratford Children's Services
 - MCYS/MCYS-YJ
- School Services Advisory Council
 - Avon Maitland District School Board & Huron Perth Catholic District School Board
 - Huron & Perth Health Units
 - Huron-Perth Centre
 - Choices for Change
 - CCAC
- Huron Perth Mental Health & Addictions Network - Huron Perth Health Care Alliance, Alexandra General Marine Hospital, Choices for Change, CMHA – Huron Perth Branch, CMHA –Middlesex, Phoenix Survivors, LHIN MH Lead, FHT Network, Alzheimer's Societies for Huron and Perth
- Social Research & Planning Council of Huron & Perth - Community members from various perspectives

The current state of planning mechanisms is viable with the following added comments:

- **Any changes to planning mechanisms outlined in the previous CMHP;** the Huron Perth Network continues to be the primary mechanism for community planning. Membership continues to be open and one of the priority actions relates to formalizing membership through a Terms of Reference.

The other mechanisms also remain unchanged and contribute to broader needs of children/youth and broader community planning but planning for child and youth mental is not contingent on these mechanisms.

- **Assessing the purpose of existing planning mechanisms and applicability to lead agency planning requirements;** purposes remain unchanged and plans to formalize this structure should enhance functioning.
- **Any proposed changes to planning mechanisms** – as noted above; See Priority 3

Section E - Priority Identification:

The priorities identified in the 2014-15/2015/16 CMHP were identified to be:

1. Strengthen inter-sector collaboration through communication and education – two new priorities link to this earlier goal.
2. Strengthen inter-sector collaboration through shared tools – a draft common consent is in development for use with School-Based services as a pilot; sub-committee on collaboration in place to support continued efforts.
3. Strengthen system capacity to respond to children and youth in serious mental health crisis (formalizing referral/pathway relationships with community partners) – this continues to be an area of focus as the issues are complicated, involving multiple partners; new priorities reflect this focus

There have been some gains in all goal areas but none can be considered complete. Part of the challenge is the time it takes to bring people together. As well all goal areas required a high level of engagement from systems in order to operationalize the changes envisioned. The experience of working on lofty visionary goals has helped to refine new goals with more measurable deliverables. Priorities for 2017-18* are

1. To increase collaboration skills as a means to improve service delivery to complex need clients
2. To redesign “Coordinated Clinical Services to Children in Care” (CCSCC) given reduced capacity and emerging needs of CAS clients
3. To strengthen community planning mechanism “Huron Perth Children’s Mental Health Network”

Priorities were developed from reflection of progress on the priorities of 2014-16 and theme analysis of network discussions particularly the discussions held March 10, 2017. A smaller group of community partners provided feedback to refine the new priorities. Appendix B provides full details including: rationale, objective, deliverables, tasks and estimated timelines.

Section F – French Language System Partners - NA

Huron-Perth Centre is not a FLA. Accommodations would be made to assist any child/youth and family needing services to access them with translation services. We maintain close working relationships with the Mental Health Leads in both Avon Maitland District School Board and the Huron Perth Catholic District School Board. These education partners would help play a role in confirming French language providers.

Section G – Approvals

The 2016/17 CMHP must be approved by lead agency's board prior to submitting to MCYS. The lead agency must submit their board approved CMHP to their MCYS regional office program supervisor by March 31, 2017.

I signify that this report was reviewed by the Board President on March 27, 2017 in order to achieve the deadline for reporting. The full Board of Directors will review on April 13, 2017

RON SHAW
Ron Shaw, President


Signature

March 27/17
Date

TERRI SPARLING
Terri Sparling, CEO


Signature

March 27/17
Date

For Ministry use only:

John Sinclair,
Program Supervisor

Signature

Date

Appendix A: Section C - Sector Partner Services Summary

This chart illustrates a comprehensive range of relationships with community partners that contribute to our overall CYMH system in Huron and Perth.

Caution to the reader: the absence of any detail regarding staffing/service time/funding allocations may result in a misleading perception of available level of resource.

System Partner delivering service	Description of service (include where the service falls on the continuum)	Details of service			Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Aboriginal)	
Huron County Health Unit	<i>Targeted Prevention</i>	Huron	4-13 years of age	Elementary school age	
Perth County Health Unit	<i>Targeted Prevention</i>	Perth			
HBHC – calling All 3 year olds	<i>Targeted Prevention</i>	Huron & Perth	3 year olds starting JK		Early ID protocol with community partners
Avon Maitland District School Board	<i>Targeted Prevention</i> <ul style="list-style-type: none"> Monthly consultation groups using Ross Green Collaborative PS STRIVE – behavior withdrawal program Student Success Student Support 	Huron & Perth	JK-12 K-8 9-12 JK-12		Tier 1 – part of School Services Tiered Intervention protocol (in development)
Huron Perth Catholic District School Board	<i>Targeted Prevention</i>	Huron & Perth	JK-12		Tier 1 – part of School Services Tiered Intervention protocol (in development)

