

Moving on Mental Health - *a system that makes sense for children and youth*

Dr. Aryeh Gitterman
Assistant Deputy Minister
Ministry of Children and Youth Services
Policy Development and Program Design Division
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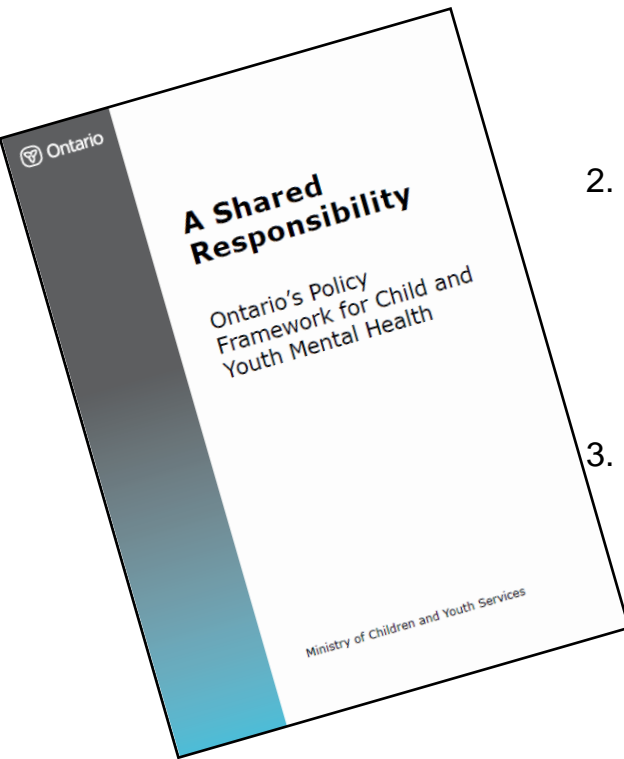
MCYS



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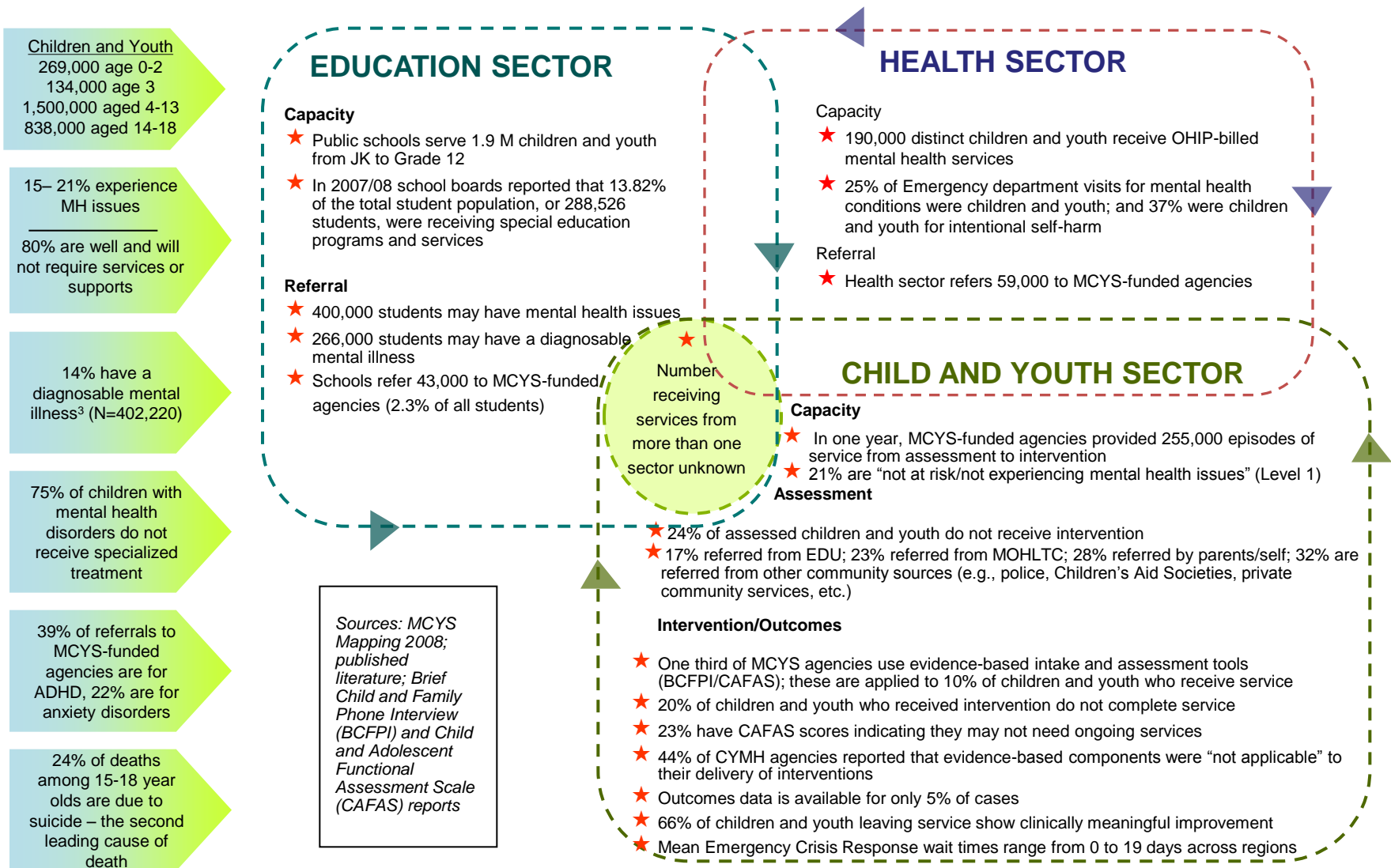
- These are exciting times to be involved in child and youth mental health.
- Today, I will be:
 - Providing an overview of how we have arrived at this stage in the maturing evolution of the community-based child and youth mental health (CYMH) system; and
 - Outlining next steps

