

Community-Based Child and Youth Mental Health

Program Guidelines and Requirements #01: Core Services and Key Processes

Effective July 1, 2015

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Authorization

The Ministry of Children and Youth Services (MCYS) funds service providers to deliver community-based child and youth mental health (CYMH) services under the authority of the *Child and Family Services Act*, R.S.O. 1990, c.C.11 (CFSA). The paramount purpose of the CFSA is to promote the best interests, protection and wellbeing of children. Ministry-funded providers of CYMH core services are required to comply with this Program Guidelines and Requirements (PGR) document.

Responsibility

The responsibility for the planning and delivery of community-based CYMH core services (hereinafter referred to as 'core services') in a service area resides with the lead agency, where identified. Lead agencies may either directly deliver core services or work with other CYMH service providers to deliver the full range of core services within the service area.

Purpose

The purpose of PGR #01: Core Services and Key Processes, is to:

- Provide direction to **lead agencies** regarding the core services and key processes, and the associated minimum expectations that shall be available in each service area across the province;
- Provide direction to **all core service providers** (including lead agencies where they are the provider) regarding the minimum expectations associated with the delivery of the core service(s) they are responsible for delivering; and
- Provide direction to **all core service providers** (including lead agencies where they are the provider) regarding the minimum expectations associated with the key processes that support the delivery of all core services.

Scope

PGR #01 applies to all MCYS-funded service providers of core services and key processes funded through the following MCYS detail codes:

- A348 – Brief Services
- A349 – Counselling and Therapy
- A350 – Crisis Support Services
- A351 – Family/Caregiver Capacity Building and Support
- A352 – Coordinated Access and Intake
- A353 – Intensive Treatment Services
- A354 – Case Management and Service Coordination
- A355 – Specialized Consultation and Assessment
- A356 – Targeted Prevention

Term

These program guidelines and requirements are effective July 1, 2015 and remain in effect until revised or revoked by MCYS.

SECTION 1: INTRODUCTION

PGR #01: Core Services and Key Processes, is part of a suite of documents that sets out requirements for MCYS-funded providers of core services, and informs broader sector partners about service expectations. It should be read in conjunction with the CFSA and the following PGRs:

- PGR #02: Core Services Delivery Plan which describes expectations regarding core services delivery plans; and
- PGR #03: Community Mental Health Plan, which describes expectations regarding community mental health plans.

Ontario is committed to promoting the mental health and wellbeing of all children and youth. MCYS has defined a set of core services to be available within every service area. This is a critical element in transforming the service experience of children and youth under 18 years of age¹ with mental health problems² (see www.ontario.ca/movingonmentalhealth for further details). Surrounding these core services are minimum expectations for how they are planned, delivered and evaluated.

The implementation of core services will take place within 33 service areas. The purpose of defining service areas is to ensure that all clients across the province will be able to access the same core services. It also facilitates planning and creating pathways to care. The defined service areas are not barriers to service. Clients will be able to access service from any service area.

Each service area will have a lead agency, with responsibility for making high-quality core services available as well as planning across the continuum of mental health services. Lead agencies are responsible for engaging cross-sectoral partners in the health and education sectors, including the relevant Local Health Integration Network (LHIN) and school boards. Core services may not be available in every service area immediately – the expectation is that they will be made available over time as lead agencies assume their roles and responsibilities. Lead agencies will connect with other providers to plan and enhance mental health service pathways for children and youth and improve transparency, so that everyone will know what to expect.

Additionally, the core services, key processes and functioning of the CYMH service sector will require refinement from time to time as other provincial initiatives and activities are developed and implemented. Within the broader context of these new initiatives, it is important that the roles and responsibilities of all core service

¹ Refer to *Child and Family Services Act*, R.S.O. 1990, c.C.11 for further information.

² For the purposes of this PGR, the term “mental health problem” also includes disorders and illnesses.

providers are made clear and that the linkages between these services are transparent.

You will find the following elements in the pages that follow:

- **Client population** and **continuum of needs-based services and supports**;
- **Core services** to be available in each service area, including their target population;
- **Key processes** that support these services; and
- **Minimum expectations** for core services and key processes.

PGR #01: Core Services and Key Processes is part of a suite of PGRs that provides direction to lead agencies, and MCYS-funded core service providers. These documents may also be of interest to broader sector partners, as well as youth and their families. PGRs will support a system of excellence. PGRs will help the CYMH sector to collectively build a coherent service system to help make it easier for children, youth and their families to find the support they need.

This is not a clinical guide. Determining the appropriateness of specific mental health interventions is the responsibility of mental health professionals, who are qualified to make assessments and provide services based on the particular circumstances of each client within their professional area of expertise. Further, it should be noted that services evolve as new evidence emerges, and service systems will also evolve. Subsequent versions of MCYS core services will be developed in collaboration with the CYMH sector and other partners.

NOTE OF THANKS

This document has been developed with substantial input from parents and youth, experts in the field, our cross-sector partners, as well as research on emerging and best practices. MCYS gratefully acknowledges all those who contributed their time and efforts towards the development of this document.

SECTION 2: CLIENT POPULATION

For the purposes of PGR #01: Core Services and Key Processes, a client is defined as “the intended recipient of the CYMH core service.”³ The client is a child or youth under 18 years of age who is experiencing mental health problems along levels two, three and four of the CYMH continuum of needs-based services and supports (refer to figure one on the next page). Also refer to key process transition planning and preparation for information on transitions between core services and to other community supports (see Section 4: Key Processes).

In addition to mental health needs, clients may also be experiencing additional challenges related to their development or have specific impairments and/or diagnoses, including a developmental disability, autism spectrum disorder or substance use disorder. Other conditions or diagnoses do not preclude clients from receiving mental health services, but may add to the complexity of their needs, and the services they require. Similarly, where children/youth are involved in other sectors (e.g. youth justice and child welfare) these circumstances do not preclude them from receiving core services. Where children/youth have additional needs and are receiving a range of services, the focus must be on how the services connect. A coordinated approach to service delivery must be supported.

Families (including parents, caregivers, guardians, siblings and other family members) may also receive services from a core service provider, in order to address the identified needs of the child or youth client. This may occur when the participation in treatment is recommended to support the child or youth’s service plan.⁴

