

DRAFT

Child and Youth Mental Health Service Framework

September, 2013

DRAFT CHILD AND YOUTH MENTAL HEALTH SERVICE FRAMEWORK
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SECTION 1: CONTEXT

Moving on Mental Health – a system that makes sense for children and youth, released on November 19, 2012, builds on *A Shared Responsibility*, Ontario’s Policy Framework for Child and Youth Mental Health, 2006 (Policy Framework) and on Ontario’s Comprehensive Mental Health and Addiction Strategy (2011) – a joint strategy with the ministries of Education (EDU), Health and Long-Term Care (MOHLTC), Training Colleges and Universities (TCU) and Children and Youth Services (MCYS).

This plan for change is rooted in the experience of children, youth and families trying to find the right mental health supports and treatment, who often struggle to cope with a confusing and fragmented service system. The government is committed to improving mental health services for children and youth with mental health problems so that they and their parents have access to a consistent set of easy to identify supports and services and confidence in the people and agencies providing those services.

MOMH will transform the experience of children and youth with mental health problems and their families so that regardless of where they live in Ontario, they will know:

- What mental health services are available in their communities; and
- How to access the mental health services and supports that meet their needs.

This draft service framework is the next step in building a system that makes sense for children and youth with mental health problems and their families. Its purpose is to outline the minimum expectations associated with the delivery of child and youth mental health (CYMH) services funded by MCYS and is intended to provide clarity to service providers, and in particular lead child and youth mental health agencies as they plan and deliver CYMH services to children, youth and families in their communities. It outlines expectations of core services, current thinking with respect to pathways to care, sets out key processes to support the child or youth and family throughout their involvement with the child and youth mental health service system, from point of first contact through to the conclusion of their involvement, transition to other child and youth services or adult services, and highlights features of a new approach to accountability for the MCYS-funded community-based child and youth mental health sector.

It is to be a forward-looking document that describes the service system at maturity and what will be in place for children and youth with mental health problems, recognizing that there will be a period of transition. As such, the service framework outlines new directions for accountability and reporting provisions for those funded to deliver child and youth mental health services by MCYS. As we move forward with transformation of the MCYS-funded CYMH service system, there will be further changes to this draft. As a result the final document may take a different form.

Defining core services and key processes is fundamental to the design of a system that makes sense for children and youth. The ministry will continue to work closely with lead agencies, children, youth, parents, and partner sectors to understand the opportunities and challenges that may arise as a result of system change. In this regard, implementation of Moving on Mental Health will be phased over a three year period. This service framework is intended for services funded by MCYS.

The draft expectations outlined in this document have been drawn from best and emerging practices, review of other jurisdictions, the Canadian Centre for Accreditation's pilot standards: *Accreditation for Child and Youth Mental Health Organizations*, as well as consultation with sector leaders, experts and ministry staff, and are presented here to guide service delivery and planning in communities across the province.

Please refer to the glossary of terms at the end of this document for a definition of key terms.

CHILD AND YOUTH MENTAL HEALTH SERVICES

CYMH services are funded by MCYS to achieve the vision of an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential. The Service Framework will support MCYS-funded service providers in achieving this vision by clearly articulating services that must be available across the province together with minimum expectations about how they will be delivered.

MCYS-funded child and youth mental health services are provided to children and youth from birth to 18 years of age under the authority of the *Child and Family Services Act (CFSA)*. These services are not mandatory under the CFSA, but are provided to the level of available resources. Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses or disorders.

The Policy Framework has four goals - to:

- Promote optimal child and youth mental health and well-being through enhanced understanding of, and ability to respond to, child and youth mental health needs through the provision of evidence informed services and supports;
- Provide children, youth and families with access to a flexible continuum of timely and appropriate services and supports within their own cultural, environmental and community context;
- Provide community-based services that are coordinated, collaborative and integrated, creating a culture of shared responsibility; and,
- Be accountable and well-managed.

It is the ministry's expectation that all services will be delivered in a culturally appropriate and accessible manner to meet the diverse needs of Ontario's population including those who live in rural, remote and under-served communities and our Aboriginal and Francophone

population. In areas designated under the *French Language Services Act (FLSA)*, agencies are required to:

- Provide services or work with Francophone service providers to ensure ongoing child and youth mental health services in French;
- Take appropriate measures, including providing signs, notices and other information on services and initiating communication to make known to members of the public that services are available in French or refer them to a location that does provide services in French; and
- Submit a plan to the ministry annually to build capacity with the above objectives, where agencies are not at full capacity.

TARGET POPULATION

Core child and youth mental health services are funded by the MCYS, either directly or indirectly through identified lead agencies in communities across the province and are available to all children and youth ages 0-18 who are experiencing, or at risk of experiencing, mental health problems, illness or disorders. Mental health problems, illnesses, and disorders represent different aspects on what is a continuum of overall mental health and well-being.

For the purpose of this service framework, a client is defined as the intended direct recipient of the child and youth mental health service. A person/individual becomes a client once he/she has provided consent for service (including verbal consent); until such time he/she is considered a prospective client. The client is:

1. A child or youth from birth up to age 18 who is:¹
 - identified as being at risk of developing mental health problems; or
 - displaying early signs or symptoms of mental health difficulties including social, emotional, behavioural, self-regulation problems; or
 - experiencing significant mental health problems or diagnosed disorders; or
 - experiencing severe, complex, rare or persistent or diagnosable mental illnesses.
2. Parents, caregivers, guardians and other family members participating in or receiving services designed to address the needs identified for the client (i.e., child or youth), particularly when:
 - the participation in treatment is required to support the child or youth's individual service plan. Participation does not include individual adult mental health treatment or marital counselling; or
 - the parent, caregiver, or guardian is an active participant in in treatment of a child or youth who does not have the capacity to make decisions with respect to treatment or service provision.
3. All children and youth from birth up to age 18 who share a risk factor, when the focus of the service is targeted prevention

¹ These children and youth may also be experiencing additional problems or concurrent disorders, which does not preclude them from receiving CYMH services.

PATHWAYS

Parents, youth, and those seeking help for children and youth with mental health problems often describe the frustration of finding their way to care and through the service system as one of chief flaws in the current system. The Service Framework addresses this by setting expectations for establishing and maintaining clear pathways to, through, and out of care, recognizing that the need for intervention and treatment is not a one-time event in the lives of many children and youth. Connecting children and youth with mental health problems in a timely way to the right mental health services and establishing clear and streamlined pathways of care between primary care, schools and the supports they need is a central feature of the child and youth mental health system we are building. This means establishing transparency and predictability in pathways to, from, and through, care, in which families, youth, and children as well as all concerned and involved parties who interact with them on a regular basis such as educators and primary health care practitioners understand their roles in relation to one another and to the child or youth and their families.

CORE SERVICES AND KEY PROCESSES

Defining a set of core child and youth mental health services to be available across the continuum of need, in every community² or spanning communities and across the 0 – 18 age spectrum is central to the delivery of services in a transparent and accountable way. Providing this clarity will help parents, youth, service providers, educators, physicians and others understand what CYMH services are available and how to access them in a consistent way. The service framework establishes minimum expectations for service providers funded by MCYS for the delivery of CYMH core services.

The defined services represent the range of CYMH services that will be available, however, this is not an exclusive list –services in addition to those defined in this document may be offered to meet the mental health needs of the children and youth. Children and youth may receive more than one type of core service, as well as other services funded by MCYS or other sector partners as part of their individual treatment plan.

While core services are available to all children and youth across the province with a mental health problem, within the available resources, not all core services are provided in every CYMH community; core services that are accessed by a smaller portion of the population may span communities.

Core services are divided into the following categories:

1. ***Core services available to clients in every community (local core service)*** - Lead agencies are responsible for ensuring that these services are available to children and youth in their community:
 - Targeted Prevention

² In the context of this document, “community” is used to describe the defined geographic locality within which CYMH core services will be available.

- Brief Services
- Counselling and Therapy
- Family Caregiver Skill-Building and Support
- Specialized Consultation and Assessments
- Crisis Support Services
- Intensive Treatment Services

2. Core services that span communities (spanning) - Lead agencies must be able to link to these services, if they are not available within their community:

- Secure Treatment

Supporting the provision of these core services are key processes that support the child or youth and family throughout their involvement with the child and youth mental health service system. These processes are not specific to individual core services but are common to, and support, all of the services. These processes are:

- Coordinated Access
- Intake, Eligibility and Consent
- Identifying Strengths, Needs, and Risks
- Service Planning and Review
- Case Management/Service Coordination
- Monitor and Evaluate Client Response to Service
- Post-intervention Transition Planning and Preparation
- Child, Youth and Family Engagement

CONTINUUM OF NEEDS

The continuum below was developed as part of *A Shared Responsibility – Ontario’s Framework for Child and Youth Mental Health* as a tool to help categorize the level of child and youth mental health needs and services to address mental health problems of individual children and youth based on their severity.

Table 1: Continuum of Needs

Least Intensive ← ----- MCYS-Funded CYMH Services ----- → Most Intensive			
Level 1	Level 2	Level 3	Level 4
All children, youth and their families/ caregivers	Children and youth identified as being at risk for, or who are experiencing, mental health problems that affect their functioning in some areas, such as at home, school and/or in the community	Children and youth who are experiencing significant mental health problems that affect their functioning in some areas, such as at home, school and/or in the community	Children and youth experiencing the most severe, complex, rare or persistent diagnosable mental illnesses that significantly impair functioning in most areas such as at home, school and in the community

The continuum assists service providers to determine the target population of children and youth that should be supported within each core service, while recognizing that the needs of individual children and youth are not static and fluctuate over time.

In this formulation, community-based child and youth mental health services are generally well-positioned to be delivering services to children and youth in need of levels two and three services and supports, and to work in multi-disciplinary approach partnerships with service providers within and across other sectors to deliver services to children and youth who would be considered levels one or four.

LEAD AGENCIES

A key element of MoMH is establishing lead agencies in defined communities across Ontario who will be responsible for planning and delivery of CYMH services. Within each defined community, and reporting to a community-based Board of Directors, a lead agency will be responsible for five primary functions:

- In collaboration with the local service system and the MCYS Regional Office, establish a plan for the delivery of CYMH services to be submitted to MCYS for review and approval;
- Creating clear and simple to use access pathways for parents, youth as well as justice, education, and health professionals who wish to refer;
- Delivering or contracting for the range of defined core MCYS-funded CYMH services, and holding sub-contracted agencies accountable;
- Making those services effective and accountable to parents, youth, and children; and
- Establishing and maintaining inter-agency and inter-sectoral partnerships, protocols and transparent pathways to care.

EVIDENCE-INFORMED PRACTICES

The provision of core CYMH services should be informed by evidence to support service quality. Evidence-informed practices combine the best available and most current research with the experience and judgment of practitioners, children, youth and families to deliver measurable benefits. They are informed by validated research findings together with contextual and experiential evidence. This includes practice-based evidence, evidence-based practice, evaluation findings, the expertise of clinicians, and the lived experience of children, youth, and families.

