

## 2016-17 Core Services Delivery 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:

The Core Service Delivery Plan has been prepared to cover the following areas:

- Section B – Core Services Summary – this section highlights information about the providers, any changes to funding allocations and identification of gaps/needs in the event there are any new CYMH investments. Core Services Plan is shown in Appendix A. Pathways into/out of services are also noted in Appendix B.
- Section C – Population Profile Summary – relevant population data is shown but we continue to be at a rudimentary level of using this kind of data to inform changes to the system. This has been noted as an area for further development.
- Section D – Engagement Activities – this provides a snapshot of the means and extent of engagement with key stakeholders in order to inform service system decision-making.
- Section E – Priority Report Summary – Progress is noted in all areas with current priorities from 2015-2016 plan having been achieved. See Appendix C.
- Section F – Priorities for 2017-2018\* (referred to as 2016-2017) – See Appendix D.
- Section G – French Language System Partners – NA
- Section H – Approvals – note that the document has been reviewed by the Board President but full Board review will not occur until April 13, 2017.

The work and achievements of the Core Services Delivery Plan has been possible with the dedication of HPC leaders (CEO and Clinical Services Manager), in collaboration with its two core service delivery partners Family Services Perth-Huron and Community Living-Central Huron. However no service improvements or increased understanding of access paths would be possible without the front-line efforts of our Timely Access Team, other HPC staff providing both core CYMH and other child/youth services and strong working relationships with both boards of education, our health partner Huron Perth Helpline and Crisis Response Team ( front door to crisis response/access to in-patient care), our Family Health Teams, family physicians, specialists, Community Services Coordination Network (our access mechanism to residential care and other key community partners serving children and youth. The glue of the CYMH system in Huron and Perth continues to be a strong reliance on collaboration. Alone a service would be overwhelmed by the level of need. Together, our capacity to handle the demand for services is more manageable.

### **Section B: Core Services Summary:**

The Core Services for Huron and Perth are relatively uncomplicated with only Huron-Perth Centre as Lead Agency and 2 other service providers, Family Services Perth-Huron and Community Living – Central Huron receiving MCYS funding for Child & Youth Mental Health (CYMH). There has been an insignificant shifting of dollars within the core services provided by Huron-Perth Centre as a means of managing varying increased costs while preserving staffing levels as much as is possible, given no increase to base funding. Additional explanations and rationale related to any changes made to the Core Services are provided below; ***current gaps are highlighted, in italics and summarized at the bottom of Section B:***

1. Targeted Prevention – no change; this funding supports the leadership and community development work associated with Suicide Prevention work.
2. Brief Services – The staff time in this service is twinned with 3 other core services/processes in order to create our “Timely Access Team”, implemented in November 2015. ***Please note that additional contract time valued at \$25,274.52 funded by other sources augments this core service in order to manage volume of referrals. This is not a trend that HPC can sustain but deemed important as we refine Timely Access. Declining child population may be a mitigating factor to manage within current resources.***
3. Counselling & Therapy – Overall funding to this core service has been slightly reduced with the funding reallocated to maximize the staffing level for Timely Access. The bigger change is the overall reduced capacity as a result of rising costs. This represents a loss in FTEs, and will continue to be a trend with no change to base funding. ***Overall waiting period for this service has been reduced as a result of changes to access into service but remains a priority in the event of any new CYMH funding.***
4. Family/Caregiver Capacity Building and Support – no change since the new CYMH investment that occurred in 2016-2017. ***Both service providers continue to see a waiting period for their service and the complexity of referrals indicates not only a gap in respite within this core service but a need for respite as intensive supports as part of the continuum of Intensive Services should there be any new CYMH funding.***
5. Crisis Services – Modest change to manage increased staff cost. The staff time in this service is twinned with 3 other core services/processes in order to create our “Timely Access Team”.
6. Intensive Services – no change since the new CYMH investment that occurred in 2016-17. The importance of the new investment that enables the provision of two Day treatment programs (one/county) cannot be overstated. ***In fact our education partners identify that a third Day Treatment program to serve the north part of the service area would be optimum as would be increased capacity to provide support to students transitioning out of Day Treatment. As per note in Item 4 – the need for***

***respite as intensive supports as part of a continuum of Intensive Services has been identified should there be any new CYMH funding. Priorities in both CSDP and CMHP also link to this need for improved service response for complex need children and youth.***

7. Specialized Consultation and Assessment – no change; ***there is a need for additional resource to increase the capacity of this core service, provided by a consulting Psychologist who renders 2 days/week/10 months of the year to respond to referrals.***
8. Service Coordination - The staff time in this service is twinned with 3 other core services/processes in order to create our “Timely Access Team”.
9. Access Intake - The staff time in this service is twinned with 3 other core services/processes in order to create our “Timely Access Team”.

A summary of the Core Services Plan is shown in Appendix A.

Access to Core Services is outlined below:

To access Family/Caregiver Capacity Building & Support:

- For services in Perth – contact Family Services Perth-Huron
- For services in Huron – contact Huron Respite Network (a service of Community Living – Central Huron)

To access all other Core Services available within Huron and Perth:

- Contact any office of the Huron-Perth Centre and the caller seeking services or consultation about services is moved directly to a clinician assigned to the Timely Access Team.

A summary of referral pathways, protocols and intake/access points between and through services is shown in Appendix B.