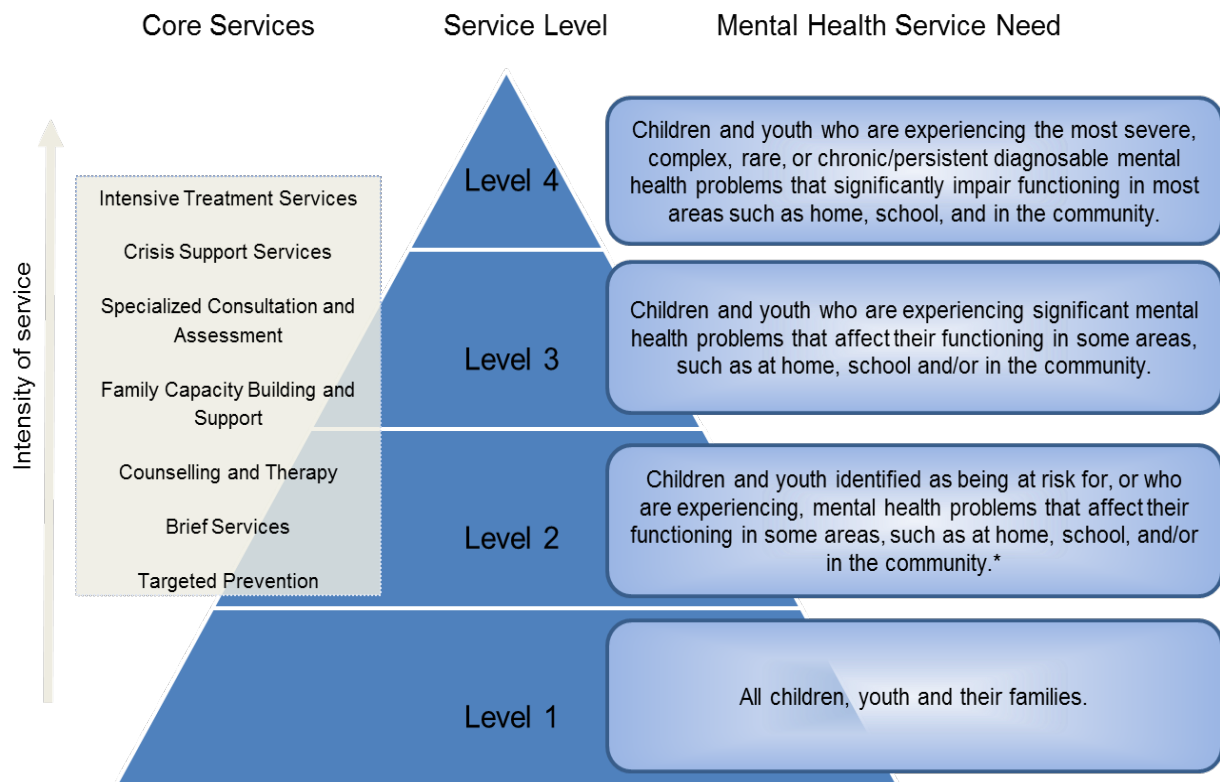
Children, youth and their families can benefit from access to a flexible continuum of timely and appropriate mental health services and supports, within their own cultural, environmental and community context (Ministry of Children and Youth Services [MCYS], 2006). Mental health promotion, prevention, and the provision of services to address mental health problems represent different points along the continuum. Children, youth and their families may enter the continuum of needs-based services and supports at any point. The actual services a child/youth needs will vary (refer to figure one on the next page). For example, some children/youth may benefit from targeted prevention services, while others will require more specialized mental health services. In addition, a child or youth’s mental health service needs may change over the course of their treatment. Within the full continuum of services, there is a set of defined core services. Lead agencies will be responsible, over time, for ensuring that children, youth and their families across the province can access the same core services, and have transparent pathways to care.

³ For the purposes of the PGR, the term “client” includes a prospective client, pending the determination of eligibility for services and provision of consent to receive services.

⁴ The term service plan refers to an individual service plan and treatment/intervention plan.

The following schematic outlines the full continuum of needs-based mental health services and supports, and shows conceptually how core services fit within this continuum. It also represents the relative demand for services – level one reflects all children and youth, while level four focuses on a smaller subset of the child/youth population with the most severe, complex needs. This schematic is for service planning only – it should not be used for the purposes of diagnosis or assessing the appropriateness of specific mental health interventions.

Figure 1: Continuum of CYMH Needs-Based Services and Supports



* Includes members of a group that share a significant risk factor for a mental health problem(s).

Recognizing that providing mental health services is a shared responsibility, strong partnerships among service providers are required in order to effectively plan for and deliver the full continuum of services and supports within each service area (see PGR #02 for further details on planning for core services and PGR #03 regarding planning across the full continuum). Lead agencies play a critical role in supporting broader community planning within their service area.

Core service providers will need to collaborate effectively with other child- and youth-serving sectors including, but not limited to: early years, youth justice, child welfare, special needs, education (school boards) and health (primary care hospitals and youth addiction programs) – at both a system level and a service level. Joint sector collaboration will support partnerships, protocols, and pathways to service delivery

along the continuum of service to be identified and strengthened, including those that facilitate connection to, and across, sectors (e.g., community planning tables and special needs coordinating agencies). In addition, a particular child or youth may have multiple service needs (e.g., mental health and special needs, autism spectrum disorder and learning difficulties). To address these needs strong partnerships and connections are needed to support a coordinated approach to service delivery, including strong linkages with the special needs coordinating agency in the community (See Section 4: Key Processes, Case Management and Service Coordination).

Supporting the Needs of Diverse Populations

Another key component of effectively delivering services is understanding the demographics of the population within the community and being responsive to the community's linguistic and cultural needs. This includes understanding the needs of newcomers and minority populations, as well as First Nations, Métis, Inuit, and urban Aboriginal and Francophone children and youth and their families. All core service providers are required to have a comprehensive understanding of the population they serve, so that CYMH problems are identified, understood, treated, and supported in a manner responsive to the diverse needs of the population.

Core service providers must be aware of distinct approaches required to address the needs of First Nations, Métis, Inuit, and urban Aboriginal children and youth. At the local level, all core service providers should be working together to meet the needs of all children, youth and their families. Core service providers should define pathways to culturally appropriate services for First Nations, Métis, Inuit, and urban Aboriginal children, youth, and their families to ensure that they are supported and connected (MCYS, 2013).

Coordinated approaches will also be required to respond to the service needs of French-speaking children and youth, and their families. The *French Language Services Act* identifies designated areas where government services must be available in the French language. MCYS will be working with lead agencies that serve these designated areas to understand their current French language service delivery capabilities, and further enhance their capacity to deliver services in French. While services in French are to be provided in designated areas, clients will be able

Ontario's Young People

"Though most of Ontario's young people thrive, we know that many face one or more barriers to success and need more targeted or intensive supports. Some specific populations who may be at greater risk due to historical or social issues include: First Nations, Métis, Inuit and urban Aboriginal children and youth; Francophone children and youth; youth people living in poverty; those in, or leaving, the care of Children's Aid Societies; those living in rural remote communities; those with special needs; LGBTTQ [Lesbian, gay, bisexual, transgender, two-spirit and queer] young people; newcomer children and youth; racialized children, and youth in conflict with the law. To achieve greater equity for all of Ontario's young people, MCYS works with partners to close the gaps in opportunities and positive outcomes" (MCYS, 2013, p. 6).

to access services and supports from any service area. Service areas are not barriers to service.

Incorporating the perspectives of Francophone, First Nations, Métis, Inuit, and urban Aboriginal populations, as well as other diverse populations, in longer-term planning, including establishing clear service pathways to culturally appropriate services, is a key component of the Core Services Delivery Plan and the Community Mental Health Plan (see PGR #02 and PGR #03). Core service providers including lead agencies are encouraged to use planning tools and resources to inform how services can be implemented to support greater inclusion for clients. In addition, agencies should be seeking out and utilizing available tools and resources that support effective service delivery and outcomes for these populations on a day-to-day basis.

Interventions and Transitions

Interventions in the early years are often highly effective and some may be less costly than interventions needed later in life. Focusing on specific partnerships (including infant-specific primary care, infant and child development services, and early years programs) and drawing on the caregiver/parent-child relationship will help support this age group (Clinton et al., 2014). Core service providers should support children, youth and families as they transition to other appropriate supports in their communities. Transitions to adult services will also require a set of specific partnerships, including community-based adult mental health service providers, hospitals and other community-based adult support providers.