SECTION 2: PATHWAYS

CONTEXT

The experience of families, youth and children with the child and youth mental health system is affected profoundly by the difficulty in connecting to and being supported through pathways to, through, and out of care. Clarifying the steps along these pathways so that those seeking services can know what to expect when they initially reach out for care, while they are receiving care, and when they are ready to transition out of care is fundamental to a mature child and youth mental health system.

At the local, provincial and national level, children and youth mental health stakeholders are engaged in efforts to streamline the experience of children, youth and families as they seek the appropriate mental health services to meet their needs. Initiatives currently underway include those in Local Health Integration Networks (LHINs), in *Working Together for Kids' Mental Health* communities, Student Support Leadership Initiative clusters (SSLI), at the District School Board level through Mental Health Leaders and programs like School Mental Health ASSIST, and through Service Collaboratives funded by the Ministry of Health and Long Term Care.

In 2008, following release of *A Shared Responsibility*, Ontario's Policy Framework for Child and Youth Mental Health, MCYS, in collaboration with health, education, and child and youth mental health (CYMH) sectors, undertook a mapping exercise to assess the service landscape of child and youth mental health in Ontario. Mapping indicated that families and youth with a concern of a child or youth's mental health were most likely to turn first to primary care practitioners and secondly to their local school. The limitation of mapping data, however, is that it was drawn from instances where children and youth had made contact with a mental health service, which overlooks the approximately one in four children or youth who need mental health services and do not receive them.³

Too often, a pathway to, through and out of care is based on personal connections, word of mouth, informal networks, or piece-meal information, and too often children, youth and families must rely on their own initiative and advocacy at a time when they are dealing with significant stress.

CYMH Lead agencies will take a leadership role by taking responsibility for care pathways and will develop and maintain pathways that are predictable and transparent between CYMH agencies, other MCYS services and programs and across the health and education sectors. In the mature state, all involved parties will understand their roles and each point along the pathway.

³ Waddell, C., McEwan, K., Shepherd, C.A., Offord, D.R., & Hua, J.M. (2005). A public health strategy to improve the mental health of Canadian children. *Canadian Journal of Psychiatry*, 50 (4), 226–233.

OBJECTIVE

The objective of providing clear expectations and priorities regarding pathways is to make a commitment to families, youth and children. It is a commitment to build a successful system that will:

- Engage with and support them at each point along their pathway(s);
- Reduce the time between identification of a concern and receiving help;
- Reduce the number of times children, youth and families need to tell their stories in order to obtain or transfer within services;
- Direct them to the appropriate services in the fewest possible number of steps;
- Reduce stress and anxiety for families, caregivers, guardians and youth by making the process predictable and transparent; and
- Help children, youth and families prepare for transitions between services, to another phase of care and out of care as warranted by the needs of the child or youth.

Lead agencies will build on local service patterns and partnerships that currently support pathways. Where needed, they will build capacity to implement effective pathways, recognizing that for some children and youth and their families, the need to find service is not a one-time event, as needs change and fluctuate over time. To achieve this vision, all partners at the local, provincial and inter-ministerial levels will work together to formalize protocols or other forms of commitment from all parties.

Strengthening and formalizing linkages between child and youth mental health services and those who are most regularly in contact with children and youth with mental health issues will make the system work better. The role of educators, family doctors, and others in on-going contact with the family and child or youth is critical, as is the ability of involved parties to share and communicate information with one another. Pathways development can include:

- Identifying who in the community is best positioned to be partners at both the institutional level (e.g., in schools, District School Boards, Early Years Centres, local health care services, children's aid societies, youth justice services, etc.) and at the front-line and engaging with them to build awareness, a common vocabulary, and commitment to establishing pathways.
- Providing or coordinating the provision of mental health literacy and education to front-line professionals so that they will be able to identify mental health issues early, understand core services, pathways and the role of the lead agency and be prepared to communicate this information to parents and youth.
- Providing or coordinating training to front-line professionals on an agreed-upon evidence-based screening tool and protocols so that the referrals and access to service is streamlined while respecting confidentiality.
- Supporting front-line professionals and families/guardian in their on-going interactions with the child or youth through feedback, recommendations, and possibly in-kind supports such as coaching and/or suggestions for in-class strategies that assist child or youth functioning.

MINIMUM EXPECTATIONS:

Lead agencies will be responsible for creating and supporting transparent pathways to, through, and out of care, across their communities. The minimum expectations set out below describe the mature end state that lead agencies will work towards within their communities.

- Establish a primary, and ongoing, stable point of contact for parents, schools, health care professionals and others in their CYMH community for information and access to care and actively promote this function throughout the community;
- Develop formal protocols and partnerships to streamline initial screening, evidence based early identification, intake referrals and access to services, sharing of information, and transition/discharge planning.
- Work with front-line professionals and the organizations and institutions in the community to leverage on-going work within District School Boards, local schools, LHINs, family health teams, psychiatrists, children's aid societies, the youth justice system, and others, such as providers of adult mental health services, and pursue other local collaborative opportunities to formalize roles and responsibilities with respect to pathways.
- Develop a Pathways Guide that outlines to parents, guardians, caregivers, educators, family doctors, psychiatrists, and others as identified by the lead agency what the steps to service are and what service deliverables they can expect as they progress along the pathway, and, using a variety of methods (written, electronic, or other) disseminate the information across the community.
- Provide the family, child or youth, with a stable point of contact from the start of their involvement in service through to their transition out of service or between services.
- Assess the levels of CYMH knowledge and literacy using existing resources within the community and, based on that assessment, coordinate the development and/or delivery of mental health education and training to front-line professionals serving children and youth in the community.
- Participate in a community of practice across CYMH communities to enhance and continuously improve the pathways experience for children, youth and families/guardians.

- A continuum to assist lead agencies and communities to evaluate progress in achieving these minimum expectations is under development.

SECTION 3: CORE SERVICES

This section provides an overview of minimum expectations for service providers in the delivery of CYMH core services to children, youth and families. It includes the core service definition, target population, availability of service (i.e. local core services or core services that span communities) and minimum expectations. Processes to support service delivery, such as intake, service planning, and case management among others are addressed in a later section of this document.

1. TARGETED PREVENTION

SERVICE DEFINITION

Targeted prevention services focus on changing views and behaviours, building skills and competencies and/or creating awareness and resiliency through the provision of information, education, and programming to specific at-risk population. Targeted prevention services reduce the risk of child and youth mental health problems through specific therapeutic activities that intervene in, or avert the development or occurrence of, a mental health problem. Working across sectors such as health and education, through community planning and building strong community partnerships, will support the development of a more comprehensive system to engage in targeted prevention. Targeted prevention programs may occur in a variety of settings including in education, health and community settings and may involve health practitioners and educators as partners.

Targeted prevention activities are:

- Aimed at increasing the child, youth or family's capacity to understand mental health problems, identify problems early in the course of illness, change perspectives and enhance resiliency
- Avenues to promote early identification of mental health problems, provide timely, effective early intervention, and develop skills in the target populations.

TARGET POPULATION

Children and youth between 0-18 years old who have been identified as sharing a significant risk factor for mental health problems or disorders without identifying specific children or youth as clients. The group of children or youth would generally require services within a level 2 of the continuum of needs-based services and supports.

Identifying the targeted population should be conducted in careful consultation with those most familiar with the children and youth, including: parents, teachers, Educational Assistants or Child and Youth Workers, staff of CYMH agencies and child care centres, probation officers, and primary care clinicians.

AVAILABILITY OF SERVICE

Targeted prevention activities are available in every designated CYMH community.

MINIMUM EXPECTATIONS

- The service incorporates evidence-informed practices that include an evaluation component.
- The service is directed towards building capacity of the target population and their parents, caregivers, or guardians to develop knowledge to better address children's/youth's mental health issues through building skills and competencies, and/or creating awareness and resiliency.
- The service will result in a change of perspective and actions by children, youth and families.
- The service identifies the objective of the prevention activity and is designed to counter or mitigate a significant risk factor without stigmatizing the children or youth.

2. BRIEF SERVICES

SERVICE DEFINITION

Brief Services provide “quick access” therapeutic encounters to address the immediate or presenting needs of a child or youth. They provide a timely response to requests for service, maximizing the child or youth and family's readiness for change and diverting children, youth and families from waitlists whenever possible. Brief services are provided through a service delivery mechanism that allows most effective service (e.g. walk-in clinic, single-session model, brief consultation). Brief Services are distinguished from counselling and therapy services because they are episodic and time limited (e.g. a single therapeutic session, or 3 sessions of therapy or consultation sessions within a six week time frame).

Brief service interventions focus on client strengths, are culturally responsive, and promote shared decision-making with the client. Therapeutic approaches include, but are not limited to, solution-focused, and brief narrative therapies. At the conclusion of brief services, clients may be referred to, or provided with information regarding, appropriate alternate or additional services and community supports. Brief services may be all the treatment that is required; can serve as an interim service while waiting for more intensive services; and/or can help identify or clarify the need for further treatment or service such as counselling and therapy.

Brief services are designed to:

- Provide timely, effective early intervention;
- Reduce need for more intensive and intrusive intervention;
- Improve functioning and resilience;
- Enhance awareness and understanding of the presenting problem; and
- Develop coping skills to deal with the mental health problem.

TARGET POPULATION

Children and youth between 0-18 years old with a mental health problem who are in need of timely, effective early intervention. Brief Services can address an array of presenting problems and are appropriate for a child or youth who requires services within a level 2, 3 or 4 on the continuum of needs-based services and supports.

Those experiencing chronic, severe, complex, rare or persistent diagnosable mental illnesses may also benefit from access to brief therapy services, while waiting for, and/or as a support to, other services along the continuum. Brief service delivery mechanisms are not designed to replace or serve as crisis intake, nor should they substitute for longer-term interventions, or crisis support, when required.

Brief services should be used to support children and youth from birth to 18 years of age with presenting needs that suggest they are:

- Displaying signs or symptoms of mental health difficulties including social, emotional, behavioural, self-regulation problems; or
- Experiencing significant mental health problems or diagnosed disorders.

AVAILABILITY OF SERVICE

Brief services are available in every designated CYMH community.

MINIMUM EXPECTATIONS

- The approach to treatment is strength-based, culturally responsive to diverse populations, centered on the individual, and considers him or her within their whole context, respecting their needs and preferences.
- The intervention/treatment process promotes client involvement, partnership and shared decision-making.
- At the conclusion of brief services, clients are referred to, or provided with, information regarding alternate or additional services and community supports as may be appropriate to sustain achieved successes or support ongoing coping and adaptation. Services are provided on a flexible schedule, at times and locations that facilitate access.

