

Children's Mental Health of Leeds and Grenville
Service Area: Lanark, Leeds and Grenville
Core Service Delivery Report and Community Mental Health Report Update
Submission Date: January 31, 2018
Planning schedule: Through to the end of March 31, 2019

Progress Update for Lead Agency

What Progress has been achieved on each of the priorities since your last year of Submission?

Priority	Progress to Date
Crisis Coordination including Triage Coordination for Hotel Dieu Psychiatry	<p>Crisis Coordination:</p> <ul style="list-style-type: none"> • Relationships have been developed with key decision makers at each of the 5 hospitals in the service area Lanark, Leeds and Grenville • Work with regional tertiary hospital has resulted in a pathway to care decision algorithm for CHEO in the Champlain LHIN • Each hospital is working with their associated children's mental health agency to develop a pathway to care that sees children and youth being referred to their local community mental health services and only proceeding onto tertiary care when needed • Each hospital is at differing stages of this work • Triage pilot for a local family health team is underway and referrals are being made, to date evidence shows that the majority of these clients will be able to be serviced in their own communities and may not need psychiatry services - Triage program for psychiatry with Hotel Dieu in the South East LHIN <p>Challenges Faced:</p> <ul style="list-style-type: none"> • Staffing changes at one of the local hospitals • Competing priorities of community partners sitting at the working groups with each hospital • Slow initial uptake of the triage referrals from the pilot family health team
Youth Addictions	<p>Youth Addictions Coordination:</p> <ul style="list-style-type: none"> • We have successfully pulled together a community working group with representation from adult mental health, addictions, and children mental health providers

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	<ul style="list-style-type: none"> • Developed a tentative work plan with training deliverables and objectives for developing a pathway to dare and joint treatment opportunities <p>Challenges</p> <ul style="list-style-type: none"> • Our partners at this table are in the midst of their own transformation portfolios causing competing priorities • Staff contract coverings that caused training to be postponed • Challenging schedules with so many partners at the table
Service Coordination	<p>Service Coordination:</p> <ul style="list-style-type: none"> • Partnered with the Special Needs Strategy Committee to ensure that service coordination training was provided across the region • Developed community forms that could be used by all agencies for service coordination work • Ensured Children Mental Health staff attended the training • Provided additional in house training to support the efforts of Service Coordination • Working on incorporating community forms into Client Information System at both agencies. <p>Challenges:</p> <ul style="list-style-type: none"> • Both children's mental health agencies had accreditation within the last 12 months • Training times were challenging for some partners to attend • Community partners were at different levels of incorporating service coordination into their every day services
Performance Management Framework for the Service Area and Data Integrity and Comparability	<p>Develop a Service Area view regarding both Performance Management and Risk Management</p> <ul style="list-style-type: none"> • Utilize a Risk Management review tool to analyze key Risk Areas • Use identified risk to inform other planning activities • Identify and implement risk mitigation strategies for service area risk factors

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	<p>Identify key components for a Performance Management strategy</p> <ul style="list-style-type: none"> • Utilize service area data regarding service delivery KPI's to develop a list of performance management goals • Identify priorities for a performance management strategy • Engage stakeholders as required to validate performance management goals • Identify and implement performance management strategies to achieve goals, review progress in order to adjust as performance improves. <p>Challenges:</p> <ul style="list-style-type: none"> • A perceived lack of resources and power imbalance • Communication challenges • Competing priorities with respect to everyday client service needs
<p>Continuous Quality Improvement</p>	<p>Continuous Quality Improvement:</p> <ul style="list-style-type: none"> • Accreditation reviews at both agencies complete • Competent Continuous Quality Improvement Committee's at both agencies • Quality Assurance trainings at both agencies • Risk management and quality assurance planning completed at both agencies • Work completed on the importance of direct service hours at each agency • Staff commitment to Quality Improvement Developing within each agency <p>Challenges:</p> <ul style="list-style-type: none"> • Filling the quality assurance director position actually resulted in staffing changes at our Core Service Delivery Partner's agency that had long standing ripple effects for 6 months to a year • Subsequent staffing changes on management teams at both agencies affected timelines as well