Supporting and Maintaining Education

Supporting children and youth's educational needs and improving outcomes is an important aspect to consider when planning for mental health services across the full continuum and delivering core services. It is important for lead agencies and core service providers to have strong relationships with their local school boards and become familiar with the mental health services that school boards and other community partners currently provide in the schools. It is also important that lead agencies and core service providers enable access to mental health service during the day and work with the education sector to support service delivery that minimizes school transfers and maintains education programming.

While educators cannot and should not attempt to diagnose mental health problems, they have an important role in promoting positive mental health at school; identifying students who may have mental health problems; and connecting those students with appropriate services (Ministry of Education, 2013).

School boards and schools vary across the province. Services and personnel available in one school board or school may not be available in a neighbouring school board or school. Lead agencies will want to inquire about services and personnel in their school boards and form partnerships with them. Some of these may include:

- Care, Treatment, Custody and Corrections (CTCC) Section 23 programs (see more details under Section 3: Core Services, Intensive Treatment Services);
- Mental Health Leaders and the Mental Health Leadership team;
- Mental Health and Addiction Nurses in district school boards; and
- Various mental health promotion programs delivered by public health units, municipalities or other community-based organizations.

SECTION 3: CORE SERVICES

Core services represent the range of MCYS-funded CYMH services that lead agencies are responsible for planning and delivering across the continuum of mental health needs within each service area. It is recognized that children and youth in receipt of core mental health services may also require other services and supports. For example, children and youth may receive more than one core service as part of a service plan, as well as other services funded by MCYS or other partners. This document focuses specifically on the provision of core services.

Core services to be available across all service areas:

- Targeted Prevention;
- Brief Services;
- Counselling and Therapy;
- Family Capacity Building and Support;
- Specialized Consultation and Assessments;
- Crisis Support Services; and
- Intensive Treatment Services.

For each core service, a target population has been identified. This is the population for whom the service is designed, and for whom the service is intended to provide better mental health outcomes. The act of defining a target population is not meant to be exclusionary. Rather, it is a means to support planning and delivery in a way that benefits the children and youth who are in greatest need of the mental health service.

In general, the target population for core services includes those children and youth under 18 years of age and their families who are experiencing mental health problems along levels two, three and four of the CYMH continuum. Additional target populations may also be identified within specific core services.

Lead agencies may either directly deliver core services or work with other core service providers to deliver the full range of core services. This document provides direction to all core service providers (including lead agencies, where they are the provider) regarding the minimum expectations associated with the core service(s) they are responsible for delivering.

The following minimum expectations apply to all core services funded by MCYS:

- Core services and key processes will be provided in a manner that respects the diversity of communities. There are many conditions that may constitute barriers or may reinforce existing barriers to accessing services, including stigma, discrimination, and lack of cultural competency. In order to reduce barriers, core service providers should:

- Understand the demographics of the population within the service area, including Francophone, First Nations, Métis, Inuit, urban Aboriginal children and youth, newcomers and minority populations and their linguistic and cultural needs;
- Understand the geography of the community within the service area that you are serving, including rural and remote areas;
- Be sensitive to factors such as poverty, discrimination, and imbalances of power that influence the client experience;
- Understand issues respecting sexual orientation and gender identity, and the unique needs and challenges faced by young people who are lesbian, gay, bisexual, transsexual, transgender, asexual, queer, questioning, or two-spirited; and
- Discuss with the client, when beginning to develop their service plan, what cultural or other service options would support their treatment.
- Core service providers will be responsible for complying with all relevant legislative, regulatory, and policy directives, including privacy and consent requirements.
- Core services will be delivered in an evidence-informed manner, using evidence-informed tools and practices to support positive outcomes for children and youth.
- Core service providers will review clients' progress on a regular basis and adjust services, as needed.
- The approach to the delivery of core services will be strengths-based, and centred on individuals, considering and respecting their needs and preferences.
- Clients will be provided with information regarding additional community services and supports that may be suitable and, where appropriate, supported in accessing these services (e.g., through a referral).
- Core services will be delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.
- The intervention/treatment process will promote client involvement, partnership and shared decision-making so that all parties understand the goals and desired outcomes.
- Key partners in multi-disciplinary service delivery will be brought together, where appropriate, to provide an integrated and coordinated service response to help meet the needs of children, youth and their families.

Key Processes:

There are a number of key processes that support the delivery of core services to children and youth as well as their families where appropriate. These processes are not specific to individual core services but are common to and support them all (e.g., coordinated access; service planning and review; child, youth and family engagement). (See Section 4: Key Processes for further information).

Core Services – Detailed Descriptions

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 defined at-risk populations. Core service providers will work across sectors such as health and education through community planning. Strong community partnerships will support the development of a comprehensive approach to targeted prevention. Targeted prevention programs may occur in a variety of settings, including education, health and community settings, and may involve health practitioners and educators as partners.

Targeted prevention activities are:

- Therapeutic activities that intervene in, or avert the development or occurrence of a mental health problem;
- Aimed at increasing the child, youth and/or family's capacity to understand mental health problems, identify these problems early in the course of illness, and change perspectives and enhance resiliency; and
- Avenues to promote early identification of mental health problems, provide timely, effective early intervention, and develop skills in the target populations.

Targeted prevention addresses specific risk factors. It does not include broad universal programming.

TARGET POPULATION

The target population is children and youth under 18 years of age who have been identified as a member of a group that shares a significant risk factor for a mental health problem. These children or youth would generally require services within level two of the continuum of needs-based services and supports.

Identification of risk factors should be conducted in careful consultation (subject to applicable legislation, regulation and policy directives, including privacy and consent requirements), with those most familiar with the children/youth. This includes families, teachers, educational assistants, child and youth workers, staff of core service providers and child care centres, probation officers, and primary care practitioners.

MINIMUM EXPECTATIONS

- The service helps children/youth and their families to understand mental health problems and increases their resiliency by building their skills and competencies.

- 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

Like counselling and therapy services, brief services focus on reducing the severity of and/or remedying the emotional, social, behavioural and self-regulation problems of children and youth, but these services differ with respect to the duration of the service.

Brief services provide “quick access” therapeutic encounters to address the immediate or presenting needs of a child or youth (Duvall et al, 2012). Therapeutic approaches include, but are not limited to solution-focused and brief narrative therapies. Brief services may meet the needs of the child/youth and be all the treatment that is required. They can also help identify or clarify the need for further treatment or service such as counselling and therapy and/or additional services and community supports.

Brief services are designed to:

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

TARGET POPULATION

The target population is children and youth under 18 years of age with a mental health problem who are in need of timely, early intervention. Brief services can address an array of presenting problems and are appropriate for children or youth who require services within a level two or three on the continuum of needs-based services and supports.

At times, brief services may be an appropriate mechanism to provide interim supports to children/youth who require, and have been referred for services, within level four on the continuum, while they are waiting for more intensive services.

MINIMUM EXPECTATIONS

- Services are provided on a flexible schedule, at times and locations that facilitate access.
- Services are episodic and time-limited (e.g., a single therapeutic session, or three sessions of therapy or consultation sessions within a six-week timeframe).

- Services are provided through the most effective possible delivery mechanisms (e.g., walk-in clinic, single-session model or brief consultation).