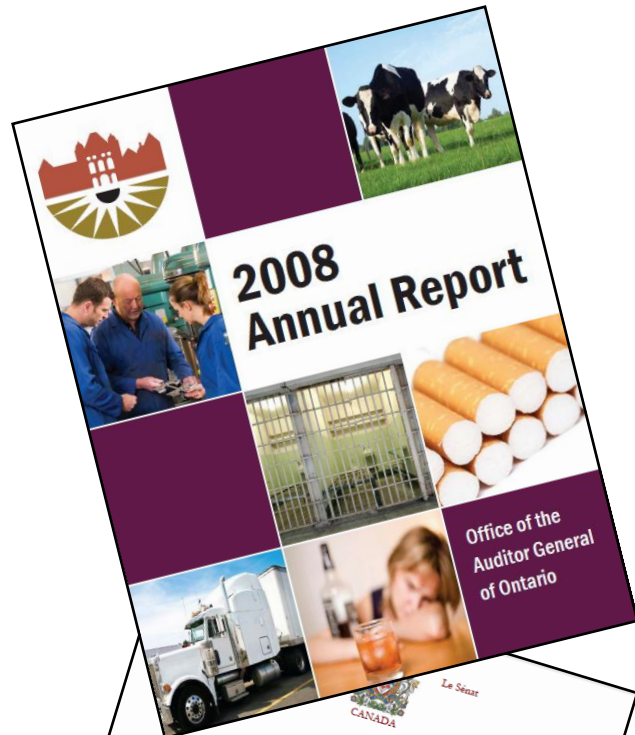
Goals of Ontario's Policy Framework (2006)



1. A child and youth mental health sector that is coordinated, collaborative and integrated at all community and government levels, creating a culture of shared responsibility;
2. Children, youth and their families/caregivers have access to a flexible continuum of timely and appropriate services and supports within their own cultural, environmental and community context;
3. Optimal mental health and well-being of children and youth is promoted through an enhanced understanding of, and ability to respond to, child and youth mental health needs through the provision of effective services and supports; and
4. A child and youth mental health sector that is accountable and well-managed.

2008 Mapping Results





“...children’s mental health services were, historically, not developed in an orderly and uniform fashion across the province; nor were they based on data showing which services should be provided...”

(Out of the Shadows, 2006)

“ For the vast majority of the children’s mental health services programs funded, neither standards defining acceptable service nor criteria for evaluating service quality has been developed.”