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	<ul style="list-style-type: none"> • Competing internal priorities that were imperative to service delivery also created challenges
Family and Youth Engagement	<p>Family and Youth Engagement:</p> <ul style="list-style-type: none"> • Youth Engagement groups in both agencies • Annual participation in Power Up Summit by both agencies – youth community forum • Staff training for youth engagement • Parent Lifelines of Eastern Ontario support groups launched in Champlain LHIN in both Lanark and Grenville counties • Staff training for parent engagement • Developed working relationship with Parents for Children’s Mental Health in Leeds County • Worked with parent started grass roots committees in Lanark county • Meetings with the Centre of Excellence for Child and Youth Mental Health <p>Challenges:</p> <ul style="list-style-type: none"> • Staffing vacancies and changes • Resourcing the program costs out of current budgets • Recruitment of parents and youth • Competing service priorities

Are there any new priorities for 2018/19 fiscal year?

There are no new priorities that the region will be working on. However, as a region we will be entering a planning year to support the development of the multi-year planning submission in December of 2018. We will be working with our Core Service Delivery Partner to connect with our community partners, families, youth and children to determine if our work on MOMH has been successful so far, if there are other areas of concern that need to be addressed in the communities and if we are making progress on addressing the gaps that were identified as priorities for the region. We will be working with a facilitator to complete aspects of this process.

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Proposed Activities for the 2018/19 year

Core Service Delivery Report

Name of Priority #1: Family and Youth Engagement		
<p>Rationale: Youth Engagement and Family Engagement has been a priority for the region but was normally captured under the engagement section of the report recognizing that these engagement practices are considered required under MOMH and system transformation. We are working on developing Youth Engagement and Family Engagement opportunities across the region and incorporating parent and youth voice into the development, implementation and ongoing provision of services across the service area.</p> <ul style="list-style-type: none"> • 		
<p>Objective –</p> <ul style="list-style-type: none"> • Youth and Family Voice respected and valued • Impact of service and strengthening programs offered at each agency • Continuous Quality Improvement 		
Deliverable(s)	Task(s)	Estimated Timelines
Proposed Activity 1 (e.g. engagement, mapping, client engagement):	Develop Youth Engagement and Family Engagement groups or opportunities across the region	Ongoing – partnered with Parent Lifelines for Eastern Ontario for Champlain LHIN, grass root organizations in Lanark, Working with Parents for Children's Mental Health for South East LHIN and then youth engagement groups at both agencies
	Create opportunities for families and youth to shape the services they receive in the region	Ongoing – developing more opportunities for this to happen. Service evaluations, linkages with boards and documentation and service materials
Proposed Activity 2:	Further develop both the youth engagement and family engagement practices and build consistency and partnerships across the region, learn from success stories within the region	2018-19
Proposed Activity 3:	Ongoing internal training to embed the theory of engagement practices as a clinical best practice and how to develop regional plans	2018-19

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Name of Priority #2: Performance Management Framework for the Service Area and Data Integrity and Comparability		
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. <ul style="list-style-type: none"> • Lead Agencies are responsible for ensuring performance of the entire service area is supporting children and youth in Lanark Leeds and Grenville equitably. • Data needs to be comparable across the service area and integrity of data must be achieved • The performance management framework will have better success if it is developed in collaboration with our core service delivery partner 		
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"> • Data Integrity and comparability across the service area • Performance Management Framework for the region that will produce data that can support service area planning and funding recommendations • Conflict Resolution Process with levels of elevation clearly defined 		
Deliverable(s)	Task(s)	Estimated Timelines
Proposed Activity 1 (e.g. engagement, mapping, client engagement):	Working Committee with representation from Open Doors and CMHLG to compare data and targets to identify how services truly compare across the service area	Initial development of the committee has been completed and a meeting is scheduled for May 2017
	Funding conversations and identification of areas of concern that are under resourced	Late 2017 – Early 2018
Proposed Activity 2:	Collaborate on aspects of a regional performance management plan including a communication plan to disseminate information to staff	Late 2017 – Early March 2018
Proposed Activity 3:	Multi-year planning cycle identification of service gaps and continued collaboration across the region on meeting the needs of the service area	2018-19