3. COUNSELLING AND THERAPY SERVICES

SERVICE DEFINITION

Counselling and therapy services focus on reducing the severity of and/or remedying the emotional, social, behavioural and self-regulation 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 (see Section 4: Key Processes). Counselling and therapy services can include a range of modalities (e.g., individual, group, family or play-based) as well as clinical practices (e.g., cognitive-behaviour therapy). Services are provided within the context of the family, culture and community. They can be delivered in a range of settings, at varying frequencies.

Counselling and therapy services are designed to:

- Support children, youth and their families in the receipt of services designed to address identified needs;
- Reduce the need for more intensive and intrusive intervention;
- Reduce the severity of mental health problems or symptoms;
- Strengthen coping and resilience and improve functioning; and
- Enhance awareness and understanding of the presenting problem.

TARGET POPULATION

The target population is children and youth under 18 years of age who are experiencing a mental health problem and require services within levels two or three of the continuum of needs-based services and supports.⁵

MINIMUM EXPECTATIONS

- Counselling and therapy sessions are provided regularly over a period of time (daily, weekly, bi-weekly or monthly), in a range of settings, to address specific treatment goals.
- A clear service plan is developed in collaboration with the child/youth and family, as appropriate (see Section 4: Key Processes, Child, Youth and Family Engagement).
 - The client's progress is reviewed on a regular basis and services are adjusted, as needed.
- Group therapy services have a written description that clearly articulates their purpose, target population, rationale and expected outcomes.

⁵ Note: Intensive treatment services may be required for individuals experiencing mental health problems at level four of the continuum (refer to *Intensive Treatment Services*).

- Where feasible, services are provided on a flexible schedule, at times and locations that facilitate access.
- 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.

4. FAMILY CAPACITY BUILDING AND SUPPORT

SERVICE DEFINITION

Families (including parents, caregivers, guardians, siblings and other family members) have a critical role to play in promoting and supporting the mental health of their family members. Families are key to effective treatment planning. Families may receive services of a core service provider, where their participation in treatment supports the child or youth's service plan.

Family capacity building and support is a category of service that seeks to promote the resilience of families, the integral role families have to play, and their capacity to support children and youth with mental health problems. These services enhance the family's ability to support and adaptively respond to the mental health needs of the young person. Capacity building and support services will enable the entire family to better address a child or youth's mental health problems, and be active partners in the delivery of core services.

Family capacity building and support services may include access to peer support to promote resilience and positive child, youth, and family functioning. It may provide effective capacity building training for families, developed and chosen in partnership with the families. Family capacity building and support may also include services such as assistance in navigating pathways to care, and training to assist families in learning about the mental health problems of the child or youth.

Support services may be offered in a variety of locations, including agencies, community settings or the family home. Supports may also include, where appropriate, respite services for families by providing temporary care for children and youth with mental health problems. Respite may be provided as short-term relief for families and caregivers, 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. Respite is distinct from out-of-home treatment, where the emphasis is on treatment as the primary focus. Respite services may also include some skill development for the child or youth. The level and length of respite services will be determined based on child/youth and family needs.

Family capacity building and support services are designed to:

- Support timely, effective early intervention;
- Reduce the need for more intensive and intrusive intervention;
- Develop family capacity;

- Connect families to services when appropriate; and
- Improve child and youth functioning.

TARGET POPULATION

The target population is families of children and youth under 18 years of age, where the child/youth is experiencing mental health problems at levels two, three or four of the continuum of needs-based services and supports.

MINIMUM EXPECTATIONS

- Services provided are embedded as a part of the overall service plan for the child or youth.
- Services are designed to strengthen family capacity and gains made through treatment and to prevent recurrence or exacerbation of mental health problems of the child/youth.
- Family support and capacity building will be assessed and provided based on the individual needs and situations of the family and child/youth.
- Services are designed, developed, and implemented in partnership with families.
- Services are individualized to the specific needs of the family.
- Flexibility in terms of scheduling and settings is maximized in order to facilitate access to service.

An important complement to the Family Capacity Building and Support service is the Child, Youth and Family Engagement key process described in Section 4: Key Processes. Engaging families in service planning is a way to make sure that supports to families are focused on addressing the needs of families. Another important key process is Case Management and Service Coordination, which aims to engage other core service providers and broader sector partners in an integrated and coordinated response to service delivery.

5. SPECIALIZED CONSULTATION AND ASSESSMENTS

SERVICE DEFINITION

Specialized consultation and assessments are designed to provide advice in the assessment, diagnosis, prognosis and/or treatment of a child or youth with identified mental health needs. Children and youth may only receive a specialized consultation or assessment as a component of a service plan. Specialized consultation and assessments are distinguished from standard intake assessments by the level of specialization and expertise required to provide these services (see Section 4: Key Processes).

Examples of specialized consultations and assessments include but are not limited to psychological and psychiatric consultation/assessments.⁶ Specialized consultation and assessments are intended to address the mental health needs of the child or youth. They are not intended to solely address or identify needs or eligibility for non-core services (e.g., educational placement purposes or eligibility for autism services).

Specialized consultation and assessments are designed to:

- Identify or diagnose mental health problems;
- Provide timely, effective information to support intervention and identify appropriate services; and
- Enhance awareness and understanding of the presenting problem, intervention strategies and recommended service plans.

TARGET POPULATION

The target population is children and youth under 18 years old who present with mental health problems that may require a service level of three or four on the continuum of needs-based services and supports.

MINIMUM EXPECTATIONS

- Specialized consultations and assessments should be prioritized for children and youth who:
 - Present with complex mental health problems;
 - Have not responded to other treatment; and
 - Have a history which indicates recurring difficulty in clarifying a diagnosis or determining effective interventions or treatment approaches.
- Lead agencies should establish relationships with neighbouring lead agencies or provincial programs in order to maintain clear pathways to these services if a child or youth requires an assessment service that is not available within their service area.
- Where broader needs are identified, information collected is shared with the appropriate provider/access point/service coordinator to inform the approach to service, subject to applicable legislation, regulation, and policy directives, including privacy and consent requirements.

⁶ These psychological and psychiatric consultation/assessments may be delivered in-person or through the use of technology such as tele-mental health.

6. CRISIS SUPPORT SERVICES

SERVICE DEFINITION

Crisis support services are immediate, time-limited services, delivered in response to an imminent mental health crisis or an urgent situation as assessed by a mental health professional that places the child/youth or others at serious risk of harm.

Crisis support services are designed to:

- Stabilize and de-escalate immediate risk;
- Decrease presenting severity of symptoms;
- Help the child/youth and family to cope in immediate and urgent crisis situations, including enhancing awareness and understanding of the presenting problem;
- Transition the client to appropriate treatment(s); and
- Link the client to other services (e.g., addiction services or hospital services).

TARGET POPULATION

The target population is children and youth under 18 years of age who are experiencing an urgent mental health crisis, who typically require services within levels three or four of the continuum of needs-based services and supports.