(Auditor General of Ontario, 2008)

OUT OF THE SHADOWS AT LAST
*Transforming Mental Health, Mental Illness
and Addiction Services in Canada*

Final Report of
The Standing Senate Committee on Social Affairs, Science and Technology
The Honourable Michael J.L. Kirby, Chair
The Honourable Wilbert Joseph Keon, Deputy Chair
May 2006



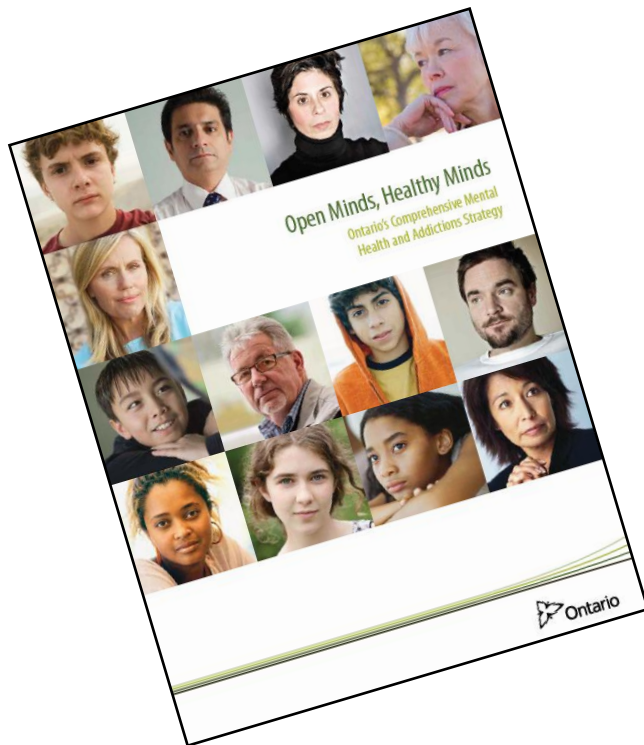
“One of the criticisms of Ontario’s overall mental health and addictions system is that there is, in fact, no coherent system....Many people simply fall through the cracks, or give up in frustration because of the complexity of the system.”

(Select Committee on Mental Health and Addictions, 2010)



A Comprehensive Mental Health and Addictions Strategy

The 2011 Ontario Budget announced funding, that by 2013-14 will grow to \$93 million to support a comprehensive Mental Health and Addictions Strategy, creating a more responsive and integrated system, starting with children and youth.



Moving "...the system forward rapidly...while laying the foundation for broader system changes. Such comprehensive reform of the child and youth mental health services system is needed to build an effective, efficient and accountable system of services."

(Open Minds, Healthy Minds, 2011)

Year One Results

600 new mental health workers across the province including:

- 144 nurses working with district school boards and local schools to support the early identification and treatment of students with potential mental health and/or addiction issues;
- 260 new workers in community mental health agencies to provide kids access to services closer to home;
- 21 new workers in the court system to keep youth out of the justice system and refer them instead to community-based services;
- 175 additional new workers in schools, who will provide kids support to address their mental health needs; and

New Aboriginal mental health and addictions workers in high needs communities.

Year One Results (continued)