***Summary of Gaps/Need areas to consider in the event of new CYMH Funding:***

- ***Brief Services – currently being augmented by funds on deposit derived from donations***
- ***Counselling & Therapy – need to replace lost capacity***
- ***Family Caregiver Supports – waiting list for families seeking respite***
- ***Intensive Services – no intensive treatment supports for complex needs children and youth available sufficient to provide step-down services from residential treatment; need for a third Day Treatment site in the north part of the service area, and need for support for students transitioning out of Day Treatment***
- ***Specialized Assessment & Consultation – scope of referral limited to more severe cases and does not reflect overall need***

Note: declining child population, impact of funding formula and emerging needs will inform future allocations to core services

## Section C: Population Profile Summary:

Demographic Element	Available Data
Total child and youth population in the service area (current and projected)	<p>Huron/Perth Region has a larger percentage of children and youth aged 0-18 than the provincial population percentage (22.3% vs. 20.9%). Between 2015 and 2025, the population of children and youth aged 0-18 years is expected to decrease at an average annual rate of 0.3%.</p>
Child and youth population in relation to specific factors including age, diversity (e.g. Aboriginal, Francophone), and geographic spread	<p>All three age subgroups are projected to decrease between 2015 and 2025. The population aged 0-5 will decrease at an average annual rate of 0.3%, the population aged 6-11 at 0.5%, and the population aged 12-18 at 0.2%. The 6-11 years age group is expected to have the largest decrease among the three subgroups.</p> <p>Based on data from Statistics Canada 2011 the proportion of child population is distributed with 42% in Huron and 58% in Perth</p> <p>Huron Perth is primarily English as their mother tongue:</p> <ul style="list-style-type: none"> <li>• 105 children and youth aged 0-19 have French as their mother tongue. This is 0.3% of the entire 0-19 age group in Huron/Perth Region, the lowest rate among the Phase 1 service areas.</li> <li>• This is lower than the Ontario proportion of 0-19 year-olds who have French as their mother tongue (3.5%).</li> <li>• It is also lower than the percentage of all ages in Huron/Perth who have French as their mother tongue (0.9%).</li> <li>• 11,665 people from all age groups in Huron/Perth Region (8.8%) do not have English or French as their mother tongue. This is lower than the provincial share of 25.7%.</li> <li>• The most widely-used non-official mother tongue language is German (51.1%), followed by Dutch (22.9%) and Spanish (3.0%).</li> <li>• For the population aged 0-19, 8.7% have a mother tongue of neither English nor French. This is also lower than the provincial average (17.1%).</li> </ul>

<p>Child and youth population in relation to specific factors including age, diversity (e.g. Aboriginal, Francophone), and geographic spread - continued</p>	<p>Huron Perth has a lower percentage of Aboriginal youth:</p> <ul style="list-style-type: none"> <li>Aboriginal children and youth aged 0-18 constitute 1.4% of the child and youth population in Huron/Perth Region. This is below the provincial average of 3.4%.</li> </ul>
<p>Data regarding potential population risk factors (e.g. lone parents, living in poverty, graduation rates) where available</p>	<p>Lone-parent families* make up 8.3% of all families in Huron/Perth Region. This is lower than the provincial average of 9.8%.</p> <ul style="list-style-type: none"> <li>74.4% of the lone-parent families are led by a female. Of the female-parent families, 68.7% of them have children under 18 years, and 21.9% have children under 6 years.</li> <li>25.5% of the lone-parent families are led by a male. Of the male-parent families, 54.7% of them have children under 18 years, and 6.3% have children under 6 years.</li> </ul> <p>Graduation rates according to the Ministry of Educations for both counties by school board are:</p> <ul style="list-style-type: none"> <li>Avon Maitland District School Board: 69% in 4 years and 83% in 5 years</li> <li>Huron Perth Catholic District School Board: 87% in 4 years and 93% in 5 years</li> </ul> <ul style="list-style-type: none"> <li>53.1% of adults aged 25-64 have a post-secondary qualification. This is below the provincial average (64.8%) and is the second lowest among the Phase 1 service areas.</li> <li>13.9% of the adults in this region have a university degree at the bachelor level or above, which is below the provincial average (28.9%).</li> <li>However, more adults in Huron/Perth Region have an apprenticeship or trades certificate (11.3%) than Ontario (7.8%). The same is true for college-level certificates (25.6% in Huron/Perth, 23.6% in Ontario).</li> </ul> <p>In 2013, 11.3% of the total population (6,420 people) in Huron/Perth Region live in low-income households, a rate lower than the provincial average (18.0%).</p> <p>Among the Phase 1 service areas, Huron/Perth Region has the lowest share of low-income population.</p>

<p>Data regarding potential population risk factors (e.g. lone parents, living in poverty, graduation rates) where available cont'd</p>	<p>Of the Phase 1 service areas, Huron/Perth Region has the lowest unemployment rate (5.6%) , despite also having the second lowest rate of post-secondary education (53.1%).</p> <p>Of the Phase 1 service areas, Huron/Perth Region has the lowest rate of families living in a low-income situation (11.3%)</p> <p>Among the youth aged 15-24, the unemployment rate is 11.3%, lower than the provincial rate of 20.2% for the same age group.</p> <p>In Huron/Perth Region, 73.0% of 15-24 year-olds are employed or actively looking for jobs, which is a larger share of the population compared to the provincial participation rate of 58.6%.</p>
<p>Changing demographics trends (e.g. significant influx of immigrants, increasing amount of children from 0-6 age range)</p>	<p>Huron/Perth Region is home to 645 visible minorities aged 0-18 years, accounting for 2.1% of its child and youth population. This is much lower than the provincial share (31.7%).</p>
<p>Trends and data regarding utilization of services where available</p>	<p>Not collated; however intake data from Timely Access, crisis response system data and data from FHTs would provide a strong indication of utilization patterns and trends. Data from school services would also highlight key trends in presenting issues</p>
<p>Unique characteristics to your service area that will affect service planning</p>	<p>Lack of public transportation is a key barrier to service; it is well documented and there is a Task Force on Transportation that may have positive impact on service planning but currently planning needs to consider this as an access issue</p>
<p>Any further information and data available</p>	<p>The Social Research and Planning Council, a body linked to the United Way has launched a Data Trends Platform and this holds great potential for future access to valuable data for use in service planning and trend analysis.</p>