MINIMUM EXPECTATIONS

- Lead agencies are responsible for making available crisis services that are available 24-hours a day, seven days a week. This may be done in partnership with other lead agencies and core service providers across service areas, and/or with broader sector partners. There must also be coordination with other related services, including hospital emergency departments, urgent care centres, mental health crisis services and telephone-response/tele-psychiatry services operated collaboratively with other communities/service areas.
- Depending on the level of need, crisis support/response will either be provided to those in crisis (e.g., impulsive self-harming behaviour), or the core service provider will help the client secure alternate access to immediate service available from core services and/or other service providers as appropriate (e.g., through a “warm” transfer).
 - Where possible, depending on the presenting and immediate needs of the child/youth crisis services should include coordination and alignment with any existing mental health services being received by that child/youth.
- There will be a triage protocol that includes prioritization criteria (e.g., through use of evidence-informed tools and approaches), type of contact and corresponding response time targets (e.g. emergent and urgent definitions; two hour, 24-hour or 48-hour response times; face-to-face, or telephone response). When a client accesses a crisis telephone line and consent has been provided, there will be follow-up with clients and community partners to

- ensure access to appropriate services (including core services and/or other service providers as appropriate).
- If the child, youth or family is placed on a waiting list for service, there will be an interim service plan in place while they are waiting.
 - Where appropriate, core service providers will work with the education sector to support service delivery that minimizes school transfers and maintains education programming.
 - A safety plan will be developed in all cases where the client needs are not addressed at first contact or where the child, youth or family is known by the core service provider to be an ongoing recipient of core services.

7. INTENSIVE TREATMENT SERVICES

SERVICE DEFINITION

Intensive treatment services focus on reducing the severity of and/or remedying the mental health problems of children and youth that are psychological, emotional, social, and behavioural-related. These services differ from counselling and therapy with respect to the intensity of the service needed to meet the child/youth's identified needs. Intensive treatment services are designed to:

- Reduce the severity of mental health problems;
- Strengthen coping and resilience;
- Enhance awareness and understanding of the problem;
- Improve functioning at home, school and in the community; and
- Stabilize and transition the client to less intensive or intrusive treatment services.

Intensive treatment services are targeted to children and youth who have been diagnosed/identified with mental health problems that impair their functioning in some or many areas. Many of these children/youth will require intensive intervention either for a defined period of time or periodically throughout their lifespan, to maintain functioning in their home, school and/or community.

Intensive treatment services include a suite of services. How these services are delivered will vary based on the needs of the child/youth and their family. Intensive treatment services are delivered in a variety of settings.

Intensive treatment services should be provided in the least restrictive settings, in local communities and as close to home as possible (e.g., community, school, or licensed residential setting such as a core service provider setting, group home or foster home). Services should be delivered with minimal disruption to the continuity of family, school, and community life. These services should be customized to meet the individual needs of each child or youth and family, matching the level of need with the appropriate intensity of service. There should be flexibility in the provision of intensive treatment services. This will help ensure smooth and timely transitions for

children and youth to less intensive and disruptive forms of treatment and support, as their needs fluctuate.

Core service providers are encouraged to continue exploring innovative models of intensive treatment that allow children and youth to function to their best potential. It is not the expectation that all types of intensive intervention must be offered within each service (e.g., not all areas may require intensive out-of-home treatment or services may be delivered through cross-sectoral partners). Some clients may also require intensive treatment over and above these services (e.g., hospital-based inpatient care or secure treatment). These determinations should be informed locally with the support of data and information, and services adjusted as needs change and new evidence on best practices emerges.

Maintaining education is important for child and youth mental health and wellbeing. Every effort should be made to minimize schools transfers and maintain education programming. Within intensive treatment services, there may also be a Care, Treatment, Custody and Corrections (CTCC) Section 23 educational program attached to the core service (e.g., day treatment services and intensive out-of-home services) and delivered as part of an integrated service plan. CTCC programs provide educational programming and treatment to students who cannot attend regular classrooms because of their need for care, treatment or rehabilitation. These services are intensive full- or part-time services delivered jointly by core service providers and district school boards. CTCC educational programs are often provided in a classroom setting, which can be located in a core service provider setting, school, custody facility or other settings. The treatment component is delivered in collaboration and coordination with the education component, and both are provided intensively (three to six hours daily). These services require formal partnerships between district school boards and core service providers. The educational programming is delivered by school board-employed teachers and in some boards by educational assistants. Treatment is delivered by core service provider staff.

Reflecting the significant needs of children/youth accessing these services, intensive treatment services may be accessed singularly or combined to form an integrated service that is responsive to the changing needs of the child/youth. Given the nature of these services, they are likely to be supported by a multidisciplinary team and/or a collaborative team of service providers, including cross-sectoral partners (e.g., health and education). Intensive treatment services may also be supported by special needs coordinated service planning, intensive case management and service resolution. Specific elements available in a particular community will vary based on local conditions and the needs of children/youth in that service area.

For the purposes of PGR #01, the intensive treatment service categories include:

- Intensive community-based/day treatment services;
- Intensive in-home services; and
- Intensive out-of-home services.

Intensive Community-Based / Day Treatment Services

Intensive community-based treatment and day treatment services are provided to children and youth who have mental health needs (i.e., psychological, behavioural, social, emotional, and self-regulation) that require intensive therapeutic services. The delivery of intensive community-based/day treatment service may occur through various settings within the community (e.g., community agency or school environment).

Intensive community-based treatment services are provided within the context of the family, culture and community. A range of treatments can be provided through intensive community-based treatment services (e.g., wraparound services and family therapy). In addition, services may be supported by respite care, where it is part of an integrated service plan to meet the intensive service needs of a client 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 when a child or youth is involved with a children's aid society and/or to support the continuity of a youth justice order/placement.

Day treatment services offer an intensive therapeutic approach that can provide children and youth with treatment and the necessary skills to successfully function in school settings. As with the delivery of other core services, within this category there are a variety of elements that may be delivered either as stand-alone services, or as part of an integrated service plan with a range of strategies (e.g., individualized supports and family/group therapy). In general, the delivery of day treatment services requires an environment where psychiatric, psychosocial and academic problems are addressed by multi-disciplinary teams (Kotosopoulos et al., 1996 as cited in Briad, 2013). Some models approach service delivery on a graduated plan, slowly reducing the focus on therapy and increasing linkages with the school system – as the child/youth's mental health needs diminish and their functioning improves. Children/youth receiving day treatment services may continue to reside with their families and receive treatment throughout the day (e.g., an 8 a.m. to 8 p.m. program) or the service may be provided in conjunction with out-of-home services (e.g., residential treatment).

Intensive In-Home Services

Intensive in-home services provide therapeutic support and treatment for children and youth who have been identified as having mental health needs (i.e., psychological, behavioural, social, emotional and self-regulation) that require an intensive level of intervention, and which are best addressed through flexible services specifically tailored to meet their individual needs. Depending on the needs of the child/youth, intensive therapeutic services can be appropriately delivered in the home environment than in conventional treatment settings (e.g., clinical environments).

A range of treatments can be provided through intensive in-home services (e.g., wraparound services, intensive behaviour management support and family therapy). In addition, it may be 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 when a child or youth is involved with a children's aid society and/or to support the continuity of a youth justice order/placement.

Intensive Out-of-Home Services

Intensive out-of-home services provide treatment in external settings (e.g., residential treatment settings) for children or youth who are dealing with mental health problems that impair their functioning at home, school and/or in the community, and who require an intensive level of intervention. This may include 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 intensive out-of-home services (e.g., individual, group and family therapy, day treatment services, milieu therapy, and behaviour management programming).

