



Children's Mental Health of Leeds & Grenville

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Update on Children's Mental Health of Leeds and Grenville

Early 2012 marked a number of significant changes for our agency. A strategic planning day was held with our Board, where we developed new Mission and Vision statements, along with new Principles, that were felt to better reflect developments in the children's mental health field, and the movement across sectors to better recognize and work together to address children's mental health through coordination, collaboration, and integration. After a significant amount of research, review of practice in the field, and work in program design, we implemented our new 'front end' services to address the growing waitlist for families needing services. At the same time, we were able to implement our Mental Health Worker in the Schools program, providing consultation and quick response to many of the high schools in Leeds and Grenville. Surrounding these changes, as an agency we have worked harder at the need to focus on strengths, not just deficits, as the literature is clear that both are part of treatment. In addition, we are committed to working hard, not harder with families, to be focused in the work at hand, and to be part of constructive change.

Underlying our efforts is the recognition of two important facts. The first, is that like most of us, we have a finite amount of resources and cannot keep trying to cover all parts of the mental health continuum. At least not well. Community partner feedback in 2011 spoke to our agency trying to provide an exhaustive menu of services and programs, but often having to claim a particular service or group was not available when requested, or that the wait for such a service would be so long that it was no longer a viable option. We made a conscious decision and commitment to focus our skills and resources on treatment, consultation, crisis response, and in home intervention. How did we do this?

We forged our Intake and Community Prompt Response programs into one, revamped our documentation, provided extensive training for these particular staff, and created a program that was much more responsive to getting families in the door. This spoke well to our new Mission statement: *To provide effective and **timely** mental health service to children and their families.* As a result, a family or individual calling in will receive a phone intake within 24 hours of their call. They will then receive a face-to-face meeting within seven working days. Should further services be needed, the child/youth and their family will work with their clinician on which program(s) would best suit their needs.

When we first started our new 'front end' services, a number of our programs had lengthy internal wait lists. Many families chose to engage with our brief, time limited service as they could begin immediately, and could re-refer, if need be, within weeks of ending the service. At first, we were concerned that a number of families would choose the brief service to avoid waiting, not have their needs met, and re-refer for another program or service. However, the majority of families who accessed the brief service did not re-refer within the first year, and reported that the service met their needs. Client profiles have since shown that they families who did go onto other services clearly had more complex, significant needs. As a result of being able to address more families more effectively through our front end, this allowed the other programs time to see many of the families holding for their services. Excepting times when staff vacancies affect service capacity, the result is that internal wait times for many of our programs has significantly decreased, again supporting the concept of timely services.

Our second recognition, which in many ways ties into the first, was that for the majority of the families who access services, most treatment effect or change occurs within the first six (s) months. While there are some families who require and benefit from services past six months, and are actively engaged in treatment goals throughout this time, these are the exception rather than the rule. This is contrary to beliefs still held in the community that mental health intervention takes a year or years for it to be truly effective. We now have available extensive research that shows this simply isn't the case, and that long term treatment for many has a number of significant disadvantages. Dependency can be created. Children and youth change developmentally, emotionally, cognitively, as do families. It is better to

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intersect a number of times when the need arises, than continue treatment on an ongoing basis. Understanding that the greatest opportunity for change happens sooner than later, as an agency we are working harder on client engagement and clear, focussed treatment goals with our families.

For us to do this, something needed to go. This was the prevention and mental health awareness part of the mental health continuum. With the exception of continuing our Making Play Possible program, as an agency we cannot do an effective job around treatment, crisis response, and in home intervention, if we are investing resources on prevention and awareness. Nor can we provide 'supportive counselling', continuing to see a child/youth or their family beyond the time needed for treatment and change. Instead, we can and do help families find supports within their community. This is helped greatly by other sectors, such as health and education, taking on more of the prevention and awareness roles.

This ties into our 'new' Vision statement: *We **contribute** to children in Leeds and Grenville meeting their full potential through community based children's mental health services.* Children's mental health, from prevention and awareness, to treatment, to serving the most complex and high needs children and families cannot rest with any one agency or organization, but is the responsibility of all child and youth serving sectors, each of us having a part to play. As we know, these are all our kids, as demonstrated so well through EKIOC, our children's planning table.

Our mission statement not only talks about *timely* service, but also *effective* service. To meet this objective, we use evidence informed and promising practice treatment approaches. Staff are trained in evidence based parenting strategies (Triple P for example), Multi-Systemic Therapy for in home intervention with some of our more complex, challenging families, FRIENDS for anxiety, cognitive behavioral therapy, solution focused and narrative therapy, and a number of research based modalities for trauma and abuse, to name a few. Support for using these approaches comes through ongoing clinical supervision, and opportunities to grow and build on their skills through team work and communities of practice. As a result we have staff who have the expertise and skill needed to address the majority of the challenges families present to us. When needed, we also have internal access to psychiatric, pediatric and psychological consultations and assessments.

Last, but not least, we recognize the need for collaboration, as none of us can go it alone, and through collaboration we can better serve our common children/youth and families. Just one example of this is the new funding through MCYS to better serve youth in six high schools in Leeds and Grenville. Our Mental Health worker in the schools not only provides facilitated referrals for our these schools, but also provides consultations to teachers and other school personnel.

We look forward to working with you now and in the future.

Should you have any questions, compliments, or concerns regarding our services, please do not hesitate to contact me.



Kevin Kapler

Executive Director

Children's Mental Health of Leeds and Grenville

CHILDREN'S MENTAL HEALTH OF LEEDS & GRENVILLE
Policy and Procedures Manual

Organization Planning and Performance

Policy Title: Mission, Vision and Principles

Policy Number: 4.1

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Our Mission

To provide effective & timely mental health service to children and their families.

To achieve this mission, our key campaigns are:

1. Develop, implement and monitor, through the use of specific benchmarks, clear and realistic service standards.
2. Define our organization within the community. Together with our community partners identify those factors that optimize children's mental health and facilitate opportunities for other child/youth serving sectors to address those factors outside the scope of Children's Mental Health of Leeds and Grenville.
3. Focus on effective participation and communication as our agency continues to evolve, and together celebrate success.
4. Choose and implement priority recommendations of the learning organization review

Our Vision

We contribute to children in Leeds and Grenville meeting their full potential through community based children's mental health services.

1. We use evidence informed services and practices when we serve children and families.
2. Service delivery standards are clear, measured, monitored and reflective of needs
3. Recognizing that ensuring a full continuum of services and supports to meet the mental health needs of children, youth and families is a shared responsibility of our community, our role on this continuum is specific to treatment, consultation, crisis response, and in home intervention.
4. We have skilled, accountable and committed staff who experience work satisfaction and, with management, work as a cohesive team.
5. We provide timely services, accessible across Leeds & Grenville.

Our Principles

1. Family centred: respectful, holistic approach
2. Strength-based: Each individual & family has the ability/capacity to make change in their own lives
3. Collaborative: work closely with our community partners & families to meet children's needs
4. Respect diversity of clients