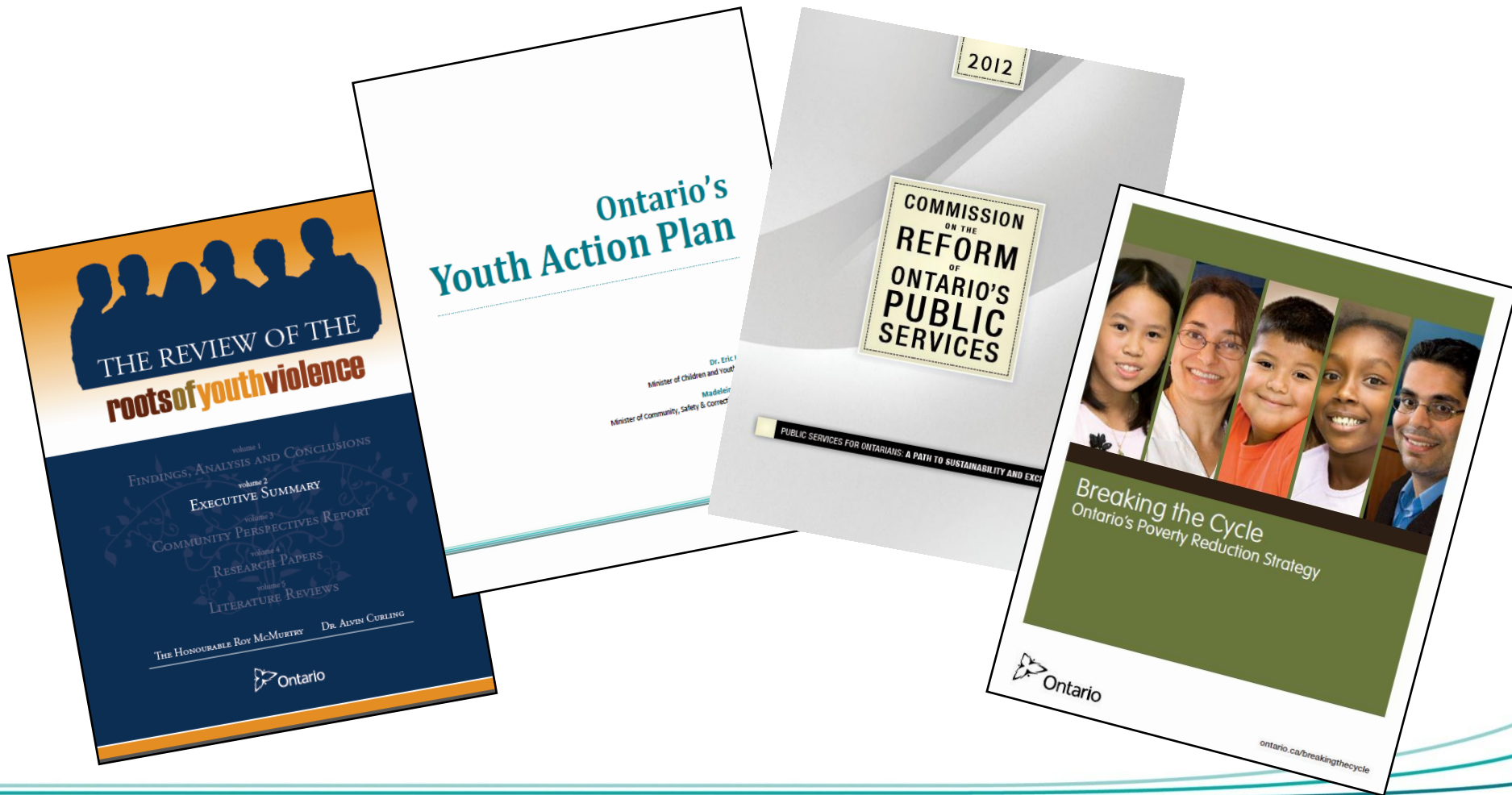
Building collaborative capacity on the front lines through:

- Expanding *Working Together for Kids' Mental Health* to include 11 communities, involving over 300 participating organizations;
- A pilot peer-supported system navigation program for families in selected communities;
- Implementing Awareness, Strategy Selection & Implementation Support Teams (ASSIST), mental health literacy training for District School Boards, and hiring 30 Mental Health Leaders;
- Putting in place four Service Collaboratives, facilitated by the Centre for Addiction and Mental Health (CAMH) involving representatives from CYMH, hospitals, French Language Services, Aboriginal/First Nations organizations, and school boards; and
- Expanding Telepsychiatry through the Ontario Telemedicine Network to increase connectivity to over 1,400 locations; and
- Increasing services for youth with eating disorders