**Sources of Information:**

Statistics Canada (2014 Projections) – data provided by MCYS  
Quality of Life Report (2011) – Social Research and Planning Council  
 Ministry of Education website (2015)

**Section D: Engagement Activities:**

Given that 98% of the CYMH resources are provided by the Huron-Perth Centre, engagement with HPC staff is critical to service planning. The leadership for this work falls to the Clinical Services Managers with oversight to the core services provided by the Huron-Perth Centre. However, the Huron-Perth Centre values the perspectives of community partners and relies on the Huron Perth Children’s Mental Health Network (HP CMH Network) to be the 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. Engagement strategies include ongoing internal and external consultations through email, meetings, team meetings and sub-committees linked to the Network. Community partners twin their activities to achieve multiple purposes whenever this is possible

The Core Service Delivery Providers’ engagement efforts for 2016-2017 are summarized in the table provided.

<b>Mechanism</b>	<b>Purpose</b>	<b>Outcomes</b>	<b>Challenges</b>
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

<b>Mechanism</b>	<b>Purpose</b>	<b>Outcomes</b>	<b>Challenges</b>
HP CMH Network	To provide a forum to share information, consult, coordinate, collaborate, problem-solve, identify gaps and emerging needs, other 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

Mechanism	Purpose	Outcomes	Challenges
Meetings with 2 core service providers	To confirm CSDP and maintain positive working relationships  Preparation for increased involvement in service contracting process	Consultation on new investment (Feb-Mar 2016)  Service contracting training May 2016  Consultation to confirm priorities for 2017-2018*	Time to meet; the funding to these core service providers is a very small part of their overall operations
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 Discussions on 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

- **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 E: Priority Report Summary:**

The priorities identified in the CSDP were identified to be:

1. Continue to clarify access paths into/out of service
2. Maintain local access to Intensive Services (Day Treatment)
3. Strengthen system for parent/caregiver supports

Progress on all priorities has been made and all are considered achieved. A progress report summary for each of the priorities identified in the 2015/16 CSDP is shown as Appendix C.

### **Section F: 2016-17 Priorities**

Priorities and proposed activities are shown in Appendix D. Priorities for 2017-2018\* show a logical progression on issues identified in the 2015-2016 Plan.

### **Section H – 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.



**Appendix A: Core Services Summary Chart as of April 1, 2017**

Core Service and Key Processes	Agency Delivering Service (lead agency or core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Indigenous, Francophone, South Asian)			
Targeted Prevention	Huron-Perth Centre (HPC)	Staff support to Suicide Prevention efforts	Huron and Perth	0-18	Youth at risk for suicide	5,179.00	60 trained in ASIST	Participant evaluation
Brief Services	HPC	See Note 1 for full description of Timely Access Service	Huron and Perth	0-18		162,000.00	570	Client Satisfaction Survey (CSS)
Counseling and Therapy	HPC	See Note 2 for full description	Huron and Perth	0-18		1,475,636.00	450	CSS
Family/Caregiver Capacity Building and Support	Family Services Perth-Huron	See Note 4 for full description	Huron and Perth	0-18		\$34,219.00	13	CSS
	Community Living Central Huron					\$27,605.00	11	
Specialized Consultation and Assessment	HPC	Psychological Services	Huron and Perth	0-18		48,355.00	48	CSS
Crisis Services	HPC	See Note 3 for full description of Timely Access Service	Huron and Perth	0-18		46,000.00	45	CSS done within the context of all services

Intensive Services	HPC	Day treatment and some 1-1 CYW intensive supports	Huron and Perth	7-12 year olds Grades 2-6	298,921.00	34 115	CSS
Service Coordination	HPC	See Note 1 for full description of Timely Access Service	Huron and Perth	0-18	93,000.00	1090	CSS
Access Intake Service Planning	HPC	See Note 1 for full description of Timely Access Service	Huron and Perth	0-18	65,000.00	1110	NA

**Note 1 - Timely Access Service**

Our Timely Access Team offers (launched November 2015)

- Access Intake/Service Planning – immediate access to a staff member who will complete an assessment and start the service planning process
- Referral/linkage to other services offered by the Centre
  - Brief Services - includes a number of services provided within the first six weeks of contact including:
    - Weekly Drop in Clinic – effective November 9, 2015 Drop in Clinic times will be on Tuesdays 9-11:30 in both Clinton and Stratford.
    - Solution –focused sessions
    - Referral to Tele-Mental Health (access to child psychiatric consultations by video conference)
    - Referrals to other services in the community
    - Consultation with other professionals who are also involved with your child and family
    - Linkage to the Huron Perth Helpline and Crisis Response Team for situations for which crisis

**Note 2 - Counselling & Therapy** – a team of skilled therapists provide a range of individual, family and group counselling & therapy approaches to address a broad range of child & youth mental health concerns including but not limited to: brief therapy, psychotherapy, trauma and loss intervention, attachment intervention. Group therapy is provided to clients in service when there is a critical mass to support the provision of group service and when group therapy is a preferred method of treatment.

- “Therapeutic Parenting” a parent counselling group, combines a number of techniques within the philosophic frame of attachment and emotional regulation.
- “Trauma Group”, a parent treatment group, provides trauma intervention for parents whose own past trauma/abuse is impacting their capacity to respond to their children’s needs, again within the philosophic frame of attachment and emotional regulation.
- Other topic specific groups when there is a treatment issue identified by clinicians impacting clients in service

**Note 3 - Crisis Services** - as part of our “Timely Access” Team this core service provides the follow-up contact with any client referred by the Huron Perth Helpline and Crisis Response Team; this service time provides post-hospitalization care to stabilize and determine need for ongoing service. If in need of ongoing service clients identified through this service tend to be referred into Counselling & Therapy for ongoing service unless there is a more appropriate therapeutic option through other means (Family health Team, school-based services, and private therapy).