3. COUNSELLING AND THERAPY SERVICES

SERVICE DEFINITION

Counselling and therapy treatment services focus on reducing the severity of, and/or remedying, the emotional, social and behavioural problems of children and youth. Services include a series of planned, interrelated interventions based on an assessment of the child, youth and family's multiple risks, needs and strengths. Counselling and therapy services can include a range of modalities (e.g., individual, group, family, play-based) as well as clinical

practices (e.g., cognitive-behaviour therapy). Services are provided within the context of the family, culture and community, and can be provided in a range of settings and frequency.

Identifying an individual for counselling and therapy, and matching that child and youth with the most appropriate and effective treatment modality, will be conducted in consultation with the child or youth, parents, and others familiar with him or her. .

Counselling and therapy services are designed to:

- Support children, youth and their parents/caregivers participation in or receipt of services designed to address the needs identified for the child or youth.
- Provide timely, effective early intervention;
- Reduce need for more intensive and intrusive intervention;
- Improve functioning;
- Reduce severity of mental health problems or symptoms; and,
- Strengthen coping and resilience.

Agencies are expected to expand their use of evidence-informed practice modalities and increase their capacity to deliver and monitor the outcomes of treatment.

TARGET POPULATION

Children and youth between 0-18 years of age who are experiencing a mental health problem, require services within levels 2, 3 or 4 of the continuum of needs-based services and supports and are:

- Displaying early signs or symptoms of mental health difficulties including social, emotional, behavioural, self-regulation problems; or
- Experiencing significant mental health problems or diagnosed disorders; or
- Experiencing severe, complex, rare or persistent diagnosable mental illnesses.

AVAILABILITY OF SERVICE

Counselling and therapy services are available in every designated CYMH community. Counselling and therapy sessions are provided regularly (daily, weekly, bi-weekly, monthly), in a range of settings, over a period of time to address specific treatment goals. Where feasible, services are provided on a flexible schedule, at times and locations that facilitate access.

MINIMUM EXPECTATIONS

- Counselling and therapy services are based on an approach that is evidence-informed, strength-based, culturally responsive to diverse populations, centered on the individual, considering the individual child/youth within their whole context, respecting their needs and preferences.
- The intervention/treatment process involves clients and uses shared decision-making so that all parties understand the goals and desired outcomes.
- The intervention/treatment plan is reviewed and recorded on a regular basis, and results are used to modify the intervention/treatment plan, if necessary.

- Group therapy services have a written description that clearly articulates their purpose, target population, rationale and expected outcomes.
- For MCYS-funded services that are school-based, provision is made so that children or youth who require it have access to ongoing mental health support during extended school breaks.
- When counselling or therapy is ending, clients are referred to, or provided with, information regarding alternate or additional services and community supports that may be appropriate to sustain achieved successes or support ongoing coping and adaptation.
- Evidence-informed tools are used to identify the most appropriate treatment to address specific treatment goals within the context of a service/treatment plan. Key partners in multi-disciplinary service delivery, where they are involved, are brought together to provide an integrated and coordinated service response to meet the needs.

4. FAMILY/CAREGIVER SKILL BUILDING AND SUPPORT

SERVICE DEFINITION

Family/caregiver skill building and support services enhance parent, caregiver or guardian capacity to understand, support and adaptively respond to the mental health needs of their children and youth. Skill building and support services enable the family, including siblings, parents, and/or guardians to better address a child or youth's mental health issues by changing attitudes and behaviours, providing support as they adjust to new diagnoses, building skills and competencies, and/or creating awareness and resiliency. Family/caregiver skill building and support services may include the provision of effective parenting strategies as well as access to peer supports to promote resilience and positive child/youth/family functioning.

Support services may be offered in a variety of settings, including agency settings, community settings and/or the family home. Examples include, but are not limited to, parenting programs, peer-to-peer support groups, etc. Support services also include family/caregiver respite: time-limited relief for families by providing temporary care for identified children or youth who display significant mental health problems or disorders. Respite may be provided as a time limited relief for families, caregivers and guardians so that they are able to care more effectively for the child or youth and avert the need for more intrusive and costly interventions such as out-of-home placement - it is distinct from out-of-home treatment where the emphasis is on treatment as the primary focus. Respite services are time-limited relief for families, although they may also include some skill development for the child or youth.

Family/caregiver skill building and support services are designed to improve child and youth functioning through:

- Enhanced awareness and understanding of the problem;
- Promotion of early identification;
- Provision of timely, effective early intervention;
- Reduced need for more intensive and intrusive intervention; and,

- Development of parent/caregiver skills.

TARGET POPULATION

Parents/caregivers of children and youth from birth to 18 years who require services within a level 2, 3 or 4 on the continuum of needs-based services and supports and are:

- Identified as being at risk of developing mental health problems; or
- Displaying early signs or symptoms of mental health difficulties including social, emotional, behavioural, self-regulation problems; or
- Experiencing significant mental health problems or diagnosed disorders; or
- Experiencing severe, complex, rare or persistent diagnosable mental illnesses.

AVAILABILITY OF SERVICE

Family/Caregiver skill building and support services are available in every designated CYMH community.

Skill building and support services may be time-limited, extend over the duration that the child/youth is engaged in services, and span both clinical treatment and targeted prevention programs. Agencies are encouraged to work in partnership with families to develop respite options that best meet the needs of children, youth and families, and which maximize existing resources.

MINIMUM EXPECTATIONS

- Services are designed to strengthen gains made through treatment and to prevent recurrence or exacerbation of mental health problems or disorders
- Services provided are embedded within an overall service/treatment plan for the child or youth.
- Flexibility in terms of scheduling and settings is maximized in order to facilitate access to service.

5. SPECIALIZED CONSULTATION AND ASSESSMENTS

SERVICE DEFINITION

Specialized consultation and assessments are clinical consultations and/or diagnostic assessment services designed to provide advice or direction in the diagnosis, prognosis and/or treatment of a child or youth with identified mental health needs. Specialized consultation and assessments are not stand alone or “front-door” services. Children and youth may only receive a specialized consultation or assessment if it is deemed a necessary component of the individual’s mental health treatment by the service provider.

Examples of specialized consultations and assessments include, but are not limited to, psychological consultation/assessments and psychiatric consultation/assessments, which for remote, rural and underserved communities may be accessed through technology such as tele-

mental health. Specialized consultation and assessments are intended to address the mental health needs of the child or youth and are not intended to solely address or identify needs for or eligibility to services funded by programs other than mental health (e.g., educational placement purposes, eligibility for Autism IBI services, etc.).

Specialized consultation and assessments are designed to:

- Provide timely, effective information to inform intervention, and identify appropriate services;
- Identify or diagnose complex mental health problems or disorders; and,
- Enhance awareness and understanding of the presenting problem, intervention strategies and recommended treatment plan.

Specialized consultation and assessments and are distinguished from standard intake, assessments and identification of strengths, needs and risks, by the level of specialization and expertise required to provide the service.

TARGET POPULATION

The target population is children and youth between 0-18 years old with a mental health problem that require specialized consultation and/or assessment services. The child or youth typically should require a service level of 3 or 4 on the continuum of needs-based services and supports, although this may be confirmed by the assessment itself.

Specialized consultations and assessments should be prioritized for children and youth who:

- are hard to serve;
- present with complex mental health problems;
- have not responded to regular treatment; and/or,
- have a history which indicates recurring difficulty in clarifying a diagnosis or determining effective interventions or treatment approaches.

AVAILABILITY OF SERVICE

Specialized consultations and assessments are available in every designated CYMH community either directly or through the use of modalities such as tele-mental health.

MINIMUM EXPECTATIONS:

- The service is evidence-informed, centred on the individual, uses evidence-informed tools, and supports a treatment plan or intervention.
- The service is performed by a qualified practitioner with the relevant expertise and credentials.
- The specialized consultation and/or assessment service is provided on a priority basis based on the target population characteristics.

6. CRISIS SUPPORT SERVICES

SERVICE DEFINITION

Crisis support services are immediate, time-limited services, delivered in response to an identified child or youth who is experiencing an imminent mental health crisis, or an urgent or crisis situation that places the child/youth or others at serious risk. Crisis services work actively to stabilize situations, ensure urgent access to services, and may facilitate as required access to a range of longer-term resources and supports.

Crisis support services are designed to:

- Stabilize and de-escalate risk
- Decrease severity of symptoms
- Support the child/youth and family to cope and mobilize supports
- Transition the individual to less intensive treatments
- Link the individual to other services (e.g., addiction services)
- Enhance awareness and understanding of the problem

TARGET POPULATION

Children and youth between 0-18 years of age who are experiencing an urgent mental health crisis, who typically require services within levels 3 or 4 of the continuum of needs-based services and supports and who are:

- Displaying signs or symptoms of mental health difficulties including social, emotional, behavioural, self-regulation problems; or
- Experiencing significant mental health problems or diagnosed disorders; or
- Experiencing severe, complex, rare or persistent suspected diagnosable mental illnesses; or
- Experiencing an urgent or crisis situation that places the child/youth or others at risk.

AVAILABILITY OF SERVICE

Crisis services are to be available in every community 24 hours a day, 7 days a week. Lead agencies may engage in partnerships for the delivery of crisis services with another service provider in their community. (e.g., hospital, school board etc.).

Lead agencies are responsible for coordination with and alignment to other related services, including hospital emergency departments, mental health crisis services, and telephone-response services operated collaboratively with other communities to allow for 24-hour, 7 days a week availability of crisis services.

MINIMUM EXPECTATIONS

- There will be a triage protocol inclusive of prioritization criteria, type of contact and corresponding response time targets (e.g. emergent and urgent definitions; 2hr, 24hr or 48 hr response times; face to face, or telephone).
- Clients will be prioritized for service, and based on level of need, crisis support/response is either provided to those in crisis (for example, impulsive self-harming behaviour), or the agency helps the client secure alternate access to immediate service.
- When a client accesses a crisis telephone line, there will be follow-up with clients and community partners to ensure access to appropriate services. If the child, youth or family is placed on a waiting list for service, an interim plan is in place for the child, youth and family while they are waiting for service.
- For each child, youth and family who contacts the service, a safety plan is developed in all cases where the client needs are not addressed within the first contact or where the child, youth or family is an on-going recipient of CYMH services.

7. INTENSIVE TREATMENT SERVICES

SERVICE DEFINITION

Intensive treatment services are provided in the least restrictive settings in local communities as close to home as possible, and are targeted to children and youth with significant mental health disorders, who require intensive intervention for a defined period of time, or who require intensive intervention periodically throughout their life span, to maintain functioning in their home, school or community.

Intensive treatment services should be customized to meet the individualized needs of each child or youth, and family, and can be provided in variety of settings, including in the home, or out-of-home (e.g. community, school, or residential facility or licensed residential setting such as a group home or foster home), matching the child, youth or family's level of need with the most appropriate intensity of service (e.g. only those most in need will receive intensive services). Flexibility in provision of intensive treatment services will assist with smooth and timely transitions for children and youth to less intensive and disruptive forms of treatment and support as their needs fluctuate.