System Partner delivering service	Description of service (include where the service falls on the continuum)	Details of service geographic	Details of service - age	Details of service – special population	Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
*City of Stratford – Resource Consultant Program	<i>Targeted Prevention</i>	Perth	0-6	Red Flags – Early Identification	2010 HBHC protocol Kids First Service Coordination Agreement
*Growing Together – Children's Resource Consultant Program	<i>Targeted Prevention</i>	Huron	0-6	Red Flags – Early Identification	2010 HBHC protocol Kids First Service Coordination Agreement
FHTs – capacity varies; see below	<i>Targeted Prevention</i>	Huron & Perth	0-18		
**School Services Collaboration – Suicide Prevention Advisory	<i>Targeted Prevention</i>	Huron & Perth	Grade 7-12	Students at risk of suicide	
Huron County Health Unit	<i>Brief Services</i>	Huron	12-19 yrs. of age	Secondary school age	Tier 1 – part of School Services Tiered Intervention protocol (in development)
Perth County Health Unit	<i>Brief Services</i>	Perth	12-19 yrs. of age		Tier 2 - part of School Services Tiered Intervention protocol (in development)
CCAC - MHANs	<i>Brief Services</i>	Huron & Perth	12-19 yrs. of age		Tier 2 - part of School Services Tiered Intervention protocol (in development)

System Partner delivering service	Description of service (include where the service falls on the continuum)	Details of service geographic	Details of service - age	Details of service – special population	Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
Choices for Change	<i>Brief Services</i>	Huron & Perth	12-19 yrs. of age		Tier 2 - part of School Services Tiered Intervention protocol (in development)
AMDSB & HPCDSB	<i>Brief Services</i> <ul style="list-style-type: none"> • <i>Consultation</i> • <i>Case conferences</i> • <i>System navigation</i> 	Huron & Perth	JK-12		
9 Family Health Teams (FHTs - see below for more info)	<i>Brief Services</i>	Huron & Perth	0-18		
HPC – School-based Outreach (2 purchase of service agreements <ul style="list-style-type: none"> • AMDSB • HPCDSB 	<i>Counselling and therapy</i>	Huron	12-18	Secondary School –based 2 Secondary schools 3 elementary 2 secondary	Tier 2 - part of School Services Tiered Intervention protocol (in development)
Perth District Health Unit	<i>Counselling and therapy</i>	Perth	12-18	Secondary School –based	Tier 2 - part of School Services Tiered Intervention protocol (in development)
CCAC - MHANS	<i>Counselling and therapy</i>	Huron & Perth	School age children and youth		Tier 2 - part of School Services Tiered Intervention protocol (in development)

System Partner delivering service	Description of service (include where the service falls on the continuum)	Details of service geographic	Details of service - age	Details of service – special population	Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
FHTs See below	<i>Counselling and therapy</i>	Huron & Perth	Rostered patients (registered patients to Dr/FHT)		
HPC – purchase of service with HPCAS “Coordinated Clinical Services for Children in Care”	<i>Counselling and therapy</i>	Huron & Perth	Selected children in care	CMH services and supports	Shared intake/coordinated treatment team process Note – capacity is reducing as of 2017-18
HPC – YJ Services to Probation	<i>Counselling and therapy</i>	Huron & Perth	12-21	Youth on probation	
Family Services Perth Huron	<i>Counselling and therapy</i>	Huron & Perth	All ages	Fee for service	
Huron County Health Unit	<i>Family/Caregiver capacity building and support</i>	Huron	Parents of children 0-6	At risk parents/families	2010 Healthy Babies/Healthy Children protocol
Perth County Health Unit	<i>Family/Caregiver capacity building and support</i>	Perth	Parents of children 0-6	At risk parents/families	2010 Healthy Babies/Healthy Children protocol
FHTs Clinton FHT	<i>Family/Caregiver capacity building and support</i>	Huron & Perth	Parents – Parenting through Separation & Divorce		
Early Years Centres	<i>Family/Caregiver capacity building and support</i>	Huron & Perth	Parents Children 0-6		

System Partner delivering service	Description of service (include where the service falls on the continuum)	Details of service geographic	Details of service - age	Details of service – special population	Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
“NEW” Rural Response for Healthy Children	<i>Family/Caregiver capacity building and support</i>	Huron	Parents	At risk parents/families	
Pediatricians	<i>Specialized Consultation & Assessment</i>	Huron & Perth	0-18		
Child Psychiatrist(s)	<i>Specialized Consultation & Assessment</i>		2-18		
Tele-Mental Health	<i>Specialized Consultation & Assessment</i>		2-18		
FHTs specifically: STAR FHT Maitland Valley Clinton Huron Community	<i>Specialized Consultation & Assessment</i>		5-18		
AMDSB & HPCDSB	<i>Specialized Consultation & Assessment</i> • Psych Ed assessment but MH often a part of needs/issues	Huron & Perth	JK-12		
Huron Perth Helpline & Crisis Intervention Team & 8 Area ERs	<i>Crisis Support Services</i>	Huron & Perth	All ages		Signed protocol for crisis response, access to inpatient care and discharge back to community (in revision)