**Note 4 - Family/caregiver capacity building and support** – the element of this core service funded by MCYS is limited to respite supports and the details of respite options vary by county:

PERTH – 1-1 workers, in home, out of home, Rotary Respite house, camps and recreational activities, self directed options, and individualized plans may include a combination of methods to meet the child/family’s needs

HURON – respite includes in home, out of home, overnight, day, weekend retreats, camp (day and overnight) and individualized plans may include a combination of methods to meet the child/family’s needs

### Appendix B - Core Services Pathways and Referral Chart

Organizations/ partners	Relationship (e.g. MOU, Contract)	Description	For phase one lead agencies, any changes to pathways since 2014/-5 plans	Intended purpose (e.g. core service delivery, referrals, program, pathway)
<p>Huron Perth Helpline and Crisis Response Team</p> <p>And the following hospitals:</p> <ul style="list-style-type: none"> <li>• Huron Perth healthcare Alliance</li> <li>• Listowel Memorial Hospital</li> <li>• Alexander General &amp; Marine Hospital</li> <li>• Wingham Hospital</li> <li>• Exeter Hospital</li> <li>• London Health Sciences –CHWO</li> <li>• St Josephs Healthcare – Parkwood MH Care- AU</li> </ul> <p>And</p> <ul style="list-style-type: none"> <li>• Emergency Psychiatric Consultation Service</li> </ul> <p>And CCAC - MHANS</p>	<p>Signed Protocol</p>	<p>Provider for Crisis Response for children and youth birth-18<sup>th</sup> birthday</p> <p>Defined access path to acute care hospitalization</p> <p>Provider of emergency psychiatric consultation; part of intake process for admission to LHSC-CHWO for children under 14 years</p> <p>Provider of discharge planning back to community</p>	<p>Overdue for renewal</p>	<p>Provision of core service; linkage to other core services; defined case manager within local health system</p> <p>Local emergency department response for triage and access to regional beds</p> <p>Assessment and emergency medical management</p> <p>Linkage from hospital back to community</p>
<p>Huron-Perth Centre – referral between core services within agency</p>	<p>Internal processes</p>	<p>Defined algorithm; logic model is attached as part of this Appendix B</p>	<p>Established November 2015; Processes working well; maintaining staffing level to achieve goal of timely access is challenging</p>	<p>Referrals to internal services occur seamlessly as decisions are made from point of call/referral</p>

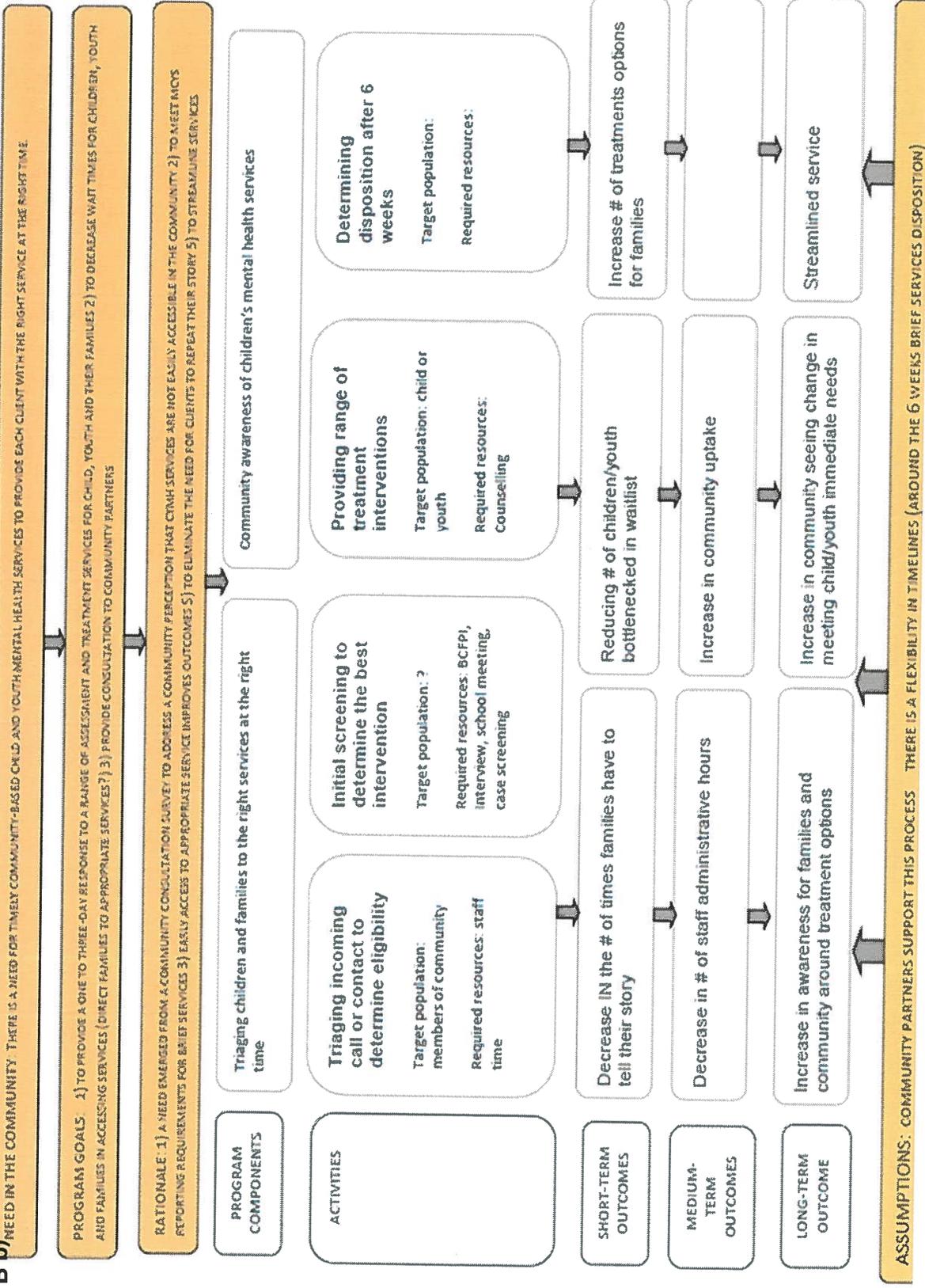
Organizations/ partners	Relationship (e.g. MOU, Contract)	Description	For phase one lead agencies, any changes to pathways since 2014/5 plans	Intended purpose (e.g. core service delivery, referrals, program, pathway)
Tele-Mental Health	Written referral process	Access to Psychiatric Consultation/assessment	No change	Provides written clarification to specify what is being sought in psychiatric consultation
Avon Maitland District School & Huron Perth Catholic District School Board And the following community partners: Perth District Health Unit Huron County Health Unit Choices for Change CCAC/MHANS	Part of Mental Health Strategies for both school boards and part of Community Mental Health Plan	Providers of coordinated School Services; currently the in development	Tiered model for access is now complete and attached as additional information to this Appendix B	Provides defined access to school-based resources and linkages to core services
Partnership with: Avon Maitland District School Board Huron Perth Catholic District School Board	Annual written agreement for funding	Provision of 2 Section 23 classrooms in partnership with both boards that contribute space, educational staff, program supplies and busing	Partnership with HPCAS ended as of March 31, 2016 and the new CYMH funding replaced the funding previously contributed by the HPCAS	Provision of 2 Day Treatment and reduces need for residential placements
North Perth Family Health Team	Signed protocol	Provider of shared intake for clients served by HPC Listowel and NPFHT	Needs to be reviewed in light of the changes to intake into service (Timely Access)	Service coordination and reduces duplication of services
Community Services Coordination Network	Written referral process for: • Access to residential care • Hard-to-serve consultation	Review Referrals; Pathway is through Local Resolution in child/youth's home community followed by Service System Resolution recommendation	No change	Provide documentation of client need/rationale for service to assist with service planning