Intensive treatment services are designed to:

- Reduce the severity of mental health problems and/or diagnosed disorder;
- Treat underlying conditions;
- Strengthen coping and resilience;
- Enhance awareness and understanding of the problem;
- Enhance the potential for successful functioning at home, school and in the community; and,
- Stabilize and transition the individual to less intensive or intrusive treatment services.

Intensive treatment services include: intensive in-home services, out-of-home services and day treatment, and may be supported by respite services where the respite is part of an integrated, customized service plan. Respite is distinct from out-of-home treatment where the emphasis is on treatment. The primary focus of respite services is time-limited relief for families, but may also include some skill development for the child or youth.

Partnerships with CYMH and other community services, creativity and flexibility in service delivery are critical in supporting clear pathways to care and helping children, youth and families find, and transition to, the services that best meet their needs.

Lead CYMH agencies will engage with local CYMH providers and sector partners across the local community to plan for delivery of a range of intensive treatment options, and will continue to explore innovative models of intensive treatment that allow the child and youth to function to their best potential within the least restrictive setting, and with the least amount of disruption to the continuity of family, school, and community life.

Day Treatment

Day treatment services provide education and treatment services to students unable to attend regular school settings due to significant mental health needs and/or diagnosed disorders. Day treatment services are intensive full or part-time services which may be delivered jointly with the Ministry of Education, however, are not exclusive to Care, Treatment, Custody and Correctional (CTCC) Section 23 programs under the *Education Act* and may be offered in a variety of settings.

Day treatment programs may include formal, voluntary partnerships between a district school board and a CYMH lead agency, in which educational programming is delivered by school-board employed teachers and treatment is delivered by CYMH agency staff. However, day treatment programs may not consistently offer an educational component (e.g. during the summer months). Services may be provided in a classroom setting, which can be located in mental health agencies, schools, custody facilities or other settings. The treatment component is delivered in collaboration and coordination with the education component, and both are provided intensively (3 to 6 hours daily).

Intensive In-Home Services

Intensive in-home services are available in every community to provide treatment for children and youth who have been identified as having significant mental health needs that can be best addressed through flexible services specifically tailored to meet their individual needs, and predominantly provided in their homes. Intensive in-home services are provided to a child or youth who: has special psychological, behavioural, social and emotional needs; and requires intensive or therapeutic services than cannot be provided in more conventional treatment settings.

A range of treatments can be provided through intensive in-home services including, but not limited to: individual, family therapy, behaviour management programming and recreational

activities, supported by respite care, where it is part of an integrated service plan to meet intensive service needs and used to promote positive family functioning, avert or delay crises, reduce the need for or risk of longer out-of-home placement or to avoid placement breakdown where a child or youth is involved with a children's aid society

Out-of-Home Services

Out-of-home services provide treatment in external settings (i.e. residential treatment settings) for identified children or youth who are unable to remain in their homes due to mental health problems or disorders which significantly impair their functioning at home, school and/or in the community, including children and youth who may require longer-term treatment (e.g. children and youth with complex mental health needs).

A range of treatment can be provided through out-of-home services including, but not limited to: individual, group and family therapy, day treatment programs, behaviour management programming and recreational activities.

TARGET POPULATION

Children and youth from 4 to 18 years with significant, identified treatment needs who require highly intensive services due to significant mental health problems or disorders which impair their functioning at home, school and/or in the community. This includes children and youth who are typically require services within levels 3 or 4 on the continuum of needs-based services and supports and are:

- Experiencing significant mental health problems or diagnosed disorders; or
- Experiencing severe, complex, rare or persistent diagnosable mental illnesses; or
- Have special psychological, behavioural, social and emotional needs; and require more intensive or therapeutic services than can be provided in more conventional treatment settings.

AVAILABILITY OF SERVICE

While intensive treatment services are available in every designated CYMH community, out-of-home and day treatment services may not be appropriate for all communities. Where a lead agency determines that the needs of their community can be sufficiently met without out-of-home or day treatment services, or where the level of need for the services in the community does not support sustainable out-of-home or day treatment services, they are responsible for establishing relationships with neighbouring or provincial programs in order to maintain clear pathways to these services if a child or youth requires a service that is not available within their community.

Some children and youth may require intensive treatment services for the duration of their adolescence; lead agencies are responsible for supporting the smooth transition of these clients to the adult system.

MINIMUM EXPECTATIONS

- Intensive treatment services use evidence-informed interventions to address specific treatment goals within the context of an individual's treatment plan.
- Intensive treatment services will be delivered in a culturally appropriate and accessible manner to meet the diverse needs of Ontario's population including those who live in rural, remote and under-served communities and Aboriginal and Francophone populations.
- Where a child or youth is receiving intensive services, an individualized and documented service plan to guide and monitor the intervention/treatment process is mandatory as is the requirement to review it regularly with the child, youth, and family or guardian.

Day Treatment

- Education and treatment (day treatment) services approximate, as closely as possible, the normal daily routine of children or youth, and provide a range of educational and therapeutic activities appropriate to the learning style and achievement level of the children and youth served.
- Treatment staff and educators function as a team, both within the school setting and with the broader multidisciplinary team.
- The approach to service is strength-based, centered on the individual, and considers him or her within their whole context, respecting their needs and preferences.
- The program/service or clinical approach places the individual and/or family's needs at the centre of all considerations, respects the uniqueness of each individual and engages the individual and/or family/caregiver in the service process.
- The organization has a comprehensive system to promote the use of positive, safe methods to intervene in crisis situations with children or youth at high risk in day treatment.
- The process for planning transitions into and out of day treatment promotes continuity and supports the child, youth and parents/caregivers for a successful transition to a home school placement to the extent possible.

Out-of-Home Services

- Residential treatment settings must meet all legislative and regulatory requirements as applicable.
- Admission to out-of-home service occurs on a planned basis where possible, in a manner that promotes continuity of services and is managed with sensitivity, respect, transparency and, as far as possible, in ways that reflect the preferences of the child or youth and parents/caregivers.
- An interdisciplinary process is available, internally or externally, for professional input during the treatment process, including assessment, planning, implementation, review, and case closure.
- The approach to service is strength-based, centered on the individual, and considers him or her within their whole context, respecting their needs and preferences.
- The program/service or clinical approach places the individual and/or family's needs at the centre of all considerations, respects the uniqueness of each individual and engages the individual and/or family/caregiver in the service process.
- A balance between intervention activities, work, play, structured and free activities, privacy and group involvement is evident.

- Structured group and individual intervention activities are evident and take place at a level of intensity appropriate to client needs.
- There is a comprehensive system in place to promote the use of positive, safe methods to intervene in crisis situations with children or youth at high risk.
- Continuity of staffing is promoted to provide the opportunity for each resident to form a consistent therapeutic relationship with staff.
- Planned discharge from an out-of-home service takes place to support successful transitions to the community or a new living situation to the extent possible.

8. SECURE TREATMENT

SERVICE DEFINITION

Secure treatment is reserved for children or youth who are required to have continuous restrictions imposed on their liberty due to substantial risk of serious bodily harm to self or others, where the risk is associated with a mental health disorder, and there is no less restrictive means of treating the young person's mental disorder safely and effectively.

Services are provided in a group care setting and include associated services such as close supervision, psychiatric and psychological supports and reintegration planning and supports. A range of interventions can be provided in the secure treatment setting, including specialized assessments, individual, group and/or family therapy, day treatment programs, behavioural and/or cognitive-behaviour therapies or other evidence-based therapies. Secure treatment services are provided under a court order until the young person can be safely served in a less restrictive setting and with less intensive treatment services. Services may include boarding, lodging and associated supervisory, sheltered or group care provided for children or youth living outside their family home.

No child or youth shall be admitted to a secure treatment program except by a court order which commits a child or youth to a secure treatment program (Child and Family Services Act, R.S.O. 1990, c. C.11, (CFSA) s. 117 (1)), or through emergency admission (CFSA s. 124 (2)).

Secure treatment services are designed to:

- To prevent the child or youth from causing or attempting to cause serious bodily harm to himself, herself or another person;
- Reduce severity of mental health problems and/or diagnosed disorder(s);
- Strengthen coping and resilience;
- Enhance awareness and understanding of the problem;
- Develop skills;
- Enhance the potential for successful functioning in less restrictive environments, including at home, school and in the community; and,
- Stabilize and transition the individual to less intensive treatments and to the home where possible.

TARGET POPULATION

Children and youth from 12 to 18 years with identified treatment needs, who pose a significant risk of harm to self or others and display mental health problems and are typically require services within a level 4 on the continuum of needs-based services and supports. Children under the age of 12 may be admitted in special circumstances if approval has been given by the Minister of Children and Youth Services. This includes children and youth who:

- Are experiencing significant mental health problems or diagnosed disorders;
- Are experiencing severe, complex, rare or persistent diagnosable mental illnesses; or
- In the opinion of the Court (R.S.O. 1990, c. C.11, s. 117) or the administrator (CFSA, s. 124) meet the criteria set out in the legislation.

AVAILABILITY OF SERVICE

Secure treatment is a provincial service that spans communities, but is available to all youth in Ontario who require it, subject to available resources. Lead agencies must have the capacity to refer a child or youth to provincial secure treatment as required.

Secure treatment services are intensive services that are provided up to 24 hours per day, 7 days per week. Services are provided in a designated facility, and, with the oversight of that facility, off-site as appropriate.

MINIMUM EXPECTATIONS

- Secure residential treatment settings meet all legislative and regulatory requirements as applicable.
- Admission to secure treatment occurs on a planned basis in a manner that promotes continuity of services and is managed with sensitivity, respect, and transparency and, as far as possible, in ways that reflect the preferences of the child or youth and parents/caregivers.
- An interdisciplinary clinical team guides the treatment process, including assessment, formulation, planning, implementation, review, and discharge planning.
- Any treatment service as defined through the *Child and Family Services Act*, including secure treatment, is directed by a psychiatrist.
- The approach to service is strength-based, centered on the individual, and considers him or her within their whole context, respecting their needs and preferences.
- The program/service or clinical approach places the individual and/or family's needs at the centre of all considerations, respects the uniqueness of each individual and engages the individual and/or family/caregiver in the service process.
- A balance between clinical activities, work, play, structured and free activities, privacy and group involvement is evident.
- Structured group and individual intervention activities are evident and take place at a level of intensity appropriate to client needs.
- There is a comprehensive system to effectively de-escalate crises which may include use of secure isolation.

- Continuity of staffing is promoted to provide the opportunity for each resident to form a consistent therapeutic relationship with staff.
- Planned discharge from secure treatment takes place to support a successful transition to the community or a new living situation to the extent possible.

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SECTION 4: KEY PROCESSES

This section outlines key service delivery processes and minimum expectations to support the child or youth and family throughout their involvement with the child and youth mental health service system. These processes are not specific to individual core services but are common to, and support, all. They establish minimum expectations and emphasize a client- and family-centred approach to service delivery that engages children, youth and families in all aspects, from identifying service needs, through to providing feedback on how well those services have met their needs. These processes support the coordination of service delivery across a range of providers and sectors, and place responsibility with the lead agency for developing, monitoring and evaluating the range of core services that contribute to an effective and accountable service system. The data collected through these key processes provide information used to monitor and measure the performance of the child and youth mental health service system.