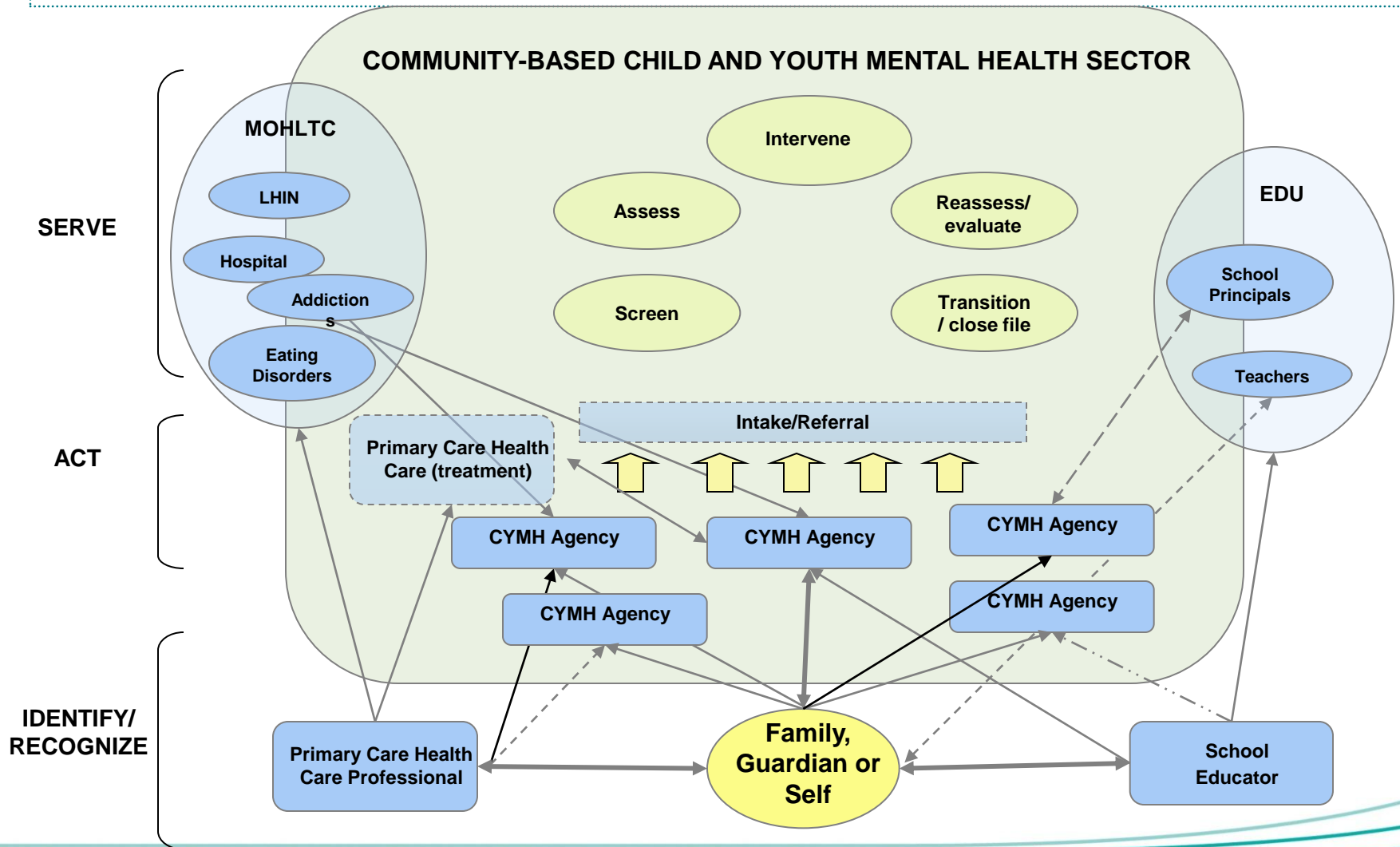
Building on the investments made under the Strategy, we have a unique opportunity to make the most of our investments – now and in the future – and put in place the best service system possible to support children and youth with mental health needs.

In the current fiscal climate, the challenge to make the most of what we have is even more critical.

Whole of Government Approaches



Current State from a Family Perspective



Moving on Mental Health

- a system that makes sense for children and youth

Transform the experience of children, youth, families and caregivers by:

- Connecting them earlier to community-based mental health services;
- Establishing clear and streamlined pathways to care between primary care, schools and the supports they need; and
- Making it clear what kinds of mental health services they can expect to have access to locally, regionally and provincially – spanning services funded by MCYS as well as across government.