TARGET POPULATION

The target population is children and youth under 18 years of age with treatment needs requiring highly intensive services due to mental health problems that impair their functioning at home, school and/or in the community. This includes children and youth who typically require services within levels three or four on the continuum of needs-based services and supports.

MINIMUM EXPECTATIONS

The following applies to all intensive treatment services:

- Where a child/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 (see Section 4: Key Processes, Case Management and Service Coordination).
- Core service providers should establish relationships with neighbouring lead agencies or other provincial programs in order to maintain transparent pathways to these services. The core service provider will facilitate the transfer of service when a child, youth, or family requires a service that is not available within their service area.
- The program/service or clinical approach places the child/youth and/or family's needs at the centre of all considerations, respects the uniqueness of each child/youth and as appropriate engages them and/or their family in the service process.

- Core service providers have policies and business processes to implement an interdisciplinary process, that is internally or externally available, for professional input to the service plan during the treatment process, including assessment, planning, implementation, review, and case closure.
- Structured group and individual intervention activities take place at a level of intensity appropriate to a client's needs.
- A balance exists between intervention activities, work, play, structured and free activities, privacy and group involvement.
- The process for planning transitions into and out of treatment services must promote continuity of services and supports (i.e., through information sharing, collaboration and coordinated service planning), and support the child, youth and families for a successful transition to an appropriate placement, to the extent possible. (For information on transition planning refer to Section 4: Key Processes, Transition Planning and Preparation).
- There are service pathways with crisis support services to promote the use of positive, safe methods to intervene in crisis situations where children or youth are at high risk.

In addition, the following minimum expectations apply to intensive out-of-home services:

- Residential treatment settings must meet all applicable legislative, licensing and regulatory requirements.
- Admission to and discharge/transition from out-of-home service occurs on a planned basis where possible, in a manner that promotes continuity of services and is managed with sensitivity, transparency and, as far as possible, respects the preferences of the child or youth and families.

In addition, where education services are delivered as part of the service program, the following minimum expectation applies:

- Core service providers should work with education partners to deliver education services that approximate, as closely as possible, the normal daily routine of children or youth.
- Core service providers should work with education partners to provide a range of educational activities appropriate to the learning style, strengths and needs, and achievement level and wellbeing of the children and youth being served.
- Where appropriate core service providers should work with education partners to support effective transitions between the education and CYMH sectors. (For information on transition planning refer to Section 4: Key Processes, Transition Planning and Preparation)

SECTION 4: KEY PROCESSES

Key processes contribute to the client experience and support the delivery of core services to children, youth and their families throughout their involvement with the CYMH service sector. These processes support a coordinated, collaborative and integrated approach to the delivery of CYMH community-based services for children, youth and their families. These processes are not specific to individual core services, but are common to and support all core services. They emphasize a client- and family-centred approach to service delivery that engages children, youth and families at every turn, from the moment the need for a service is identified, through the delivery of that service, and transition out of that service, to the point at which feedback is provided on how well the service has met their needs.

These key processes represent activities and tasks that support service delivery, but are not the services. They include:

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

The following minimum expectations apply to all key processes that support the core services funded by MCYS:

- Core service providers are expected to use evidence-informed approaches to support the key processes, the high quality of services, and effective delivery of services to children, youth and families.
- Information gathered from the child, youth, family or practitioners that is necessary for the delivery of core services is to be shared among all relevant service providers, to the extent permitted by privacy and consent requirements (including applicable legislation, regulation, and policy directives). This will promote a client-focused approach to service delivery that is responsive to the needs of clients and will help reduce the need for children, youth and their families to repeat their stories.
- Key processes are delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.

1. COORDINATED ACCESS

PROCESS DEFINITION

Coordinated access is a collaborative, community-based approach to streamline access to mental health services and other types of supports. It helps children, youth and families access appropriate services and supports quickly and easily.

The intent of coordinated access is to minimize service gaps and duplication between service providers and sectors by establishing clear linkages among core service providers, and between core service providers and partners from the broader sector. In some service areas an access mechanism or core service provider may have the responsibility for managing the coordinated access process. The coordinated access process supports system-level planning and integrated case management. It is likely to involve parties and professionals such as district school boards, local schools, LHINs, family health teams, psychiatrists, children's aid societies, special needs coordinating agencies, service planning coordinators and others.

Through the coordinated access process core service providers assess the needs of the child/youth and identify services to meet their needs (i.e., through access to core services, or through collaboration with or redirection to other sectors that better match their needs). Developing and facilitating coordination among community agencies and partners is crucial.

MINIMUM EXPECTATIONS

- Clear pathway protocols are in place to coordinate access and services for children, youth and families between and across core service providers and community partners from related sectors (including but not limited to primary care and education).
- Core service providers use information collected through collaboration with community partners to inform the approach to access and to service. The collection of information is supported by information-sharing protocols, subject to applicable legislation, regulation, and policy directives, including privacy and consent requirements.
- The impact of partnerships and collaborations with regard to child, youth and family access to appropriate services is regularly reviewed and evaluated by the lead agency.

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. Screening, as part of intake, involves

confirming eligibility based on age (under 18 years of age). During the intake process, the client's mental health problems and presenting needs and the availability of services are also considered.

As part of the intake process, the client's level of need and urgency is assessed in order to determine the appropriate service required, establish priority for service(s) based on risk, and identify the need for crisis services, where necessary. Preliminary service options are communicated to the child or youth and family at intake.

The process also includes obtaining any necessary consents regarding treatment, assessments and information sharing from the child, youth or substitute decision-maker.⁷ Consent to treatment may also need to occur throughout the treatment process.

MINIMUM EXPECTATIONS

- A clear intake process is developed that supports establishing eligibility of the child or youth for CYMH services.
- The process for intake and screening and delivering services to clients is documented and the written process is available to families, children and youth when they make contact.
- The client's needs and urgency of treatment/intervention is assessed 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 are referred to other services.
- A client record is created to capture information and support service planning, service delivery and ongoing case management.
- Children and youth are prioritized for service based on need and urgency, and immediate crisis support and response is provided to those at risk or in crisis (e.g., impulsive self-harming behaviour), or efforts are made to help them access immediate services.
- To the extent possible, service planning, coordination, treatment and/or communication will occur with all involved providers, including those from other sectors. This may involve information sharing with appropriate providers, subject to applicable legislation, regulation, and policy directives, and subject to privacy and consent requirements (see Key Process: Case Management and Service Coordination).
- When there is a waitlist for service, clients will be informed at intake and at regular intervals about their status on the waitlist.

⁷ Core service providers and staff must comply with applicable legislation, including: 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.

- Clients and families will be provided with information, supports 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.

3. IDENTIFYING STRENGTHS, NEEDS AND RISKS

PROCESS DEFINITION

Core service providers are responsible for identifying the strengths, needs and risks of children and youth. The initial identification of strengths, needs and risks may occur simultaneously at intake to inform identification of initial service needs (e.g., brief services). This process involves using interviews, observations, and the results of standardized, evidence-informed tools to identify the strengths, needs and risks of children, youth and families. This information is then used to determine service and treatment needs, further inform triage and prioritization of children and youth for service when the level of risk is high, inform the development of a service plan, identify areas of strength to build upon, and establish a baseline for outcome monitoring and measurement. Where the needs of the child or youth require longer-term interventions, a more thorough process to identify strengths, needs and risks will be undertaken to inform service planning, and this will occur throughout treatment to reassess changing service needs.