These key processes will be implemented by lead agencies and subcontracted agencies to support the effective delivery of core services in communities across the province. Key processes represent activities and tasks that support service delivery, but are not the services themselves. The processes begin with the first point of contact between children, youth and their families and an agency, and continue through to the point where they transition out of CYMH services to other systems (e.g. health) or out of service entirely.

Key processes to support the provision of CYMH core services to children and youth include:

- Coordinated access;
- Intake, eligibility and consent;
- Identifying strengths, needs and risks;
- Service planning and review;
- Case management and service coordination;
- Monitoring and evaluating client response to service;
- Transition planning and preparation; and
- Child, youth and family engagement

1. COORDINATED ACCESS

PROCESS DEFINITION

Coordinated access is the process where agencies that serve children and youth with mental health problems adopt a collaborative, community-based approach to support children, youth and families in accessing mental health services and supports quickly and easily.

Coordinated access is a streamlined process that supports children, youth and their families in accessing MCYS funded children's mental health services. Coordinated access provides a seamless referral process to facilitate quality mental health services for children and youth by

minimizing service gaps and duplication between service providers and sectors. It promotes service integration for children, youth and families, through the establishment of clear linkages between CYMH agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management. It is likely to involve many of the same parties and professionals identified in Section 3, Pathways, such as District School Boards, local schools, LHINs, family health teams, psychiatrists, children's aid societies and others.

Coordinated access is used to identify children and youth that require access to a core service as well as those that can be appropriately directed to other sectors that better match their needs. Where the access route is other than through the lead agency, the lead agency remains responsible for developing and facilitating coordination among community agencies and partners.

MINIMUM EXPECTATIONS

- Clear pathways protocols are in place for coordinating access and services for children, youth and families among between and across service providers and community partners from related sectors such as primary care and education.
- The lead agency and all CYMH agencies use information collected through collaboration with community partners to inform the approach to access and to service.
- The impact of the partnership/collaboration on child, youth and family access to service relative to the dedicated resources is regularly reviewed and evaluated.
- When programs are delivered jointly with other organizations, agencies and/or sectors, these collaborations are designed to meet client needs and ensure accountability.

2. INTAKE, ELIGIBILITY AND CONSENT

PROCESS DEFINITION

The intake process often represents the first point of contact for the child, youth or family into the CYMH service system and involves the collection of basic information about the child or youth requiring service. Eligibility is determined based on age (0 to 18), presenting issues (mental health and other problems) and the core services available. In some instances, the first point of contact for a child or youth accessing services may be through a form of brief service (e.g., walk-in clinic) that serves as an initial point of contact for the child, youth or family, and where the intake function is performed by obtaining basic, required information as part of the service.

As part of this process, client level of need is assessed in order to match the level of need to the appropriate service, establish a priority for the service based on severity and risk, and identify the need for crisis services where necessary. Preliminary service options are communicated to the child or youth and family at intake. It also includes obtaining informed consent from the youth and/or a parent or guardian on behalf of a child or youth who lacks the capacity to

provide consent to receive a particular service or treatment. Consent may also be requested to obtain and/or share relevant information about the child or youth's needs to support service planning, coordination, treatment and/or communication among involved providers.

Obtaining informed consent to engage in service is a process to ensure that an individual knows all of the risks and benefits and what they can expect as a result of participation in a child and youth mental health service⁴. Consent to engage in service is documented in the client's record, and can be revoked at any time (which means service is terminated at the client's request).

Whether this process is conducted by an agency other than the lead agency or not, the lead agency remains responsible for collecting basic intake, eligibility and consent information.

MINIMUM EXPECTATIONS

- Preliminary intake information to establish eligibility of the child or youth for CYMH services is obtained.
- The client level of need is assessed in order to match the level of need to the appropriate service, level of current risk, safety planning and the need for crisis services where necessary, using evidence-informed tools.
- Preliminary service options are communicated to the child or youth and family at intake.
- Where appropriate, the child or youth and family is referred to other services.
- A client record is created to capture information and support service planning, service delivery and ongoing case management.
- The process for screening and providing services is documented and the written process is available to parents, children and youth when they make contact.
- Children and youth are prioritized for service, and immediate crisis support/response is provided to those at risk or in crisis (for example, impulsive self-harming behaviour), or efforts are made to help them find access to immediate services.
- Where appropriate, parents and child or youth who are registered clients give their informed consent to receive voluntary service(s), recognizing that there will be instances of exceptions such as court-ordered services and some secure treatment interventions.
- As part of the consent process, children, youth and their families are informed about intervention/treatment options, possible risks and benefits of the treatment(s) under consideration, as well as any likely consequences of not having the treatment(s). For time-limited intervention/treatment, particularly crisis response, the information communicated may be limited to what is essential, given the situation.

⁴ Service providers must comply with the provisions of: the *Health Care Consent Act, 1996* (HCCA); the *Substitute Decisions Act, (1992)*; and the *Personal Health Information Protection Act, 2004* (PHIPA) – consult www.e-laws.gov.on.ca for further information.

- There are copies of consents and requests for information from other relevant service providers in the client's file as appropriate.
- When there is a wait list for service, the agency will monitor the length of time each child or youth waits for each service, as well as the numbers of children or youth waiting for each service (service definitions will be consistent with MCYS core services and minimum expectations).
- Clients/families will be provided with evidence informed services/supports to help them while waiting.
- Clients, families, caregivers and/or guardians will be provided with information and resources to help them while waiting, such as contact names and phone numbers, crisis contacts, referral to other services, and community services and supports they can access.
- Clients will be informed regularly about their status on the waitlist, how long they might expect to wait for service, and how to get updates on their status while waiting.

3. IDENTIFYING STRENGTHS, NEEDS AND RISKS

PROCESS DEFINITION

This process involves the use of information obtained through interviews, observations and results of standardized, evidence-informed tools to identify risks, needs and strengths of the child, youth and family. Information is used to identify service and treatment needs, triage and prioritize children and youth for service when the level of risk is high, inform the development of a service/ treatment plan, identify areas of strength to build upon and to establish a baseline for outcome monitoring and measurement. This process supports identification of services that will best meet the needs of the child or youth and their family.

The identification of strengths, needs and risks begins at intake (which includes basic information gathered through intake or brief services). For clients requiring more than brief services a more thorough process is engaged to specify strengths and needs in order to develop a recommended service plan for treatment. The results are discussed with the child or youth and their parent/family to engage and elicit their views, support understanding of the findings and develop a joint understanding and agreement with the service recommendations going forward.

Where standard processes have not resulted in an effective service plan or where the child or youth presents with complex mental health problems that have not responded to regular treatment or has a history which indicated difficulties in determining effective interventions or treatment approaches, a specialized consultation or assessment may be needed (see Section 2, Core Services).

Where this process occurs in a location or through an agency other than the lead agency, the lead agency remains responsible for following through to establish that minimum expectations have been met.

MINIMUM EXPECTATIONS

- There is a comprehensive needs assessment process, based on application of evidence-informed tools, which is adapted according to the intervention/treatment needs of the child or youth and family. The type(s) of assessment is (are) matched appropriately to the level of client need and intensity of the likely intervention/treatment method to be used.
- The needs assessment identifies and evaluates the strengths, needs and resources of the child or youth and family that are relevant to the intervention/treatment process.
- The needs assessment will consider the child/youth within their family, community, cultural and religious contexts.
- The needs assessment will include information already gathered from the child/youth, parent or other practitioners so they do not have to unnecessarily repeat themselves.

4. SERVICE PLANNING AND REVIEW

PROCESS DEFINITION

This process involves developing an individual plan for service delivery and reviewing progress in meeting the goals of the plan. Services are documented in a single treatment or service plan developed in collaboration with the child or youth and their family, and, if appropriate, the team of providers who are involved in the child or youth's life. The service plan identifies the child or youth's needs to be addressed, the services to be provided, who has responsibility for services (where multiple service providers are involved), and goals/objectives to be achieved through the services provided. The service plan monitors client outcomes and client condition as services are being delivered in order to account for changing needs or priorities. Prior to implementation of a service plan, it is reviewed and agreed upon with the child or youth and their family. Service plans are to be reviewed on a regular basis and updated when needs change, services are added or changed and/or services are complete.

Referrals can be part of a service plan or occur following the intake process, as additional needs are identified and/or current services are not meeting the needs of the child or youth. Referrals may also occur at the end of service when there are ongoing needs for services or treatment (e.g. where the child or youth must transition out of the CYMH system of services. The objective is a supportive transition where, rather than simply providing information to the client, the transition is supported, including providing appropriate background information as needed to expedite the process and reduce the number of times the client and/or their family needs to repeat their story.

MINIMUM EXPECTATIONS

- The service planning and review process focuses on the child, youth or family's strengths and resources, agreed-upon goals and objectives, management of safety and risk issues,

and what can reasonably be achieved, based on the strengths, needs and risks assessment and professional judgment.

- When an agency takes a lead or substantive role in a community service plan on behalf of a child or youth involving multiple agencies and/or informal supports, services are coordinated and integrated where possible.
- Each child or youth and family has a written service plan to guide and monitor the intervention/treatment process.
- Protocols for communicating changes to the service plan and issues that may be related to all service providers involved must be clearly established at the outset.
- Intervention/treatment is reviewed and recorded in the child or youth's service plan on a regular basis. The review of intervention/treatment is used to modify the child or youth's service plan where necessary.
- Written policies and procedures define relationship and referral process to other intake processes in the service system.
- Where a referral occurs, the transition is supported, including provision of background information as needed to expedite the process and reduce the number of times the client and/or their family needs to repeat their story.
- Referrals are documented as part of the child or youth's individualized service plan and the child or youth and their family/caregivers, as appropriate, are kept apprised of the status of the referral.
- Where families or individuals are receiving services from more than one service provider, the lead agency retains overall responsibility for ensuring that an integrated, individualized service plan is developed, coordination of the service plan, and reviewing the extent to which the objectives in the plan are being achieved - agencies are responsible for ensuring that the CYMH services are provided in alignment with the child or youth's service plan.
- The plan makes provision for transitions from service and between services and where the overall responsibility for treatment shifts to another agency, this is documented in the service plan.

5. CASE MANAGEMENT/SERVICE COORDINATION

PROCESS DEFINITION

Case management/service coordination are processes which place the child or youth and family at the centre and bring together the key partners in service delivery to provide an integrated and coordinated service response to best meet the needs. These processes are particularly important for children and youth whose situations and needs are complex and who are receiving supports and services from multiple providers and/or sectors. The process comprises identifying the party responsible for executing a service plan, monitoring progress, adjusting services, helping with issues and questions as they arise, planning discharge and measuring impact and outcomes. Case management/service coordination processes will be adjusted based on needs and complexity but are available to all clients. Within this formulation, the case management function has carriage of the individual treatment plan, while the service co-

ordination function is one that addresses the need for coordination for clients who require ongoing and intensive services from multiple agencies.

