

Community-based Child and Youth Mental Health

DRAFT

**Program Guidelines and Requirements #03:
Community Mental Health Plan**

April 1, 2015

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Authorization

The Ministry of Children and Youth Services (MCYS) funds community-based child and youth mental health services under the authority of the *Child and Family Services Act*, R.S.O. 1990, c.c.11 (CFSA). The paramount purpose of the CFSA is to promote the best interests, protection, and well-being of children. In order to continue receiving MCYS funding for delivery of child and youth mental health services, service providers will comply with this Program Guidelines and Requirements (PGR) document

Purpose

The objectives of the Community Mental Health Plan (CMHP) are to:

- Describe the roles, responsibilities and services provided by other community providers within the service area, in the provision of child and youth mental health services across the continuum;
- Identify priorities for the lead agency's work with community partners to address service needs/gaps and the workplan for addressing those priorities;
- Describe and transparent pathways to, through and out of care, and the plan to continuously enhance those pathways; and
- Support an enhanced provincial understanding of the child and youth mental health system through analysis and identification of common themes and priorities.

Scope

This PGR provides direction to all lead agencies regarding the development of the CMHP. This PGR also provides information to community partners and all agencies who receive child and youth mental health (CYMH) funding from MCYS through a detail code referred to in PGR #01: *Core Services and Key Processes* (see Appendix B) who are expected to participate in this process.

SECTION 1: INTRODUCTION

PGR #03 - Community Mental Health Plan, is part of a set of documents providing direction and guidance to lead agencies, and informing broader sector partners of the ministry's expectations of lead agency. In particular it should be read in conjunction with the following PGRs:

- *PGR #01 – Core Services and Key Processes* which describes:
 - Context around the client population and the overarching continuum of needs-based services and supports;
 - Core, community-based CYMH services to be available in each service area, including their target population;
 - Key processes that support these services; and
 - Minimum expectations for core services and key processes.

- *PGR #02 – Core Services Delivery Plan* which provides expectations for:
 - The service providers and the services they provide within the service area, in the provision of child and youth mental health services across the continuum of needs;
 - Constructive engagement with CYMH core service providers, youth and families around better meeting system and service needs within available resources;
 - Identifying priorities for the lead agency's work with community partners to address service needs/gaps; and
 - Clear pathways to, through and out of care with core service providers.

- *PGR #04 – Clear Service Pathways* which provides:
 - Clear objectives and guiding principles of pathways, including a description of the mature state from a family perspective;
 - An outline of key stages in the implementation of defined pathways to care;
 - Minimum expectations of lead agencies and other CYMH providers in developing clear service pathways across sectors; and
 - Guidance to partners from the healthcare, education and other sectors to work together towards better pathways for children and youth.

Ontario is committed to promoting the mental health and well-being of all children and young people. Defining a set of core child and youth mental health services will support the transformation of the experience of children and youth with mental health problems and their families (see www.ontario.ca/movingonmentalhealth for further details). Surrounding these core services are minimum expectations in how they are delivered and evaluated (consult *PGR #01 – Core Services and Key Processes*).

The provision of core services will take place within all service areas. Each service area will have a lead agency, with responsibility for making core services available and planning across the full continuum of mental health promotion and care with their broader sector partners. Core services may not be available in every service area immediately; in these cases, addressing the service gap is the responsibility of the lead agency, working in collaboration with MCYS and community partners. They will also plan and connect with other sectors across the service continuum, including those services provided through the education and health systems. Greater collaboration will make mental health service pathways for children and youth more transparent, so that everyone will know what to expect.

This PGR document provides clear direction to lead agencies about the ministry's expectations in the development of a CMHP. In addition, this document is also useful in assisting those in broader child-and youth-serving sectors (e.g. education and health systems) in understanding the ministry's expectations for community-based CYMH and how their services are an integral part of the continuum of services for children and youth.

The objectives of the CMHP are to:

- Describe the roles, responsibilities and services provided by other community providers within the service area, in the provision of child and youth mental health services across the continuum;
- Identify priorities for the lead agency's work with community partners to address service needs/gaps and the workplan for addressing those priorities;
- Document clear pathways to, through and out of care; and
- Support an enhanced provincial understanding of the child and youth mental health system through analysis and identification of common themes and priorities.

Planning associated with the development of the CMHP includes a range of on-going activities such as:

- Engaging community partners to map out current service provision and service pathways along the continuum;
- Monitoring and analysis of local CYMH community planning mechanisms and making recommendations for adjustments, when necessary;
- Building a strategic perspective and direction for service alignment and priorities;
- Prioritizing shared goals that are based on data, evidence, and changing population needs; and
- Setting an implementation timeline and work plan to address priorities that is updated throughout the year.

The following visual demonstrates the cumulative approach to community planning around the continuum of mental health. It starts with understanding current services provided and pathways with community partners and builds on this understanding, through to continuous quality improvement and addressing of community priorities.



SECTION 2: EXPECTATIONS

Lead agencies must submit the CMHP to the ministry annually for approval through a template created by the ministry which will ensure consistency and ease of analysis (see Section 3: Approvals). The CMHP is approved annually but describes commitments and activities of community partners over a 3-year horizon. Information from all plans will be compiled for summary and analysis by MCYS. The resulting information will be shared with all lead agencies and with partner ministries, as needed, to shape the progress of the transformation initiative.