Ministry of Children and Youth Services

2016-17 Core Services Delivery Plan – HURON PERTH Submission from Huron-Perth Centre – March 27, 2017

# PROGRAM LOGIC MODEL FOR TIMELY ACCESS TREATMENT PROGRAM IN HURON PERTH

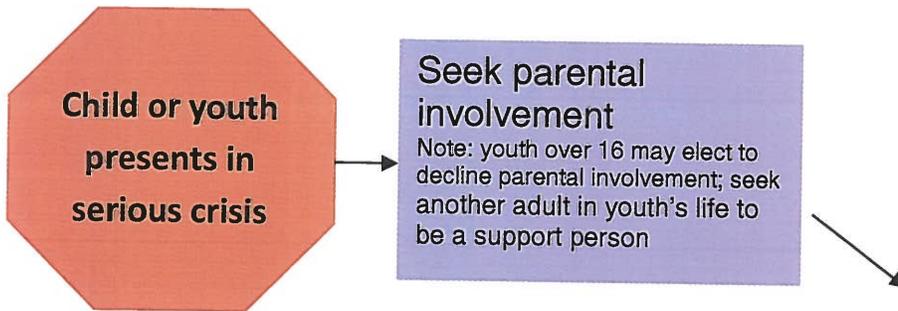
## Appendix B b)



## Appendix B c) Children and Youth in Serious Crisis? Guide to Educators & Community Professionals

**WHO?** Children and youth up to age 18 who are suicidal, at risk of harming others, or suffering from potential signs of early psychosis (delusions)

### HOW TO RESPOND:



**CALL**

*Huron Perth Helpline  
& Crisis Response Team*  
Toll Free #: 1-888-829-7484

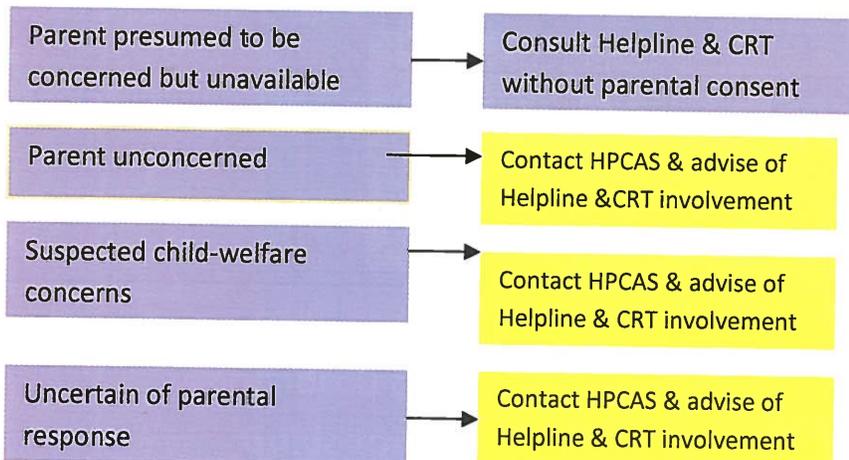
**24/7 Crisis Response for Mental Health**

Huron Perth Helpline & Crisis Response Team (Helpline & CRT) may provide any of the following:

- **phone consult**
- **see child quickly**
- **assist with arrangements to access other resources** (e.g. local emergency departments, access to child psychiatry, liaison to Huron-Perth Centre and other community resources, access to regional acute care beds)

*Note: This service is a key part of a formal protocol between the Helpline, Huron-Perth Centre, local hospitals and London hospitals.*

### *IF any of the following...*



The Huron Perth Helpline & Crisis Response Team will provide a consultation to you at any time during this process.