System Partner delivering service	Description of service (include where the service falls on the continuum)	Details of service geographic	Details of service - age	Details of service – special population	Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
POLICE Perth OPP Stratford Police Services Huron OPP	<i>Crisis Support Services</i>	Huron & Perth	0-18 (all ages)		Protocol with Crisis Program in development
CCAC MHANs - Discharge back to community	<i>Crisis Support Services</i>	Huron & Perth	School age children and youth up to 18	Patients admitted to London for acute care MH	Signed protocol for crisis response, access to inpatient care and discharge back to community (in revision)
AMDSB & HPCDSB	<i>Crisis Support Services</i>	Huron & Perth	School age children and youth up to 18	Students in crisis – linkage to formal crisis response	Violence Threat Risk Assessment Protocol
AMDSB & HPCDSB with community partners				Children and youth exhibiting signs of threat to others/school environment	
Huron Safe Homes	<i>Intensive Treatment Services</i>	Huron	16-18	MH support while in supportive housing	
Shelterlink	<i>Intensive Treatment Services</i>	Perth	16-18 (full mandate 16-27)	MH support while in supportive housing	
Huron Perth CAS	<i>Intensive Treatment Services</i>	Huron & Perth	Birth -21	Foster-care	

System Partner delivering service	Description of service (include where the service falls on the continuum)	Details of service geographic	Details of service - age	Details of service – special population	Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
Betamars	<i>Intensive Treatment Services</i>	Huron – OPR – referrals from CASs and CSCN (Access Mechanism)	6-18	Residential and foster homes	
Stratford Children's Services	<i>Intensive Treatment Services</i>	Perth Day Treatment (Romeo)	Grade 2-6	4 community spots available	Agreement with AMDSB Collaboration with HPC Care & Treatment Partnership
Stratford Children's Services	<i>Intensive Treatment Services</i>	Perth - OPR – referrals from CASs and CSCN (Access Mechanism)	6-18	Residential and foster homes	

Note 1 – *denotes partner in KIDS FIRST, a service collaborative for children 0-6

Note 2 - ** denotes the ad hoc committee on Suicide Prevention, a part of the School Services Advisory group and accountable to HP CMH Network – this group has developed into the Huron Perth Suicide Prevention Advisory Committee and is linked to the Regional Advisory Committee including London-Middlesex and Oxford-Elgin

Note 3 - Additional information about the role of our primary health care and health specialists:

There are a number of pediatricians who work closely with MCYS CYMH services and non MCYS services to meet the needs of children and youth with mental health concerns.

There is one child psychiatrist who works closely with Huron-Perth Centre as well as with the various funded services serving children and youth with mental health concerns. **“NEW” A second Child Psychiatrist is planning to provide service in the area as of Spring 2017**

There are 9 FHTs in our service area and while each has a unique staffing complement all provide some form of service response to children and youth with mental health needs to their rostered patients. Some FHTs have some capacity to service orphaned patients (those with no family doctor). All are listed and information that has been posted on the SW CCAC Healthline as of 2014 is noted:

- Bluewater Area FHT – Zurich – social worker on staff
- Clinton FHT – Clinton - mental Health counsellor, child psychiatrist, child psychologist
- Happy Valley FHT – St Marys – social worker
- Huron Community FHT – Seaforth – social worker, mental health counsellor, psychologist
- Huron Community FHT – Brussels Medical Centre - social worker, mental health counsellor, psychologist
- Huron Community FHT – Lighthouse Medical Centre (Bayfield) - social worker, mental health counsellor, psychologist
- Maitland Valley FHT – Goderich – social worker, family counsellor
- North Huron FHT – Wingham – social worker
- North Perth FHT – Listowel – children’s mental health counsellor; shared intake with HPC
- STAR FHT – Avon Family Medicine Centre (Stratford) – mental health workers
- STAR FHT – O’Loane Medical Clinic (Stratford) – mental health workers
- Stratford FHT – Stratford – access to social work services

Appendix B: Priorities for the Community Mental Health Plan (CMHP)