The need for coordination of services and supports increases with the complexity factors including: the presence of mental health and a concurrent need (e.g. addictions, developmental disorders, eating disorders etc.); significant impairment in functioning across multiple domains (home, family, school); and the involvement of multiple agencies with limited time and/or mandates. Effective service coordination relies on communication between and among providers and sectors and the identification of clear pathways to care.

Where multiple services from more than one provider are required to meet the child or youth's needs under their service plan, a primary provider is identified as responsible for contacting the associated service provider(s) to discuss service delivery requirements and coordinate services to best meet the needs of the child or youth and their family. Throughout the treatment cycle the primary provider is responsible for monitoring services to ensure they are scheduled and delivered according to the child or youth's service plan.

Where the primary provider is other than the lead agency, the lead agency remains responsible for following through to establish that minimum expectations have been met.

MINIMUM EXPECTATIONS

- Service coordination will take place through collaboration with internal and community service providers, and will respect the preferences of children, youth and their families.
- Written policies and procedures that are transparent to all parties, including clients and their families, define the criteria for receipt of case management services, the relationships and referral processes to other intake processes in the service system (for example, coordinated intake, intake for specialized program at another agency or organization).
- Where more than one service provider is involved, the lead agency ensures that a case management lead or primary provider is clearly identified, and assumes this role as necessary.
- The roles and responsibilities of all service providers involved are outlined and are communicated with one another and the child or youth and their family and the family is provided with a stable point of contact from the start of their involvement in service through to their transition out of service or between services.
- Service coordination practices promote continuity of service delivery for the child or youth to the fullest extent possible.

6. MONITOR AND EVALUATE CLIENT RESPONSE TO SERVICE

PROCESS DEFINITION

The process of monitoring and evaluating a child or youth's response to service, perception of care, service experience, as well as the clinical outcomes of service, involves the ongoing

analysis and use of information obtained through a variety of means, including interviews, observations and repeated administrations of standardized, evidence-based tools to identify impact of services on risks, needs and strengths of the child, youth and family. Both quantitative and qualitative information is used to monitor impacts and make appropriate adjustments to services (i.e., type of service, intensity and/or frequency of service).

Ongoing monitoring provides evidence as to whether treatment is having the intended impact and, if it is not, drives necessary changes in treatment to be reflected in the service plan. The process may identify the potential need to increase or decrease the intensity of services (step-up or step-down) and can be used to inform transitions to more or less intensive services/treatments as well as for discharge planning. Ongoing monitoring also provides a basis for outcome measurement and reporting. Further details with respect to reporting requirements are outlined in Section 5: Accountability.

All CYMH agencies are responsible for capturing information about service provision, the client's response to the services provided (including changes in symptoms, functioning) based on reassessments of a child or youth's needs and strengths. Results of reassessments are discussed with the child or youth and their family together with any recommendations regarding changes to services or treatment, which are incorporated into the individual's service plan.

Where referral occurs in a location or through an agency other than the lead agency, the lead agency is responsible for following through to establish that minimum expectations have been met.

MINIMUM EXPECTATIONS

- Intervention/treatment is reviewed and recorded on a regular basis.
- Where more than one service provider is involved, the lead agency is responsible for holding client information and tracking the course of interventions.
- Sharing of information among providers takes place with the appropriate consent.
- The review of intervention/treatment is used to modify the intervention/treatment plan, if necessary.
- Evidence informed tools are applied to monitor and evaluate client response to service.
- Services are designed with intended clinical outcomes, and progress towards clinical outcomes is measured, evaluated and services adjusted as needed.

7. POST-INTERVENTION TRANSITION PLANNING AND PREPARATION

PROCESS DEFINITION

Post-intervention transition planning and preparation represents a planned process for preparing children, youth and families for transitioning between services, or ending services when a transition from treatment has been negotiated. This is accomplished through

establishment of clear goals for treatment, as well as ongoing analysis and use of information to track progress and determine timing for transitioning to a new service or for discharge. Planning and preparation may involve identification of transition supports when needs are chronic in nature. Planning for discharge or transitions between services should start as early as the initial service/treatment plan.

Transition supports are provided as required to facilitate successful movement of a child or youth having chronic, complex mental health needs to services in another setting, community or sector such as the adult mental health sector. Transition supports facilitate continuity of care and result in minimal disruption to treatment gains. Following discharge from services, a follow-up with the client is performed as a 'check-in' to monitor status, facilitate re-entry to the service system if required and/or provide time-limited support to help discharged clients connect with/access needed services.

Following discharge and at the point of follow-up, if the child or youth reportedly displays deteriorated functioning, it is determined whether the service plan needs to be re-opened (to add services to address a current need) or the child or youth's needs and strengths need to be reviewed (when more than six months has elapsed since discharge and/or where the deterioration appears unrelated to the initial needs identified) and services recommended based on the reassessment results. Where appropriate the client may re-enter service to address new or unmet needs.

MINIMUM EXPECTATIONS

- Planning for discharge and transition begins from the point when a child or youth enters into treatment or service.
- When case closure is a planned process, agency staff and the child or youth and family will negotiate a plan for case closure.
- Where case closure is unplanned, efforts are made to inform and involve the client, as appropriate under the circumstances.
- There is a written closing report for each child, youth and/or their family, with details appropriate to the nature of service provided.
- Where a child or youth is transitioning to another service provider, a transition plan is developed in partnership with the child or youth, and their family, and the providers. The transition is clearly planned in advance, communicated to everyone involved, and agreed upon between child or youth and family, and all the providers.
- A follow-up contact is made within 3 to 6 months of discharge to discern status and facilitate service access where needed

8. CHILD, YOUTH AND FAMILY ENGAGEMENT

PROCESS DEFINITION

Child, youth and family engagement is an integral component of services delivered through the CYMH program, and to the overall approach to operations and service delivery at all levels,

including that of the lead agency. It is about partnering with children, youth and their families, caregivers or guardians, in the development and implementation of their individual treatment plans. Child, youth and family engagement recognizes that children, youth and families bring a unique and critical perspective to their treatment, from identifying their own needs, understanding what strategies might be most successful to achieve their goals, and monitoring whether services had the intended impact or outcome.

The term “engagement” implies an active partnership between children, youth, families and child and youth mental health agencies or service providers. For lead agencies, this means listening to what children, youth and families think, engaging them in two-way communication and involving them in decision making in a meaningful and purposeful way, both at an individual level, and also when appropriate for agency and community level planning.

Through engagement with children, youth and families, all agencies will become more accountable to the population that they serve, and children, youth and families will become better able to advocate for their needs. This partnership provides a unique opportunity for children, youth and families to be active and positively engaged in their own mental health care, and also provides agencies with opportunity to develop creative and evolving services that are responsive to the needs of families. Engagement activities may extend to children, youth and families who are current or former clients, as well as those who have not been recipients of services.

MINIMUM EXPECTATIONS

- Clients, including children, youth and their families, primary caregivers and/or guardians are engaged in the development and implementation of their individual treatment/service plans and participate in processes to identify the impact of services.
- Clients participate in processes to identify the impact of services.
- Participatory methods are used to evaluate the outcomes of services to the extent possible.
- The lead agency has a strategy that provides opportunities to children, youth and their families that encourages and supports input into planning, evaluation and delivery of services that are responsive to the needs of the community..
- The lead agency has a policy that specifies whether, how, and under what circumstances current and/or former clients can be members of the governing body of the agency.
- Youth and families are oriented on youth and family engagement policies and practices and how they can take part.
- Youth and families participate in assessing the effectiveness of the youth and family engagement strategy within the governance process.

SECTION 5: ACCOUNTABILITY

This section outlines in broad strokes, the current thinking with respect to accountability expectations of a high-performing child and youth mental health system. As we move forward with implementation there will be additional opportunities to provide feedback on these areas.

PURPOSE AND PRINCIPLES

Implementation of the Service Framework will mean changes to accountability relationships in the MCYS-funded child and youth mental health sector. These changes are needed to support a high-performing child and youth mental health system which is child and youth-centred, responsive, accountable, coordinated and collaborative, evidence-based and accountable.

A well-functioning system of accountability is vital to support the delivery of accessible, high quality services to children, youth and their families. A more robust set of relationships between the different parties who are seeking to meet the mental health needs of children and youth across the system would:

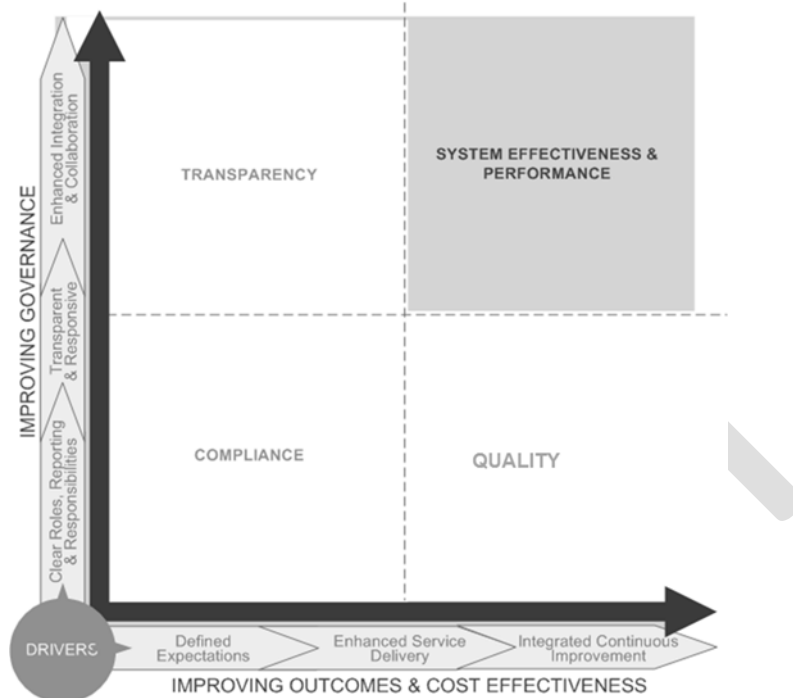
1. Be clear about the respective roles of government, service providers and clients;
2. Work towards clearly communicated expectations;
3. Obtain evidence to improve programs and frontline practice;
4. Provide information transparently to the public and service partners; and
5. Assess the value for money of the public investment on mental health services.

GOALS

Accountability can be defined as the ways in which partners in a system such as child and youth mental health provide assurances to each other and the public that they are delivering high quality services. There are two principle accountability goals for the MCYS child and youth mental health sector:

1. Improved results through a focus on performance which increases quality consistently across the province.
 - Whether partners are focused on results, both understanding whether their interventions are working for clients and if outcomes are getting better. Performance management aims to improve results over time and to reduce the gaps in quality between providers.
2. Improved clarity and transparency in governance roles and responsibilities among all of the organizational partners in the system
 - How governance functions at all levels of the system: how clear are the roles and responsibilities? Are service providers, the ministry and other partners transparent between themselves and to the public about their work and the results of their activities? Are partners at each level of the system working in a coordinated fashion with mutual accountabilities?