Ministry of Children and Youth Services

2016-17 Core Services Delivery Plan – HURON PERTH Submission from Huron-Perth Centre – March 27, 2017

# Huron-Perth Catholic District School Board Mental Health and Wellness Strategy 2016-17: A Tiered Model of Intervention

## Huron-Perth Catholic District School Board Supports

- Mental Health Lead
- ABA Leads
- Special Education Resource Teacher, Coordinator of Special Education, System Special Education Teacher

## Community Partners

- Huron-Perth Centre
- Choices for Change
- Crisis Program
- FHT supports

**Tier Three (for a few)**  
 Specialized mental health and addictions interventions  
 Pathways to community care  
 Mental health and addictions consultations

- Mental Health Lead
- ABA Leads
- Special Education Resource Teacher, Coordinator of Special Education, System Special Education Teacher

**Tier Two (for some)**  
 Early intervention and consultation for students at risk  
 Mental Health literacy for staff: identifying and supporting students with challenging behaviour, addictions and mental health concerns  
 Suicide prevention, intervention, postvention training

- Huron-Perth Centre
- CCAC
- Choices for Change
- FHT supports
- Public Health

**Tier One (for all)**  
 Social-emotional learning programs focusing on supporting student self-regulation, creating calm classrooms  
 Mental Health and Wellness promotion: "everyday" mental health practices  
 Leading Mentally Healthy Schools; Trauma sensitive approach

- Mental Health Lead

- Mental Health Lead
- Special Education Resource Teacher

**Foundation**  
 Mental Health and Wellness awareness for all staff, board, students, families  
 Healthy School Committees  
 Mental Health Champions  
 Safe, Accepting and Inclusive Schools  
 Differentiated Instruction  
 Caring Adults



- Public Health
- Public Health

## Appendix C: Priority Report Summary as of March 31, 2017

**Priority Identified** #1 Continue to clarify access paths into/out of service

**Partners involved**

Huron-Perth Centre in consultation with community partners specifically School boards, school-based services, FHTs, Huron Perth Helpline and Crisis Response Team

 <b>Status this period</b>	  	<p><b>Red</b> – considerable slippage and a significant risk that the completion date will not be met</p> <p><b>Amber</b> – a possibility of some slippage but the issues are being dealt with</p> <p><b>Green</b> – on track and should be completed by the target date</p>
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### Project Description

*[Very brief details of background, objectives, rationale, scope, etc.]*

Maintaining a focus on access into service builds on two of our three priorities identified in 2015-2016. The creation of the HPC Timely Access Service has improved service response at the point of call and offers community partners an easy way to consult and facilitate referrals into service

### Progress Against Key Milestones

<b>Deliverable (as identified in the 2014-15 CSDP)</b>	<b>Date of Completion</b>	<b>Demonstrable Progress</b>	<b>Next Steps</b>
Implement Timely Access Service	November 2015	Service is in place A performance measurement (PM) project is now underway to evaluate progress	PM project is a part of identified priority/work plan
Educate Community about changes to access	June 2016	Network is fully informed Presentations to HPC Board, Special Education Advisory teams, Perth Care for Kids, FHT Network, School Services Advisory, Huron Perth Adult MH & Addiction Network	Continued education of community partners MH Fair in May 2017 as part of MH week

### Achievements over this period

*What activities did you complete as you worked towards addressing this identified priority?*

Weekly team meetings to finalize processes that will inform revised intake procedures; case reviews  
Communication materials developed including electronic update, Revised website and written materials on services  
Presentations to groups as time and opportunities arose

Ministry of Children and Youth Services

2016-17 Core Services Delivery Plan – HURON PERTH Submission from Huron-Perth Centre – March 27, 2017

Challenges and Issues	
Issue that arose	Issue mitigation
Getting the right staffing level to maintain consistent service standards of responsiveness	Staff consultation and support Re-allocation of some funding to maintain same FTE to this service

<b>Priority identified</b>	#2 Maintain local access to Intensive Services (Section 23 – Day Treatment)		
<b>Partners involved</b>	Huron-Perth Centre, Huron Perth CAS, Avon Maitland District School Board and Huron Perth Catholic District School Board		
<b>Status this period</b>	G	A	G
	<p><b>Red</b> – considerable slippage and a significant risk that the completion date will not be met</p> <p><b>Amber</b> – a possibility of some slippage but the issues are being dealt with</p> <p><b>Green</b> – on track and should be completed by the target date</p>		
<b>Project Description</b>			
<p>[Very brief details of background, objectives, rationale, scope, etc.]</p> <ol style="list-style-type: none"> <li>This program had an identified shortfall as of March 2015 and was the highest priority for the new CYMH funding, the program provides a key service within limited Intensive Services available within Huron Perth</li> <li>This program benefited from an external review process that has resulted in a number of improvements including shared vision, clarification of roles, responsibilities, processes and outcomes, ongoing staff training to support shared view of effective strategies to support dysregulated complex need children in the service</li> </ol>			
<b>Progress Against Key Milestones</b>			
<b>Deliverable (as identified in the 2014-15 CSDP)</b>	<b>Date of Completion</b>	<b>Demonstrable Progress</b>	<b>Next Steps</b>
Maintain current capacity (2 classrooms with space for up to 24 children Implement improvements	April 1, 2016	Achieved	Continued partnership meetings to support program and continued staff training as time and resources permit
<b>Achievements over this period</b>			
<p><i>What activities did you complete as you worked towards addressing this identified priority?</i></p> <p>Identified shortfall to partners and through community planning mechanism; Advocated for new CYMH funding; increased support to the program through continued operations and active participation in the external review process; implemented the recommended changes</p>			