Name of Priority #3: Continuous Quality Improvement
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. <ul style="list-style-type: none"> • Family and Youth Engagement efforts in March of 2016 identified a number of clinical

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<p>service concerns and needs</p> <ul style="list-style-type: none"> Both CMHLG and Open Doors felt that a strong Continuous Quality Improvement Plan with regional aspects would help positively influence service Data integrity and comparability across the region was imperative as we start to compare regional services 		
<p>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): A Quality Assurance Program that includes a Continuous Quality Improvement Plan and Risk Management Plan at both CMHLG and Open Doors for Lanark Children and Youth that supports regional comparison of data and services</p>		
Deliverable(s)	Task(s)	Estimated Timelines
Proposed Activity 1 (e.g. engagement, mapping, client engagement):	Develop Risk Management and Quality Assurance/ Improvement Plans at both CMHLG and Open Doors and incorporate aspects of Regional Comparisons	March 2018
	Regional CQI Committee	By March 2018
Proposed Activity 2:	Regional Score Cards outlining each agencies successes	By March 2018
Proposed Activity 3:	Use of regional data to make decisions and build consistency across the service region	2018-19

Community Mental Health Report

<p>Name of Priority #1: Crisis Coordination including Triage of Psychiatry with Hotel Dieu Hospital</p>		
<p>Rationale: During our gap analysis conducted with our community partners, parents and youth in early 2016, crisis coordination was identified as a priority. The concern was that youth who were attending the Emergency Rooms in the region were often sent to CHEO or Hotel Dieu but not admitted. This would often repeat with similar outcomes in which youth were never connected back to their community mental health agency. We are working to develop clinical care pathways in partnership with each Emergency Department and service agreements to allow for quick referrals back to CMH community agencies. We have also been piloting a triage project for Hotel Dieu Psychiatry that has resulted in most referrals gaining access to community CMH services rather than psychiatry at the tertiary hospital</p>		
<p>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):</p> <ul style="list-style-type: none"> Partnerships and pathways to care for Emergency Room Departments 		
Deliverable(s)	Task(s)	Estimated Timelines
Proposed Activity 1 (e.g.	Community Engagement	December 2016 for Phase One and December 2017

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engagement, mapping, client engagement):		for Phase Two
	Develop a framework for crisis coordination for youth presenting at local emergency rooms in the Champlain LHINS	June 2017
	Triage Pilot Project	Ongoing
Proposed Activity 2:	Training for Emergency Departments on CMH agencies in the region and servicing youth in emergency departments in smaller regional hospital environments	2018
Proposed Activity 3:	Develop Clinical Care Pathways for each Emergency Department and MOUs for service agreement and partnerships	2018-19
Proposed Activity 4:	Pre and Post Evaluation of Emergency Departments to see how well the framework meets the needs of youth presenting with mental health concerns	Throughout the Project
Proposed Activity 5:	Evaluate Protocols with each hospital and make improvements where necessary annually	March 2018 forward

Name of Priority #2: Youth Addictions		
Rationale: During our gap analysis conducted with our community partners, parents and youth in early 2016, youth addictions was identified as a priority. There are two concerns: 1. Parents find it difficult to know where to go for services and 2. There is a clinical movement that is recognizing that treating a concurrent disorder concurrently is beneficial to success. It was recognized that even though youth addictions was identified as a priority, that the number of clients receiving services at CMHLG and Open Doors with youth addictions identified as a concern was relatively low even through the community was identifying addictions as a growing concern. This led to the identification of training needs associated with how to ask youth if they have an addiction challenge in a way that engages the youth to want positive change. The school boards have Youth Addictions as a priority as well and are focusing on pathways to care from education to mental health and addictions.		
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"> • Training and capacity enhancement across the region for youth addictions • Coordinated service opportunities 		
Deliverable(s)	Task(s)	Estimated Timelines
Proposed Activity 1 (e.g. engagement, mapping, client engagement):	Community Engagement	September 2016 Phase One September 2017 Phase Two
	Identify barriers, concerns and	March 2017