Pathways to Care

Developing clear **pathways** for children and youth moving through and across the service system between the community-based mental health sector and other natural access points such as schools, hospitals and primary care.

- Families, children and youth will know what to expect when they first approach the school or their primary care practitioner for help with a mental health problem.
- Transparent pathways facilitate earlier identification and more rapid, streamlined access to service, which leads to better outcomes.

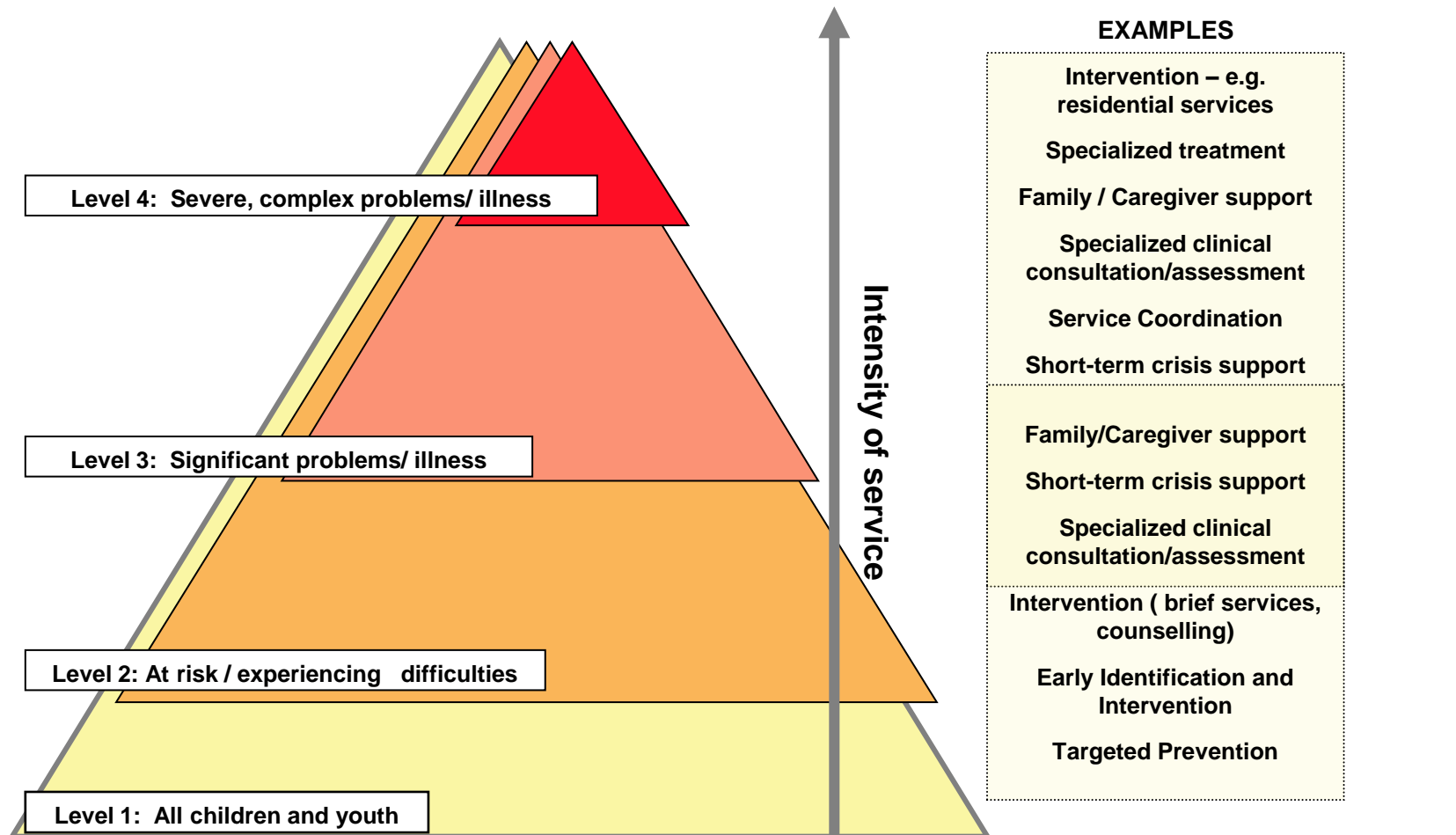
Core Services

Defining the **child and youth mental health services** that are to be available across the continuum of need, in every community/ region/provincially and across the 0 – 18 age spectrum.