Ministry of Children and Youth Services  
2016-17 Core Services Delivery Plan – HURON PERTH Submission from Huron-Perth Centre – March 27, 2017

Challenges and Issues	
Issue that arose	Issue mitigation
During the period we were advocating for new funding a number of HR challenges occurred	External review process helped partners to work through some important issues that have resulted in many service improvements

<b>Priority Identified</b>	#3 Strengthen system for parent/caregiver supports
<b>Partners involved</b>	Huron-Perth Centre with two respite providers Family Services Perth Huron and Community Living –Central Huron
<b>Status this period</b>	<div style="display: flex; justify-content: space-around; align-items: center;"> <span style="background-color: #90EE90; border-radius: 50%; padding: 5px;">G</span> <span style="background-color: #FFD700; border-radius: 50%; padding: 5px;">A</span> <span style="background-color: #FF0000; border-radius: 50%; padding: 5px;">R</span> <span style="background-color: #90EE90; border-radius: 50%; padding: 5px;">G</span> </div> <p><i>Red – considerable slippage and a significant risk that the completion date will not be met</i>  <i>Amber – a possibility of some slippage but the issues are being dealt with</i>  <i>Green – on track and should be completed by the target date</i></p>

**Project Description**

*[Very brief details of background, objectives, rationale, scope, etc.]*  
 Area of need recommended for new CYMH investment; as a result of new funding there was work to increase training through training modules as well as more service available  
 Training in preparation for service contracting responsibility

Progress Against Key Milestones		
Deliverable (as identified in the 2014-15 CSDP)	Date of Completion	Next Steps
Implementation of new CYMH funding	March 2016	NONE

**Achievements over this period**

*What activities did you complete as you worked towards addressing this identified priority?*  
 Respite providers increased service targets and implemented efforts to support recruitment and training in collaboration with regional respite resource  
 There were plans to formalize relationships with the two respite providers and training regarding service contracting occurred in May 2016 before the role of Lead Agency was modified to remove service contracting; the training helped to increase understanding and support continued involvement in this process going forward.

Challenges and Issues	
Issue that arose	Issue mitigation
None	NA

## Appendix D: Priorities for the Core Services Delivery Plan (CDSP)

### Name of Priority #1: To continue to strengthen access paths into core services

#### Rationale:

Note: Rationale should be supported by evidence such as the core services summary (Section B), the CMHP template, client feedback, previous evaluations and/or other evidence.

#### Problem:

1. There continues to be a need to educate the broader community about changes to the CYMH service system and specifically on changes to intake into core services. Not all plans to educate and/or tighten liaisons between providers occurred within 2016-2017.
2. The volume of calls being directed to the Crisis Response system (SW LHIN funded adult mental health service) has grown exponentially and there is risk that the partnership with the Huron Perth Helpline and Crisis Response Team cannot continue to respond to children and youth unless there can be some remediation to educate community partners to play a role in reducing the number of redirected referrals for non-emergent needs. See also Priority #2 in CSDP.

This priority is linked to the Priority #1 from the previous year “continue to clarify access paths into/out of service”. HPC data is indicating that the goal of increasing number served and decreasing waiting period is being achieved. To demonstrate this change HPC has allocated part of its Centre for Excellence grant to evaluate the Timely Access model. A logic model has been confirmed with defined performance measures. Data is being collected and will be analysed during 2017-2018 and reported out to HPC staff, Board, CMH Network. HPC Community Consultation Survey on all HPC services has also been released and should offer some measure of perceived improvement. This priority also links to the important work occurring within education as our two MH Leads focus their efforts on service pathways as part of their strategic priorities.

Family Engagement aspect – in an effort to measure progress on MoMH goals of every family knowing where to get help and how to access it the HP CMH Network is planning to survey parents/caregivers in Huron and Perth to invite feedback on service experience including but not limited to: knowledge of services and access, quality of service experiences, ideas for improvement and continued engagement in system planning.

**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):

- Increase number served through Timely Access
- Maintain timely access service standards (seamless service within 1-3 days of call)
- Ensure community partners have current knowledge of Timely Access
- Continued education regarding the appropriate use of Crisis Response protocol
- Evaluate results through a number of measures – TA Performance Management Pilot, HPC Community Consultation Survey and Family Engagement Survey

Deliverable(s)	Task(s)	Estimated Timelines
Proposed Activity 1 (e.g. engagement, mapping, client engagement): Engagement of HPC Staff (Clinical Services Managers, QA manager and TA Team)	Timely Access Team will monitor its processes to ensure that response times to each referral falls within goals  HPC QA Manager with HPC Timely Access lead will commence the performance management pilot involving collection and analysis of data based on logic model	Ongoing Weekly team meetings Managers to review case closures as part of case flow (quarterly)  October 2017 and March 2018
Proposed Activity 2:  Meetings with HPC CEO/CSM as lead and engaging with: 9 FHTs and their clinical resources, HPCAS staff, education partners and other community partners	Meetings with FHTs, HPCAS staff, education partners and others to present the Timely Access model and share data demonstrating effectiveness. Concurrently education on Crisis Response pressures and the need to engage the family physician before sending children and youth to Crisis/ER departments.	November 2017

**Name of Priority #2: To continue to develop capacity to identify youth at risk for suicide**

**Rationale:**

Note: Rationale should be supported by evidence such as the core services summary (Section B), the CMHP template, client feedback, previous evaluations and/or other evidence.