Below is a depiction of the dimensions within the accountability model, based on an approach that builds and supports organizational and system accountability, performance, and effectiveness. The horizontal axis measures whether partners are focused on results, while the vertical axis assesses whether governance arrangements are working at all levels.



This approach will shift the conversation between partners from monitoring outputs, such as numbers of clients served, to a focus on joint responsibility for mental health outcomes for children and youth, anchored through formal accountability agreements that will replace the current contracting approach. Once in place, the model will enable all parties to:

- Hold lead child and youth mental health agencies to account for service delivery and facilitate effective collaboration across the sector – *“the system”*;
- Establish and communicate consistent expectations with standards and benchmarks;
- Know if the system is meeting expectations and resulting in better outcomes for children, youth and their families;
- Determine whether services are being delivered in the most cost effective manner and whether value-for-money can be demonstrated;
- Understand and act on clear roles, responsibilities, and obligations; and
- Reduce administrative burden for all agencies.

ROLES AND RESPONSIBILITIES

CONTEXT

As envisaged, accountability builds across the system and is cumulative, starting with MCYS. In the mature state, all child and youth mental health agencies assume broader and deeper

accountability for system effectiveness and performance. System change is based on the directions set out in *A Shared Responsibility* and *Moving on Mental Health*, which state that clearly defining the roles and responsibilities of key partners are essential to delivering effective mental health services for children and youth.

Within the scope of the draft Service Framework, roles and responsibilities are outlined below..

BOARD OF DIRECTORS

Lead agencies are required to be corporations, with a community-based Board of Directors. The Boards of Directors of child and youth mental health agencies are responsible for:

- Oversight and capacity development of their organizations;
- Continuous quality improvement with respect to the services deliver by the agency they are responsible for, as well as stewardship of resources;
- Accountability to their clients, families, communities and to their other funders (e.g. MCYS, lead agencies, foundations and private donors) for alignment of operations with sector-wide expectations, regulatory requirements and standards.

MCYS recognizes that, as the system moves towards its mature state, some Boards of Directors, in particular those of lead agencies, may require capacity-building resources and support and is developing guidance and other supports in collaboration with sector organizations.

LEAD AGENCIES

Within each defined community, and reporting to a community-based Board of Directors, a lead agency will be responsible for five primary functions:

- In collaboration with the local service system and the MCYS Regional Office, establish a plan for the delivery of CYMH services to be submitted to MCYS for review and approval;
- Creating clear and simple to use access pathways for parents, youth as well as justice, education, and health professionals who wish to refer;
- Delivering or contracting for the range of defined core MCYS-funded CYMH services, and holding sub-contracted agencies accountable;
- Making those services effective and accountable to parents, youth, and children; and
- Establishing and maintaining inter-agency and inter-sectoral partnerships, protocols and transparent pathways to care.

In order to carry out their primary functions, as set out in in contract, lead agencies at maturity will:

- Establish a first point of contact for parents, schools, health care professionals and others in their CYMH community for information and access to service;
- Deliver, either directly or indirectly, core services in accordance with an approved delivery plan;
- Lead and support effective service delivery through key processes, as defined in the service framework;
- Evaluate, identify and respond to population needs with respect to CYMH services;

- Gather required information to inform service delivery, including outcomes, and respond to service needs and gaps;
- Provide cross-sectoral leadership with respect to pathways and to development of a community mental health plan for their locality through linkages with education, health, child welfare, youth justice and child and youth service providers in their communities;
- Manage wait lists and wait times and provide reports to the ministry as required;
- Facilitate alternate arrangements where necessary to accommodate the unique circumstances of aboriginal and Francophone communities;
- Work collaboratively with other lead agencies and service providers across the province to meet the mental health needs of Ontario's children and youth;
- Make decisions on whether services will be delivered directly or indirectly and where the services are to be provided through sub-contract, ensure that the contracting process occurs in a fair and transparent manner;
- Be accountable for the management of contracts and the relationship with sub-contractors where services are delivered indirectly;
- Provide leadership within the defined geographic community to establish and maintain partnerships, protocols and transparent pathways to service in collaboration with service delivery agents and community partners.

MINISTRY OF CHILD AND YOUTH SERVICES

MCYS is committed to supporting and providing leadership to CYMH agencies, in partnership with sector organizations so that:

- Services are organized around what the child or youth requires for their mental health needs;
- Quality and continuous improvement is embedded in the service delivery system;
- Services are supported by the best evidence and meet minimum expectations;
- Performance is assessed using a range of qualitative and quantitative measures; and
- Efficient and effective use of resources can be demonstrated.

MCYS will play primary roles in:

- Strategic planning and setting legislative frameworks, policy objectives, directions and priorities;
- Establishing program policies, design and implementation frameworks, funding envelopes and allocation methodologies, and evaluating the performance of the CYMH system within the broader child and youth services system;
- Monitoring performance and providing support, direction, advice and leadership to lead CYMH and other transfer payment agencies serving children and youth;
- Administering streamlined contracting and reporting processes;
- Acting as service system managers for delivery of the broad range of MCYS funded child and youth services, working across services and sectors;
- Maintaining records, monitoring performance and working with lead agencies and other transfer payment agencies to maintain adherence to CYMH goals and objectives; and
- Carrying out responsibilities under the CFSA with respect to licensing, enforcement and compliance.

LEAD AGENCY DELIVERY PLAN

One of the principal ways in which the lead agency will carry out their role is through a delivery plan, the purpose of which is to document expectations, obligations and commitments of the lead agency and their sub-contractors in the delivery of core services, and of service and pathway arrangements across service delivery agents and community partners. The delivery plan includes three areas of content:

- A. **Service commitments;**
- B. **Continuous improvement priorities;** and
- C. **Budget.**

The delivery plan forecasts activities and budget over three years, updated and approved annually as changes are needed. The lead agency Board of Directors and MCYS are responsible for review and approval of the delivery plan.

Delivery plan requirements are described in the accountability agreement. The delivery plan draws upon commitments and expectations documented in the community mental health plan (see below) and demonstrates what the lead agency is accountable for in relation to sub-contractors, other service delivery agents and community partners.

SERVICE COMMITMENTS

Service commitments will include how the agency plans to address the expectations in the service framework as well as forecasting activities over a projected three year period, including the range of services to be delivered, and the breakdown of directly delivered and sub-contracted services. It will document the agency's intention with respect to service delivery activities, service and funding expectations, waitlist and wait time management, as well as the commitments obtained from sector partners.

CONTINUOUS IMPROVEMENT PRIORITIES

The continuous improvement priorities are informed by MCYS priorities as well as the agency's quality plan, which identifies areas such as administration, governance, management practices, operations, service strength and other areas, documents priorities for improvement and establishes what is needed to improve and how it will be addressed over a period of time. Quality plans begin with a process of assessing what is being done well, identifying areas for improvement and will include detail on the following:

- A. What needs to change? (goal)
- B. How do we know that a change is an improvement? (measure)
- C. What changes can be made that result in improvements? (priorities)

Continuous Improvement Priority

- MCYS will require a coherent and purposeful approach to wait lists and wait time management. All MCYS-funded child and youth mental health agencies are expected to

engage in strategies and measures to maintain and monitor wait lists, improve access to services, reduce wait times, and improve response times based on pre-determined definitions and indicators.

- Measures to be considered include: increasing rates of direct service, decreasing no show and cancellation rates, streamlining documentation requirements, centralized scheduling, protocols with community partners that reduce duplication in processes, etc.). Providing information and options to those who are waiting helps to mitigate negative impacts associated with long wait times for services.

COMMUNITY MENTAL HEALTH PLAN

Under the leadership of the lead agency, and with the support of MCYS, each child and youth mental health lead agency will use its partnership relationships to develop a Community Mental Health Plan. The purpose of the community mental health plan is to document local service delivery needs and secure the commitment of local agencies to provide core services and transparent pathways to, through, and from care.

The community mental health plan is completed with a forecast over three years and describes roles, responsibilities obligations and priorities for service delivery and pathways among local service providers and community partners. The plan is developed and agreed upon by local service providers in collaboration with sector community partners and ministry leads and incorporates strategic priorities and expectations set by relevant ministries, such as Education and the Ministry of Health and Long-Term Care. It is envisaged as documentation and commitment about who will do what in the community and may be updated as needed on an annual basis. The content is guided by a local needs assessment.

Within the plan, local protocols will be documented and updated in order to operationalize pathways, and responsibilities, roles, relationships and commitments across agencies and between sectors with respect to services and supports to meet the mental health needs of children and youth, from the most intensive to the least intensive.

REPORTING REQUIREMENTS

CONTEXT

Access to quality and meaningful information to inform clinical and service practice is a key priority for the child and youth mental health sector. The purpose of clear data collection and reporting by lead agencies and across the child and youth mental health service system is to:

- Benchmark performance across the sector and learn from best-practices;
- Assess results and impact of services and identify opportunities for continuous improvement;
- Monitor progress and changes made to the service system over time and make adjustments as required;
- Inspire confidence of the public in the transformed system; and,

- Inform community and service system planning through evidence-based decision making and provincial trending.

PERFORMANCE INDICATORS

Key performance indicators have been identified for the child and youth mental health service system. These indicators will help the ministry and communities better understand:

- Who are we serving?
- What are we providing?
- How well are we serving children, youth and families?
- How well is the system performing?

The performance indicators have been informed by: a comprehensive inter-jurisdictional scan; cross-references with key data reported provincially in child and youth mental health and other sectors (i.e. special needs/autism, youth justice, child welfare, etc.); extensive consultation with external stakeholders, experts and ministry staff; and a business architecture analysis (modeling and documenting the future child and youth mental health service system).

SUMMARY OF PERFORMANCE INDICATOR MEASURES

Question	Domain	Indicator
Who are we serving?	Client Centeredness	<ul style="list-style-type: none"> • Proportion of Child and Youth Population Served • Profile of Children and Youth Served • Ages of Children and Youth Served • Profile of clients with complex mental health needs
What are we providing?	Efficiency	<ul style="list-style-type: none"> • Service Utilization • Service Duration • Clients Receiving Brief Treatment Requiring No Other Services
How well are we serving children youth and families?	Responsiveness	<ul style="list-style-type: none"> • Clients with Positive Outcomes • Client and/or Parent/Caregiver Perception of Positive Outcome • Number of incidents (including serious occurrences and client complaints)
How well is the system performing?	Access	<ul style="list-style-type: none"> • Wait Times for Clients Receiving Services
	Effectiveness	<ul style="list-style-type: none"> • Client perception of the service system • Value for investment

EXPECTATIONS FOR USE

- Lead agencies are responsible for reporting key data requirements to the ministry that reflect who is being served across their respective communities. This includes data from

any subcontracted agencies. Lead agencies will roll up identified data (including client-related, financial, and accountability information) from their respective communities and report it to the province within a standard timeframe.