The results are discussed with the child or youth and their family in order to establish a clear understanding, engage and elicit their views, and reach agreement about service recommendations. Under some circumstances, a specialized consultation or assessment, which is designed to provide advice in the assessment, diagnosis, prognosis and/or treatment of a child or youth, may be needed to fully identify strengths, needs and risks (see Section 3: Core Services).

MINIMUM EXPECTATIONS

- A strengths, needs and risks assessment process is in place and adapted according to the intervention and treatment needs of the child or youth and family.
- The strengths, needs and risks assessment identifies and evaluates the strengths, needs and resources of the child or youth and family that are relevant to the intervention and treatment process.
- The strengths, needs and risks assessment will consider the child or youth within their family, community, cultural, socio-economic and religious contexts.
- The strengths, needs and risks assessment will include information already gathered from the child or youth, parent/caregiver or other practitioners, subject to applicable legislation, regulation, and policy directives including privacy and consent requirements, so they do not have to unnecessarily repeat themselves.

4. CHILD, YOUTH AND FAMILY ENGAGEMENT

PROCESS DEFINITION

Child, youth and family engagement is the process of partnering with children, youth and their families in the development and implementation of their service plans. It is an integral component of services delivered through the CYMH program, and part of the overall approach to operations and service delivery at all levels. Through engagement with children, youth and families, all core service providers will become more accountable to the population that they serve. Core service providers will be able to communicate the needs of children, youth, and families.

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, to understanding what strategies might be most successful to achieve their goals, and monitoring whether services are having the intended impact or outcome.

The term “engagement” implies an active partnership between children, youth, families, and core service providers. This requires that professionals listen to children, youth, and families, engage them in two-way communication, and involve them in decision-making in a meaningful and purposeful way.

MINIMUM EXPECTATIONS

- Youth and families are provided with orientation on youth and family engagement policies and practices and how they can take part in engagement activities.
- Children, youth and their families are engaged in the development and implementation of individual treatment or service plans and participate in processes to identify the impact of services.
- Participatory methods are used to evaluate the outcomes of services to the greatest extent possible.
- Children, youth and their families provide input into planning, evaluation and delivery of services.
- Children, youth and their families are given the opportunity to provide feedback on their overarching experience with the service.

5. SERVICE PLANNING AND REVIEW

PROCESS DEFINITION

This process involves developing a service plan for service delivery to meet the needs of the child/youth, and reviewing progress in meeting the goals of the service plan. This service plan identifies the child or youth’s needs to be addressed and the services to be provided. The plan also outlines who has responsibility for services (where multiple service providers are involved), and the goals and objectives to be achieved through the services provided. The service plan must be developed,

reviewed and updated in collaboration with the child or youth and family and, if appropriate, the team of providers who are involved in the child or youth's life (see Section 4: Key Processes, Child, Youth and Family Engagement and Case Management and Service Coordination).

The service plan is used to monitor client outcomes and status of current client need as services are being delivered, in order to account for changing needs or priorities. Service plans are to be reviewed on a regular basis by core service providers and updated when needs change, services are added or changed, or services are complete (see Section 4: Key Processes, Case Management and Service Coordination for more information on service plans).

Referrals may be part of a service plan or occur following the intake process, as additional needs are identified or if current services are not meeting the needs of the child or youth. Referrals may also occur when the child or youth transitions out of the CYMH system, and has ongoing needs for services or treatment. The objective is a smooth transition. Rather than simply providing information to the client, assistance is provided for the client's transition to a new provider and other services, as appropriate. The assistance to transition is supported by providing appropriate background information, as needed, to expedite the transfer to other services, reducing the number of times the client and/or their family needs to repeat their story, connecting directly, where appropriate, with the new service provider, and by providing follow-up after transition/exit (see Section 4: Key Processes, Transition Planning and Preparation).

MINIMUM EXPECTATIONS

- The service planning and review process focuses on the child or youth's strengths and resources, within the context of their family, agreed-upon goals and objectives, the management of safety and risk issues, and what can reasonably be achieved. This is informed by an assessment of strengths, needs and risks, and on the professional judgment of the core service provider.
- Each child or youth and family has a written service plan developed in collaboration with the child, youth or family, as appropriate, to guide and monitor the intervention and treatment process (where multiple sectors are involved see Section 4: Key Processes, Service Management and Service Coordination).
- Information contained in the service plan is subject to applicable legislation, regulation, and policy directives, including privacy and consent requirements.
- Protocols for communicating changes to the service plan to clients and issues that may be related to all service providers involved must be clearly established at the outset.
- Intervention, treatment and referrals are reviewed and recorded in the child or youth's service plan on a regular basis. The review of intervention and treatment is used to modify the child or youth's service plan where necessary.

- There are written policies and procedures with other service providers that define the relationship and referral process to intake points/processes in the service system.
- Where a referral occurs, the transition is supported by providing background information, as needed, to expedite the process; reducing the number of times the client and/or their family needs to repeat their story; and connecting directly, where appropriate, with the new service provider. These activities may involve sharing client information with appropriate providers, subject to applicable legislation, regulation and policy directives, including privacy and consent requirements.
- The service plan makes provision for transitions and follow-up from service, between services, and where the overall responsibility for treatment shifts to another service provider.

6. CASE MANAGEMENT AND SERVICE COORDINATION

PROCESS DEFINITION

Case management and 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 response to best meet the needs of children, youth and their families. Case management and service coordination are particularly important where a child or youth's needs are complex (level three or four on the continuum) and where they receive multiple services from one provider, or multiple services from multiple providers and/or sectors.

Case management and service coordination involves:

- Identifying the parties responsible for executing a service plan;
- Monitoring progress;
- Adjusting services;
- Connecting with other service providers, as needed;
- Helping with issues and questions as they arise;
- Planning discharge; and
- Measuring impact and outcomes.

These processes are adjusted, based on needs and complexity. The case management function addresses the client's service plan, while the service co-ordination function addresses the need for coordination among multiple agencies. Effective case management/service coordination requires communication between and among providers and sectors and the identification of clear transparent 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, one provider should be identified as the primary provider. The primary provider is responsible for contacting the other service providers to discuss service delivery requirements and coordinate

services. The primary provider may be the lead agency, another core service provider, service coordinator, or a cross-sectoral provider.

Children/youth with multiple and/or complex special needs may require multiple specialized services in addition to core services. Lead agencies will be responsible for connecting with special needs coordinating agencies, when they are established, to develop pathways with the goal of providing coordinated services for children and youth with mental health concerns who also have other special needs.