Problem: System challenge with no single system having sole responsibility for prevention, intervention and postvention. Additionally if the current protocol for crisis response does not filter out referrals for non-emergent (where there is no imminent risk and community safety planning is a better response than hospital based crisis intervention) then there is risk that the current protocol with Huron Perth Helpline and Crisis Response Team is unsustainable.

This priority is linked to Priority #3 from the CMHP from previous year. It has been moved to the CSDP as Priority #2 given that Targeted Prevention resources provide the leadership for activities. What began as a project funded from the MCYS 3 year Suicide Prevention Grants has evolved to dedicated time and resources to the Huron Perth Suicide Prevention Advisory Committee, a sub-committee of the Huron Perth Children's Mental Health Network. This is strategic use of a very small amount of annualized funding for Targeted Prevention. This work aligns with the priority actions of MH Leads to ensure that there are suicide prevention protocols. It also aligns with the new mandate for public health to include mental health promotion, a key activity related to suicide prevention.

Youth engagement aspect – efforts to include youth voice will occur as part of this priority; linkage to existing healthy school committees and HPC New Horizons (New Mentality group) will seek their assistance to pick the tagline for the SWAG

**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):

- Clarified roles and responsibilities in the system response to children/youth at risk
- Updated protocol for crisis response, access to in-patient care through formalizing shared responsibility
- More community professionals trained in ASIST and located across the two counties
- Key community professionals provided with education through Tele-mental health regarding evaluating risk and developing community safety plans
- Target youth at a key transition point (grade 9) to educate them on services available

<b>Deliverable(s)</b>	<b>Task(s)</b>	<b>Estimated Timelines</b>
Proposed Activity 1: (e.g. engagement, mapping, client engagement):  Inter-ministerial consultation	Consultation with SW LNIN and MCYS regarding service pressures and risk to current protocol	April 2017

<p>Proposed Activity 2  Launch of Huron Perth Collaborative Response to Children and Youth at Risk for Suicide involving:  Huron Perth Suicide Prevention Advisory Committee as lead and engaging with: HIPHA Mental health Clinical Lead, FHTs, Police, ER Departments, Regional Hospital, Hospice providers</p>	<p>Confirm commitment of all community partners named in the Huron Perth Collaborative Response to Children and Youth at Risk for Suicide   Update current protocol including role of CCAC MHANs in discharge</p>	<p>May 2017  Phase 1 During CMH Week  Phase 2 – Fall 2017  Phase 3 – by March 31, 2018   By March 31, 2018</p>
<p>Proposed Activity 3:  ASIST training  MH Leads from School boards with support from HPC</p>	<p>Support the training of more professionals in ASIST  Provide education through OTN and ASIST training regarding appropriate referrals to the Huron Perth Helpline and Crisis Response Team, evaluating risk, developing safety plans will be offered.</p>	<p>During 2017-2018 school year</p>
<p>Proposed Activity 4:  Education sessions to grade 9s  MH Leads and  School Based Services Advisory  with school based staff  Youth Engagement through health school committees</p>	<p>All grade 9 students to receive educational session on wellness and mental health promotion, part of which includes information on supports and distribution of supporting SWAG (Smart Wallets and Cell Phone cleaners with relevant tagline)  This task will also be reflected in the new MH Strategies adopted by both school boards.</p>	<p>Fall 2017  Fall 2018  Fall 2019  Fall 2020</p>

**Name of Priority #3: Increase shared understanding of the complex needs of children and youth presenting for service at various access points**

**Rationale:**

Note: Rationale should be supported by evidence such as the core services summary (Section B), the CMHP template, client feedback, previous evaluations and/or other evidence.

- Problem: A key theme from CMH Network meetings has been the challenges faced by families with children and youth with complex needs and the impact on services. Key providers are reporting a number of trends:
- Respite providers have identified that there is a growing trend for referrals for children and youth with more complex CYMH needs; this has been documented in Network meeting notes and is validated by CSCN, coordinated access mechanism for residential care and special needs applications.
  - HPCAS is reporting an increase in youth who cannot be cared for through regular, local foster care
  - Community based services are experiencing pressure from residential care to provide a level of intensive treatment as part of discharge recommendations and this level of step-down supports do not exist. There is insufficient capacity in Intensive Services to provide step up/step down services and our respite providers (within the core service of Family Caregiver/Supports) are being expected to operate as intensive 1-1 treatment for high need children and youth.
  - There is recognition that often times the unaddressed needs of parents/caregivers are the primary concern/significant contributing factor to the functional difficulties of the child/youth. The adult issues include: mental health, addictions, family violence, separation/divorce, poverty/financial challenges, insufficient supports

This priority is linked to the Special Needs Strategy as well as the CMHP Priority #1 re Collaboration

**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):

- **There is a need to better understand the needs of the children, youth and families being identified through these discussions before any decisions can occur about changes to service delivery and how collaboration plays a role.**
- **This work needs to be viewed as part of the larger work on CMHP - Priority 1 re collaboration**

Deliverable(s)	Task(s)	Estimated Timelines
Proposed Activity 1 (e.g. engagement, mapping, client engagement):  Engagement to include Core Service Providers (HPC, FSPH, Community Living-Central Huron) And then add HPCAS, CSCN MH Leads, Special Needs Strategy Leads, CPRI, Pediatricians, others including adult services	Define what is meant by complex needs/review this within the context of the work of the Special Needs Strategy  Identify the potential number of children/youth  Clarify what is currently available within Huron Perth with residential providers  Link this work with CMHP #1 Collaboration Identify next steps	June 2017  August 2017 August 2017  October 2017 November 2017