- The mix of service in a community will reflect the needs of children/youth, while recognizing available resources, and remaining flexible to meet changing needs.
- To be accessible to all children and youth people with mental health needs – including those under the jurisdiction of child welfare agencies, involved with the criminal justice system or with specialized or complex needs.

Child and Youth Mental Health Core Services

(draft)



•Services may be directly funded by the MCYS-funded child and youth mental health system, or delivered in partnership with other sectors

Enabling Transformation – System Structure

Establish **lead agencies** to be accountable through contracts with MCYS for core child and youth mental health services within defined geographic areas or communities.

- The geographic unit will define a planning and service unit, but will not be a boundary to access to service for clients.
- Lead agencies are expected to ensure services are in place – by delivering them directly or subcontracting with other agencies.
- Families, youth, children and key professionals such as teachers and doctors will know who to go to and who is accountable for services in their communities.

System Structure: *What would be different?*

- Greater likelihood that CYMH services would be provided by strong agencies with a clear mandate, high visibility, as well as the capacity to evaluate and report on outcomes and respond to emerging needs across the community.
- Lead agencies would play leadership roles in:
 - Working in partnership with local education and health sectors;
 - Clarifying responsibilities of the community-based CYMH sector and partners (primary care, hospitals, school boards, and others such as children's aid societies) and clarifying pathways to care; and
 - Assessing services in their region, identifying gaps, the outcomes of investments, and shifting resources to address gaps where appropriate.
- There will be more transparent connections between investments and measurable child and youth mental health outcomes.

System Structure:

How will lead agencies be selected?

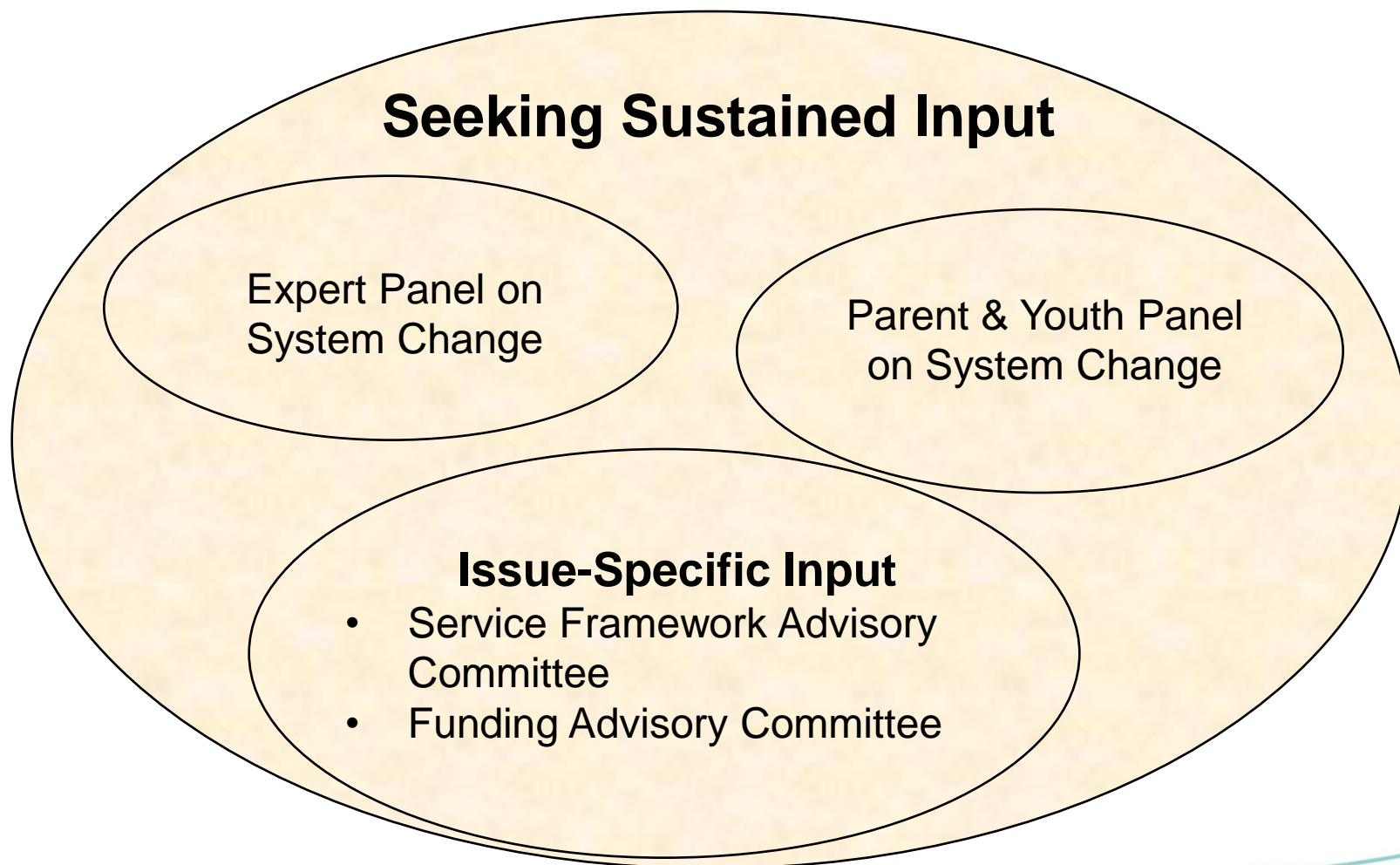
- The process will be transparent and tailored to local circumstances.
- Options under consideration range from direct negotiation with an agency that meets pre-defined criteria to a formal RFP process.
- A phased approach will be taken, with the first wave determined through a community readiness assessment.
 - Target timeframes are to select the first communities by March 31, 2013, with lead agencies identified in these communities by April 1, 2014.
 - Subsequent selections will follow as communities are identified.
- The exact number of communities has not been determined but will likely be in the range of 50-60.