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	opportunities regarding concurrent treatment opportunities in the service area	
Proposed Activity 2:	Identify areas where training is required to ensure that clients with additional concerns are comfortable self-identifying their needs	Complete – Addiction Staff require training on how to engage families in treatment Children's Mental Health Staff require training in identifying addiction concerns Both agencies require training in concurrent disorder treatment with youth
Proposed Activity 3:	Develop framework and partnership agreement with respect to service coordination between agencies	By March 2018
Proposed Activity 4:	Training of Service Agreement and Clinical Training	2018-19
Proposed Activity 5:	Evaluation and improvements	March 2019 forward

Name of Priority #3: Service Coordination		
Rationale: During our gap analysis conducted with our community partners, parents and youth in early 2016, service coordination was identified as a priority. Families and youth are asking their communities to provide more integrated services so that they are receiving services that are coordinated and support the families' goals. We have completed community wide training that provided all community agencies with documentation for service coordination efforts that can be used universally. This was done in partnership with the Special Needs Strategy to ensure that forms and processes were already in place to support additional needs identified for children and youth experiencing complex needs and fall under the responsibility of the Special Needs Coordinator.		
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"> Increased coordinated services for families and youth working with more than one service provider at a time 		
Deliverable(s)	Task(s)	Estimated Timelines
Proposed Activity 1 (e.g. engagement, mapping, client engagement):	Internal training and cultural change to ensure that service coordination is made a priority for services that continue past brief services	April to December 2017

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	Sharing of best practices to strengthen process	December 2017
Proposed Activity 2:	Continued work with the Special Needs Strategy to support service coordination and processes for complex needs children and youth	On-going
Proposed Activity 3:	Internal training and planning to ensure that service coordination is seen as a best practice and incorporated into all clinical service across the region. Service planning with community partners to continue to engage partners in the importance and need for service coordination.	2018-19
Proposed Activity 4:	Ask our parents, youth and community partners if they have seen an improvement in service coordination efforts across sectors	March – August 2018

Engagement Practices

Community Partners	<p>The working groups for our Community Mental Health Plan priorities have representation from other services (crisis coordination, addiction services, service coordination).</p> <p>In addition we have working relationships with our local children's planning tables, best start committees, youth justice committees, mental health coalitions, situational tables.</p> <p>We also have various memorandums of understandings and service agreements in the region.</p>
Youth and Families	<p>Youth and family engagement are priorities for the region and we are developing programming at each agency. We are also working hard to ensure that individuals from these efforts are polled and brought into discussions that impact service changes. We also incorporate feedback from youth and families into our service evaluation efforts.</p>
French Speaking Communities	<p>We are not a French designated area, however we are working on making a relationship with the organization out of Cornwall that is servicing the French Catholic School board schools in our region.</p>

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	We are hoping to work out a service agreement that may potentially see clients seen over tele mental health equipment with this identified agency when French language service is the preferred language of service. In addition, Open Doors have a French speaking clinician and we are looking at opportunities to use this resource across the region when needed.
Indigenous Families	We do not have an indigenous community within in our service area. We have cultural support from an organization located at the closest reserve in Hastings County. We are also looking at cultural training for various aboriginal groups and cultures.

Core Service Resource Allocation:

We have no proposed changes for Core Service Resource Allocation in the service area of Lanark, Leeds and Grenville. As a region we are working to develop a process for identifying service area deficiencies and how to address them. At this time we are working to the principle that if there are anticipated surplus funds at the end of a fiscal year that dollars should be directed to work on the priorities within the Core Service Delivery Report or the Community Mental Health Report.