This could include referring clients who are newly identified as having special needs beyond mental health needs services to the local special needs coordinating agency as they may also benefit from additional supports provided through coordinated service planning. Where the child/youth is a recipient of these services this would involve working with the family's service planning coordinator to include core services in the child or youth's coordinated service plan.⁸

MINIMUM EXPECTATIONS

- Service coordination will take place through collaboration with all core service providers who are involved in the service plan.
- Case management and service coordination includes the clear identification of respective roles and responsibilities of all service providers involved, and the documentation and communication of these across involved providers and to the child or youth and their family.
- Case management and service coordination activities will respect the preferences of children, youth, and their families.
- Where appropriate, core service providers will work with the education sector to support service delivery that minimizes school transfers and maintains education programming.
- Where a core service provider is the primary provider, they will, to the extent possible:
 - Provide the family with a stable point of contact from the start of their involvement in service through to their transition out of service or between services;
 - Work with other involved providers to support service planning, coordination and treatment;
 - Monitor services regularly to ensure that services are scheduled and delivered according to the child or youth's service plan; and

⁸ A service plan is distinct from the coordinated service plan being implemented under Ontario's Special Needs Strategy. Through coordinated service planning, children and youth with multiple and/or complex special needs will have one coordinated service plan that takes into account all of their goals, strengths, needs, as well as all of the services that they are and will be receiving. Coordinated service planning does not replace planning for a clinical service, such as core services. If a child/youth has multiple and/or complex special needs, it is expected that information from clinical service plans will be shared, with consent from the parent/guardian, for the purpose of the development, implementation and monitoring of a special needs coordinated service plan.

- Maintain effective and clear communication with involved parties, including the child, youth and family.
- Lead agencies should work with core service providers, and broader sector partners to establish written policies and procedures that define case management/service coordination in the service area. These should also describe the relationship(s) with, and referral processes between, other intake processes in the service system to support effective pathways to, through and out of care. Written policies and procedures must be transparent to all parties, including clients and their families.
- Where a child or youth has multiple and/or complex special needs and requires multiple specialized services in addition to core services (e.g., rehabilitation services, autism services or respite supports), their family may benefit from additional supports provided through coordinated service planning and should be referred to the special needs coordinating agency in their service delivery area.
 - Lead agencies will be responsible for connecting with special needs coordinating agencies, when they are established, to develop pathways with the goal of providing coordinated services for children and youth with mental health concerns who also have other special needs.
 - Lead agencies will refer clients who are newly identified as having special needs beyond mental health needs services to the local special needs coordinating agency as they may also benefit from additional supports provided through coordinated service planning.
 - Lead agencies will work with the family's service planning coordinator to include core services in the child or youth's coordinated service plan where the child/youth is a recipient of services available through the local special needs coordinating agency.
- When a core service provider 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.

7. MONITORING AND EVALUATING 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, is carried out through a variety of means, including interviews, observations, and repeated administrations of standardized, evidence-informed tools. Both quantitative and qualitative information is used to monitor impacts and make appropriate adjustments to services. Any such adjustments are discussed with the child or youth and family, before being incorporated into the individual's service plan.

Ongoing monitoring provides evidence as to whether treatment is having the intended impact and, if it is not, ensures that necessary changes in treatment will be

reflected in the service plan. The process may identify a need to increase or decrease the intensity of services, and can be used to inform transitions to more or less intensive services or treatments, or for discharge planning. Ongoing monitoring also provides a basis for outcome measurement and reporting.

MINIMUM EXPECTATIONS

- The core service provider will review and record intervention and treatment on a regular basis.
- The core service provider will share information among involved service providers to monitor and evaluate the client's response to services. Information sharing will take place subject to applicable legislation, regulation and policy directives, including privacy and consent requirements.
- The review of intervention and treatment, including the use of evidence-informed tools, is used to modify the service plan, if necessary.
- Services are designed with intended clinical outcomes, progress towards clinical outcomes is measured and evaluated, and services are adjusted as needed.

8. TRANSITION PLANNING AND PREPARATION

PROCESS DEFINITION

Transition planning prepares children, youth and families for transitions between core services, to other community supports, to adult mental health services, back to school or for discharge from services. Planning is accomplished through the setting 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. It is important that transition planning and preparation occur at an early stage for all core services.

- Transition planning and preparation supports continuity of care and results in minimal disruption to treatment gains. Early planning and preparation may involve the identification and provision of transition supports when a child or youth's needs are chronic. It is important for core service providers to recognize the chronicity of some cases and to be prepared to facilitate the transition of youth into the adult system in a way that limits service disruption for the client.
- 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 or access needed services. Planning for discharge or transitions between services should start as early as the initial service plan.

Following discharge it is considered a best practice that follow-up contact be made within three to six months of discharge to discern status and facilitate service access where needed. At the point of follow-up, if the child or youth reports or displays

deteriorated functioning, it is determined whether the service plan needs to be reopened or the child or youth's needs and strengths need to be reviewed 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.
- Discharge is a planned process in which core service provider staff and the child or youth and family 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 discharge report for each child, youth and/or their family, with details appropriate to the nature of service provided.
- Where a child/youth is transitioning to another service provider, or to another service system (e.g. education system), the core service provider should work in partnership with all (including the child or youth, their family and involved providers) to develop a seamless transition approach. This will support reducing the number of times the child, youth and/or their family needs to repeat their story.
 - Transitioning to another service provider must be planned in advance, agreed-upon between child or youth, family, and all the providers, and communicated to everyone involved.
 - Where appropriate, core service providers will work with the education sector to support service delivery that minimizes school transfers and maintains education programming.
 - These activities may involve sharing client information with appropriate service providers, subject to applicable legislation, regulation, and policy directives, including privacy/consent requirements.

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GLOSSARY

Children with Multiple and/or Complex Special Needs

- Children and youth with multiple and/or complex special needs are those children and youth who may need multiple specialized services (e.g., rehabilitation services, autism services or respite care) due to the depth and breadth of their needs. They may experience challenges related to multiple areas of their development, including their physical, communication, intellectual, emotional, social and/or behavioural development and require services from multiple sectors and/or professionals. They are also likely to have ongoing service needs. Children and youth with multiple/or complex special needs are a subset of the population of children and youth with special needs.

Core Service Provider

- A core service provider delivers MCYS-funded core services and key processes that represent the range of child and youth mental health services that are intended to be available to children and youth across the continuum of needs and their families across each service area as prescribed.
- Core services include:
 - Targeted Prevention
 - Brief Services
 - Counselling and Therapy Services
 - Family Capacity Building and Support
 - Specialized Consultation and Assessments
 - Crisis Support Services
 - Intensive Treatment Services
- Key processes include:
 - Coordinated Access
 - Intake, Eligibility and Consent
 - Identifying Strengths, Needs and Risks
 - Child, Youth and Family Engagement
 - Service Planning and Review
 - Case Management and Service Coordination
 - Monitoring and Evaluating Client Response to Service
 - Transition Planning and Preparation

Discharge

- Process of ending service to a client for reasons, including:
 - Client opts out (family opts out, refuses to participate in service/no-show for service);
 - Services delivered and goals achieved; and
 - Client is no longer eligible for service and/or is in the process of transitioning to other services.

Family

- Family refers to parents, caregivers, guardians, siblings and other family members.

Health, mental health, mental health problem and mental health illness

- Mental health, mental health problem and mental illness or disorder(s) represent different aspects on what is a continuum of overall mental health and wellbeing. 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 wellbeing 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. For the purpose of this PGR, a mental health problem refers to mental health illness and disorder.
- The term mental illness includes mental disorder, and is 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 (MCYS, 2006).

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.

Processes

- A sequence of activities and tasks that support service delivery, but are not services delivered to clients. Processes underlie the delivery of a range of service in a variety of sectors. Examples of these 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.

Risk Factors

- Risk factors are those traits, characteristics or environmental contexts which research has shown to be predictive of mental health problems in childhood or adolescence. Example risk factors include a child or youth living in poverty, having parents with limited parenting skills or mental health problems, 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.