The Community Mental Health Plan will focus on the lead agencies work with community partners in the service area and more specifically will include the following elements:

- Part 1: Executive Summary
- Part 2: Engagement
- Part 3: Community Services and Pathways
- Part 4: Community Priorities and Workplan

The following provides greater detail on the minimum expectations for each of these elements.

Part 1: Executive Summary

- This section will provide an overview of the CMHP including:
 - A description of the vision and opportunities for the service area, based on engagement with community partners and mapping of local services and pathways;
 - A summary of community priorities and associated plan for cross-sectoral activities over a three year horizon;
 - An explanation of how the priorities link to Ontario government-identified priorities for child and youth mental health (where appropriate); and
 - High-level summary of engagement activities that informed the plan.

Part 2: Engagement:

- Lead agencies are required to work with their service area partners from across sectors to strengthen relationships and improve the experience of parents, children and youth in their service area. The community partners that should be engaged may vary between service areas but may include:
 - District School Boards
 - Hospitals
 - Community Care Access Centres
 - Local Health Integration Networks
 - Children's Aid Societies
 - Youth justice providers
 - Public health
 - Early Years providers
 - Specialized services
 - Primary Care
 - Policing
 - Other "non-core" Child and youth mental health service providers; and
 - Other community partners you may identify as appropriate

- Lead agencies are required to have well-established engagement approaches that support the development of the CMHP and build trust and commitment and motivate and energize the community.
- Lead agencies should draw upon existing engagement mechanisms if they are appropriate for these purposes and are working effectively (e.g. existing planning tables).
- Where a service area partner covers multiple service areas (e.g. French Language School Boards), the lead agencies in those areas should work together to develop a single engagement mechanism.
- Engagement will support the identification of gaps and emerging issues, and foster collaborative working relationships between cross sector partners who serve children and youth with mental health needs and their families.
- Engagement activities must adhere to the following key principles:
 - All engagement should be respectful, collaborative and meaningful, particularly where an agency may be impacted by the directions set out in the plan.
 - Ensure that the design, organization, and convening of the engagement activities serve both a clearly defined purpose and the needs of the participants.
 - Be clear and open about the process, ensuring that participants have a real potential to inform the plan, and the parameters around their engagement.
 - Be designed and delivered in a culturally responsive manner to address and incorporate the perspectives of diverse populations, including Francophone and Aboriginal populations in the service area.
- This part of the CMHP will describe:
 - the processes and mechanisms used to facilitate engagement around the development of the CMHP (who was involved and in what capacity); and
 - challenges encountered in the engagement process and how they are addressed.
- The CMHP must outline the approach that the agency proposes to take in the future to provide opportunities for on-going community and stakeholder engagement in the development and implementation of the CMHP including the approach to incorporate diversity, cultural competency, inclusion of parents and youth, demonstration of respectful relationships, and clarity of roles.

Part 3: Community services and pathways

- Each lead agency will generate a profile of their service area to describe service delivery across the continuum of services.
- The lead agency is responsible for establishing and strengthening relationships with community partners and understanding the roles of these partners in the community mental health sector, in order to support effective pathways and service planning.
- This work will include:
 - A description of the community partners in the service area and the services they deliver in relation to the continuum of care and core services (including geographic coverage, age range, specific populations).
 - A description of the pathways to, through and out of care between the community-based CYMH sector and other broader sectors, specifically:
 - A clear and concise method for communicating to parents, youth and children, the roles, responsibilities and relationships of those in the CYMH sector in the service area that maps how a child/youth moves through the system within the service area and their experience as they move through the system within your service area; and
 - How the lead agency is meeting its expectation as the stable point of contact in the service area.

- This information will contribute to the rationale for shared priorities that partners in the service area wish to pursue, monitor, and evaluate.

Part 4: Community Priorities and Workplan

- Using information described in Part 3: Current services and pathways, and through collaborative discussions with community partners, lead agencies are asked to identify priorities and activities over a three year planning period. Priorities should focus on working with community partners to resolve any gaps in the geographic coverage, service provision, or pathways to, through and out of care. Priorities should also focus on aligning these services along the continuum to the needs of the population (e.g. the provision of French-language services where there is a Francophone population). The priorities should be targeted and achievable within the timeframes set out.
- For priorities, the descriptions should include a
 - Clear rationale and objective;
 - Description of the process by which priorities were established including identifying community partners involved in determining the priority;
 - A detailed workplan including indicators of success, targets, timelines and desired outcomes
 - The workplan must detail lead agency commitments and the commitments of community partners involved in addressing the priority; and
 - A description of shared commitments from community partners as to how they will work with the lead agency on addressing the priority.
- Lead agency priorities should also be developed in recognition of any ministry-set provincial priorities.

SECTION 3: APPROVALS

Each CMHP will be reviewed and approved by an authorized representative of the Board of Directors and the Executive Director (or equivalent). The CMHP is subject to ministry review and approval. Where service area partners are implicated in shared commitments in the CMHP (e.g. the lead agency and the district school board agree to develop a protocol for information sharing), approval in principle from the service area partner is required.