- This data will be used by: the ministry to inform changes to policy through provincial trending and analysis, strengthen transparency and accountability across the sector, and ensure taxpayer dollars are spent effectively and efficiently; and by lead agencies to strengthen and continuously improve service planning and provision, and monitor the impact of services on clients and in the community over time.
- No one indicator provides a complete picture of performance. Indicators need to be viewed alongside other data and information to provide a balanced perspective and safeguard against unintended consequences. For example, a focus on wait times alone could have an impact on whether children and youth with complex mental health needs receive services.
- Lead agencies are expected to reflect the voices of children, youth, family, and caregivers in the data and information they collect.

DRAFT

APPENDIX A: GLOSSARY OF TERMS

Accountability

The obligation to answer for the execution of one's assigned responsibilities to the person or group who conferred the responsibilities.

Active Client

A child or youth receiving at least one service from the Child and Youth Mental Health Program (CYMH).

Agency

A corporation or other prescribed entity that provides services to, or for the benefit of, Children and Youth with mental health needs and that may or may not have entered into a transfer payment funding agreement with the Ministry. This includes the Directly Operated Facility of The Child and Parent Resource Institute.

Benchmarking

Benchmarking is the continuous systematic process of measuring and comparing one's own processes, products or services against the same of superior-performance organizations and adapting one's own business practices to incorporate the best of those practices for the purpose of improving performance.

Census Division

Census division (CD) is the general term for provincially legislated areas (such as county, municipalité régionale de comté and regional district) or their equivalents. Census divisions are intermediate geographic areas between the province/territory level and the municipality (census subdivision). In the Canadian province of Ontario, there are three different types of census divisions: single-tier municipalities, upper-tier municipalities (which can be regional municipalities or counties), and districts. They differ primarily in the services that they provide to their residents.

Client

The intended direct recipient of the service. A person / individual becomes a client once he/she has provided consent for service (including verbal consent); until such time he/she is considered a prospective client. For child and youth mental health the client is:

1. A child or youth from birth up to age 18 who is:
 - identified as being at risk of developing mental health problems; or
 - displaying early signs or symptoms of mental health difficulties including social, emotional, behavioural, self-regulation problems; or
 - experiencing significant mental health problems or diagnosed disorders; or
 - experiencing severe, complex, rare or persistent diagnosable mental illnesses.

2. Parents/caregivers and other family members may participate in or receive services designed to address the needs identified for the client (i.e., child or youth), particularly when:
 - parent/caregiver and/or family needs are related to, or have an impact on, the identified needs of the child or youth; or
 - the parent/caregiver must act on behalf of a child or youth who does not have the capacity to make decisions with respect to treatment or service provision.
3. All children and youth from birth to age 18 who share a risk factor, when the focus of the service is targeted prevention

Consent

- A type of an agreement between a service provider and a prospective client in which the latter agrees to enter into service. Consent to service can be withdrawn at any time.
- A type of an agreement between a service provider and a prospective or active client in which the latter agrees to share information with other providers or third parties for the purposes of:
 - Coordinated service planning
 - Service provision
 - Research
- Within the context of CYMH, a person becomes a client the moment they provide consent to enter into a service with the service provider.

Contactee

An individual making contact with a lead agency or service provider for help on information or services. The individual may be a prospective client or someone authorized by (i.e., acting with consent of) a prospective client (e.g., family physician, relative), or a third party making inquiries due to concerns about a child or youth without authorization (e.g., school principal). Only prospective clients or authorized 'contactees' are in a position to share specific information about the individuals of concern.

Crisis

The onset of an emotional disturbance or situational distress (which may be cumulative), involving a sudden breakdown of an individual's ability to cope.

Designated CYMH Community

A term used to describe who is involved or a member of the Children & Youth Mental Health area which includes; children and youth in Ontario up to the age of 18, families/caregivers, lead agencies, and government including the geographic area where services will be provided.

Discharge

Process of ending service with a client for reasons including:

- client opts out (youth/parent opt out, refuses to participate in service/no-show for service)
- services delivered and goals achieved

- client no longer eligible (location/age) for service and/or being transitioned to non-MCYS services.

Early Intervention

The provision of appropriate services and supports (regardless of age) to children, youth and their families/caregivers as soon as possible that focus on addressing behaviours or symptoms which indicate the beginning signs of mental health problem or illness. Early intervention services are provided to mitigate the anticipated long-term effects of such challenges without stigmatizing children and youth.

Eligibility

The application of criteria during an intake process to determine if a prospective client is entitled to receive child and youth mental health services in Ontario. Examples of eligibility rules include:

- Age 0 - 18
- live in the community(s) being served by the lead agency
- displays a presenting problem that can be addressed by mental health services

Evidence-informed practice

Evidence-informed practices combine the best, most current, available research with the experience and judgment of practitioners, children, youth and families to deliver measureable benefits.

Health, mental health, mental health problem and mental health illness/disorder

- Mental health, mental health problem and mental illness or disorder represent different aspects on what is a continuum of overall mental health and well-being. As defined by the World Health Organization, **health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (World Health Organization, 1948)
- **Mental health** includes all aspects of human development and well-being that affect an individual's emotions, learning and behaviour and is not merely the absence of mental illness.
- **Mental health problem** is used to describe any emotional or behavioural condition that may be reflected in difficulties and/or disabilities in the realm of personal relationships, psychological development, the capacity for play and learning and/or in distress and maladaptive behaviour. These conditions can be relatively common, may or may not be persistent, and while they may cause significant distress and impair functioning, may not meet diagnostic criteria for a mental health disorder.
- The terms **mental illness** or **mental disorder** are used to mean any emotional, behavioural, or brain-related condition that causes significant impairment in functioning as defined in standard diagnostic protocols such as the American Psychiatric Association's Diagnostic and Statistical Manual (DSM).

(A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health, 2006)

Identification of Needs and Strengths

Information gathered from a variety of sources to identify needs and strengths of the individual child or youth and family, leading to recommendations for services (or changes in services) to be delivered to the client. This can be done at the beginning, mid- way and end of service.

Intake

A process during which information is gathered during the initial interaction between a prospective client and the service provider. Information gathered during intake includes name, date of birth, home address, initial contact date, presenting problems and determination of eligibility.

Lead Agency

Within each defined community, and reporting to a community-based Board of Directors, a lead agency will be responsible for five primary functions:

- In collaboration with the local service system and the MCYS Regional Office, establish a plan for the delivery of CYMH services to be submitted to MCYS for review and approval;
- Creating clear and simple to use access pathways for parents, youth as well as justice, education, and health professionals who wish to refer;
- Delivering or contracting for the range of defined core MCYS-funded CYMH services, and holding sub-contracted agencies accountable;
- Making those services effective and accountable to parents, youth, and children; and
- Establishing and maintaining inter-agency and inter-sectoral partnerships, protocols and transparent pathways to care.

Locality

The defined geographic area, defined for the purposes of planning and delivering CYMH services under the leadership of a lead agency. This is also referred to within this document as a “community”.

Partner

A Service Provider which is an autonomous enterprise or organization that enters into an agreement to share accountability (and risk) for a program and its outcomes. An organization that is a partner can also act as an agent for service delivery.

Performance Measure

A specific quantity (absolute number, percentage or ratio) measured for a specific date or time period, which compares performance against an Objective and an interim commitment. Performance Measures may be applied to Programs, Services, Workers, and other entities.

Performance Measurement for Ministry Programs

- Effectiveness: Measures the extent to which the outcomes of an activity are achieving the stated core business objectives.

- Efficiency: The ratio of relevant outputs to relevant inputs.
- Customer Service: The degree to which the needs and expectations of the recipients of the service are satisfied with the level and quality of services received.
- Core Business: Indicators of major spending or mandated or high profile performance within a core business as reported in the business plan.
- Output measures: The amount of anything produced in a given time. The effective work done, usually measured by volume.
- Outcome measures: Quantifiable results measuring how the public or stakeholder benefits by the ministry's meeting the core business objective.

Presenting Problem

The main condition(s) or situation(s) prompting the prospective client, parent/guardian or contactee with permission to seek services.

Processes

A sequence of activities and tasks that support service delivery, but are not services themselves. Processes may also support management of resources or business operations. Processes are generic, and underlie delivery of a range of services in a variety of sectors. Examples of processes that support effective core service delivery include: Intake and Eligibility Determination; Obtaining Consent; Identification of Needs and Strengths; Service Planning and Coordination; Ongoing Monitoring of Needs and Adjustment of Services, Discharge, Transition Support, Outcome Monitoring, Measurement and Reporting.

Prospective Client

An individual child or youth who has not yet been defined as a client, including:

- A child or youth (0-18) who has not as yet been deemed eligible for services and/or
- A child or youth who has not as yet consented to receive services

Protocol

In the CYMH context, Protocol refers to the description of the processes for referrals or pathways to service that are agreed to by service delivery agents, community partners and service providers to ensure smooth pathways and transitions for clients with mental health needs from one provider and/or sector to another.

Risk Factors

Risk factors are those traits, characteristics or environmental contexts which research has shown to be predictive of mental health problems or illnesses in childhood or adolescence. Example risk factors include a child or youth living in poverty, having parents with limited parenting skills or mental illness, abuse of alcohol and/or drugs, the lack of experience of success in school, premature birth, or low birth weight. The effect of a given risk factor tends to be stronger when it is combined with other risk factors, may vary during different periods of a child or youth's life, and is often cumulative. Researchers and practitioners frequently use the term "children at risk" to refer to children/youth who possess one or more risk factors that are predictive of a host of undesirable outcomes, including mental health problems and illness.

Services

Independent services to meet a child or youth's need, delivered to a defined client/client group, with measurable mental health outcomes. Services are distinct from the processes that support them. CYMH services are unique to this area of service delivery.

Service Plan

An agreement between a service provider and a client specifying service or treatment goals, objectives and tasks as a result of client need identified /established during intake and needs assessment processes. The service plan also includes identification of persons responsible for actions and timeframes for completion. It is an action plan that guides the client, family, workers, service providers towards well-defined goals and outcomes against which progress can be measured over time.

Service Provider

An organization that is responsible for the delivery of Service Outputs to Clients, through operations of a Service. (i.e., Lead Agencies, Subcontracted Service Providers within CYMH).

Subcontractor

Organizations/individuals which lead agencies contract with for the delivery of services as outlined in the Service Framework.

Substitute Decision-Maker

An individual who is authorized to give or refuse consent on behalf of a person that does not have the capacity to give informed consent themselves.

Wait List

The list of clients and their placement on a waitlist for a given service within the Lead Agency boundaries, broken down by service provider, at any given point of time. Waitlist position depends on:

- priority of needs (service required)
- risk level (may change while on waiting list)
- availability of the service at any given point of time

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