Enabling Transformation - Funding

Developing a **funding model** that is fair, transparent, and responsive to community need so that:

- Families, children and youth will know that services in their communities respond to evidence about local and population needs and that there is an equitable distribution of resources across the province.
- A transparent and fair funding model will take the place of the current situation where funding amounts are historically based and costs for similar services vary widely across the province.
- Allocation and service planning will be supported by determining a funding envelope for the geographic communities as well as for provincial and regional services.

What's Next?



What's Next?

November - January

- *Service Framework Advisory Committee* established.
- *Parent and Youth Panel on System Change* and *Expert Panel on System Change* established.

January - April

- Begin consideration of community definition.
- Develop lead agency selection criteria.
- Consideration of first cohort of lead agency communities.

Looking Back from 2015:

A transformed child and youth mental health system

CURRENT STATE

Fragmented, inefficient, hard to access, provider-centric

Services not consistently matched to needs

Many providers; uneven access to equitable service

Lengthy wait times

Appropriate

Accessible

Efficient

FUTURE STATE

Child and youth centred, responsive, seamless, equitable, evidence-informed, matched to need

Valid tools, evidence-informed practice

Defined communities, lead agencies, and core services

Pathways/needs and timeliness at centre of service delivery

Looking Back from 2015:

A transformed child and youth mental health system

CURRENT STATE

Fragmented, inefficient, hard to access, provider-centric

FUTURE STATE

Child and youth centred, responsive, seamless, equitable, evidence-informed, matched to need

Duplication and silos

Coordinated & Collaborative

Coordination between providers and across sectors

Cannot demonstrate results

Effective

Linked standards, contracting, performance and results

Historic funding distribution

Sustainable

Funding tied to population, needs, performance and impact/results

Looking Back from 2015:

What will it look like for children and families

- Parents, children and youth have confidence in the people and agencies providing services
- Parents, children and youth know how to access services, what is available to them and what to expect at each point along transparent service pathways
- Regardless of where they live, families have access to a consistent set of easy to identify supports and services through an identifiable lead agency that is accountable to government
- Wait times for service are timely, predictable, and matched to severity of need
- Parents and funders know whether the services received have made a difference