Name of Priority #1: increase collaboration skills as a means to improve service delivery to complex need clients		
Rationale: Note: Rationale should be supported by the service landscape summary (Section B), the CMHP template, client feedback, previous evaluation and/or other evidence. Problem: Each sector has its own vision for what collaboration means and has developed various tools to support collaborative services to clients with complex needs; clients and front line staff identify challenges when multiple services are involved but not working collaboratively; in the most recent Network meeting membership queried whether we have a solid shared understanding of what we mean about complex need clients and which service system should be engaged. (i.e. children presenting with issues that the origin of issues may relate to adult mental health and addictions, parental capacity) This priority links to Priorities 1 and 2 from the earlier plan; “strengthen inter-sector collaboration through communication and education” and ...through shared tools”. The priority has been revised in an effort to focus actions. This work needs to align with work already done on Special Needs Strategy. This is also linked with a priority from the CSDP re need for shared understanding of “complex needs” Family Engagement aspect – while the planned survey to parents/caregivers may yield some information about families with more complex needs, one of the activities may add some focus group activity with clients to help identify what these families may need.		
Objective – describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets where possible (e.g. waitlists, protocol developed): <ul style="list-style-type: none"> • Build on results from CSDP Priority #3 • Collaborative planning for the 2 day training as part of community engagement • Implement 2 day training • Develop collaborative service system response 		
Deliverable(s)	Task(s)	Estimated Timelines
Proposed Activity 1 (e.g. engagement, mapping, client engagement): Training Event with Dr Michael Unger Collaboration Task Group of the Network	Plan for a 2 day training on 20 skills for effective collaborative work to meet the needs of complex individuals	October 2017
Proposed Activity 2: Follow up activities on a defined service response to complex needs	Meetings to explore next steps; this may involve decisions to adopt shared tools and processes, further training and/or formalizing a shared service response to meet the needs of complex clients	March 31, 2018

Name of Priority #2: to redesign "Coordinated Clinical Services to Children in Care" (CCSCC) given reduced capacity and emerging needs of CAS clients			
Rationale: Note: Rationale should be supported by the service landscape summary (Section B), the CMHP template, client feedback, previous evaluation and/or other evidence. Problem: the changing profile of HPCAS clients in care has resulted in more children placed in OPRs, increased costs and a reduced capacity to financially contribute to the shared service "CCSCC" operated by HPC and funded through capacity building funding. There is a need to redesign how the service is rendered and supports clients of HPCAS. A program evaluation was conducted in 2016 and the evaluation results on this service will be used to inform any changes as well. This work is linked to the broader work on building collaborative skills. Caregiver engagement – to date foster-parents have been a key stakeholder and their input and advice is needed in any changes to service delivery.			
Objective – describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets where possible (e.g. waitlists, protocol developed): <ul style="list-style-type: none"> • Review clients currently in service to ensure continued service/transition out • Confirm any changes to target population based on program evaluation data, current needs HPCAS clients • Identify key learnings/processes that have been developed and can be sustained with existing funding • Redesign service response based on reduced capacity 			
Deliverable(s)	Task(s)	Estimated Timelines	
Proposed Activity 1 (e.g. engagement, mapping, client engagement): HPC Clinical Services Manager with HPCAS Managers with staff as appropriate	Focus initial efforts on current clients in the service. There is a hold on new referrals	April-May 2017	
Proposed Activity 2: HPC Clinical Services Manager with HPCAS Managers with staff as appropriate and feedback from foster-parents as part of program redevelopment planning	Convene a planning process to determine how best to direct staff time given reduced service hours Seek endorsement from leadership roles Communicate new directions to key staff	April – June 2017 June 2017 September 2017	

Name of Priority #3: To strengthen community planning mechanism “Huron Perth Children’s Mental Health Network”			
Rationale: Note: Rationale should be supported by the service landscape summary (Section B), the CMHP template, client feedback, previous evaluation and/or other evidence. Problem: The membership of the CMH Network represents a broad representation of the service system including a range of provider perspectives with the majority of members coming from non MCYS funded services. The role of community partners in the broader system of CYMH in Huron and Perth is significant and the experience and perspectives on the needs of children and youth, current and emergent system pressures and gaps is essential to community planning. This provides a natural opportunity to utilize population data and trends information to guide decision-making. The value of formalizing the commitment to ongoing community planning would assist the membership to understand the importance of time spent in Network activities.			
Objective – describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets where possible (e.g. waitlists, protocol developed): <ul style="list-style-type: none"> confirm Terms of Reference that outlines the purpose of the network, specifies frequency of meetings and levels of participation that are sustainable to its membership include in TOR processes for identifying gaps and emerging needs increase use of data to inform decisions 			
Deliverable(s) Proposed Activity 1 (e.g. engagement, mapping, client engagement): Consultation with membership	Task(s)		Estimated Timelines
	Review the current practices of the Network and seek input on any challenges Formalize a Terms of Reference that reflects how community planning is informed through Network Activities; Consideration to adopting a similar TOR that mirrors the Huron Perth Adult Mental Health and Addictions Network		Spring 2017 Fall 2017