

# **2016-17 Community Mental Health Plan for Children and Youth in Dufferin Wellington**

## **Canadian Mental Health Association Waterloo Wellington**

### **March 31, 2017**

This Community Mental Health Plan for Children and Youth describes the roles, responsibilities and services provided in the Dufferin Wellington service area; identifies priorities for the Lead Agency's work with community partners to address service gaps, and the workplan for addressing those priorities; describes pathways to, through and out of care, and the plan to continuously enhance those pathways; and supports an enhanced provincial understanding of the child and youth mental health system. This plan summarizes the progress made in 2016-17, and outlines the community mental health priorities for 2017-18. The 2016-17 Community Mental Health Plan provides a local service area lens on progress to date as well as future priorities, and will feed into a broader provincial-level system perspective.

#### **Section A: Executive Summary**

Moving on Mental Health Dufferin Wellington has made great progress towards our vision of “a system of community mental health services that supports children, youth and families to live their best possible life” since the 2016-17 Community Mental Health Plan was submitted.

Our local system transformation is focused around the following priorities:

- Access – making it easier for children, youth and families to find and access the mental health supports they need
- Support – enhancing support for young people and families as they navigate the mental health system
- Services – ensuring young people can access the right services/supports, at the right time, in the right place
- System capacity and cohesion – building the infrastructure needed to support effective system planning

Some of the key community mental health achievements of 2016-17, and major directions for 2017-18, include:

#### Improving the service experience for children, youth and families

Strategies are underway to ensure services are better connected, more supportive, easier to navigate, more timely and more responsive to the diverse needs of stakeholders. In 2017-18 we will focus effort on reducing wait times for service; providing more support when individuals are waiting for service; connecting services and pathways more effectively; making it easier for staff and clients to access the information they need to support children and youth; simplifying access to services; and enhancing our capacity to provide services that are inclusive and accessible to diverse families (e.g., rural, First Nations, Metis, Inuit, Francophone, newcomers, etc.).

### System planning capacity

A strong foundation is in place to support effective, collaborative and comprehensive system planning across Dufferin Wellington. New conversations have opened up and local partners are planning together for child and youth mental health services in a different way. At the MOMH Steering Committee level, community partners are talking about our shared challenges and ways we can work together to address the challenges in the CYMH system. A clear action plan has been developed for 2017-18 that identifies what needs to get done in order for children, youth and families to experience better service, and partners are working together to make this change happen.

### Coordinating planning across Dufferin Wellington

The Moving on Mental Health Steering Committee achieved agreement with the [Dufferin Wellington Special Needs Strategy](#) table to merge our governance structures, in order to jointly design a system that is easier for young people and families to access and navigate. This is a very exciting direction for our service area that will result in improved access, services, support and system cohesion!

### Creating a single point of access across Dufferin, Wellington and Waterloo

Moving on Mental Health and Special Needs Strategy Dufferin Wellington are working together to create one access system for mental health and special needs across the service area. A joint working group has been meeting through 2016-17 to determine what the local access model would look like and to develop an implementation plan that drives this change forward. A joint Intake Working Group with representation from Moving on Mental Health and Special Needs also began its work in early 2017, to ensure planning reflects the needs of families across geographies, strategies and other boundaries. In addition, CMHA WW has been in conversation with Lutherwood, the Lead Agency for Waterloo Region, regarding creating a single point of access that would include Waterloo, Wellington and Dufferin. Continued discussion is included in the action plan for 2017-18.

### Meaningful engagement of youth, families and other stakeholders

We have made headway in terms of engagement of youth, families, First Nations/Metis/Inuit and Francophone communities, schools, health and other stakeholders, and have identified a plan for deepening engagement and building partnerships with key stakeholders in 2017-18, to ensure that their voices are informing improvements in core services delivery and the development of our Community Mental Health Plan. The priorities that we have worked on during 2016-17 arose from engagement with youth, families and service providers in early 2016. Two parents have been directly involved in forming the priorities for 2017-18 as members of the MOMH Steering Committee, and 12 youth and parents/caregivers (as well as 69 individuals representing a diverse range of service providers to children, youth and families) participated in feedback sessions to provide input on some “big ideas” for improving the local CYMH system. And we have been building relationships with community partners (including First Nations, Metis, Inuit; Francophone; school boards and health services, among others) to support meaningful engagement in planning and system transformation. An engagement framework will be developed and implemented in 2017, with the expertise and assistance of Parents for Children’s Mental Health and the Ontario Centre of Excellence for Child/Youth Mental Health.

### Enhancing our use of data to inform planning

A service inventory was conducted in late 2016-early 2017 to identify strengths and address needs and gaps in core child/youth mental health services across Dufferin and Wellington, and a system mapping exercise was conducted in July 2016 to identify “hot spots” in the system that need to be addressed (which have been incorporated into the priorities for 2017-18). The service inventory resulted in a set of recommendations that centre around data capacity; performance measurement; a more in-depth review of services; and further review and analysis of system pathways.

2016-17 has seen great progress on solidifying our goals for transforming the local CYMH system and building the partnerships that will be needed to achieve this change. The Community Mental Health Plan describes several high-leverage activities that we believe will lead to significant improvements for children, youth and families accessing CYMH services in future. 2017-18 will be a year of action, change, continued engagement, and learning, driven by strong, shared aspirations and vision for our community.

### **Section B: Engagement Summary**

The following section describes the engagement processes undertaken to inform this plan, including who was engaged, a description of the engagement approach, any challenges encountered and how the MOMH Steering Committee proposes to address them. (Note: additional youth and family engagement activities are captured through the Core Service Delivery Plan.)

**Table 1: Engagement Summary**

<b>Who was engaged</b>	<b>How they were engaged</b>	<b>Challenges and how they will be addressed</b>
Youth	<ul style="list-style-type: none"> <li>• Systems Coordinator met with the GLOWW (Giving Light Offers Worth and Wellness) Facilitator in April and July 2016, and the GLOWW and Youth TALK Facilitators in December 2016, to discuss current youth engagement processes at CMHA WW, the Moving on Mental Health priorities for 2016-17, and effective ways to involve youth in engagement activities for MOMH.</li> <li>• Systems Coordinator attended a GLOWW youth group meeting in September 2016 to meet the youth, describe the Moving on Mental Health priorities for 2016-17, gather general feedback on our direction, and set a foundation for engagement in future feedback processes.</li> <li>• Four feedback sessions were set up for youth and families in various locations across Dufferin Wellington.</li> <li>• The Systems Coordinator met with the North Wellington Youth Resiliency Worker, based out of the Mount Forest Family</li> </ul>	<p>Very few youth attended the feedback sessions that we set up, and it was challenging to connect with youth groups that are meeting regularly (e.g., Shed the Light, Dufferin LGBTQ group) in order to bring a feedback session to them, partly due to the time of year (December holidays) when consultation occurred. Connections have been made that will support broader engagement in future, including a specific focus on youth who identify as LGBTQ or Indigenous. The Lead Agency is also organizing a full-day youth engagement session in June 2017, with the Centre of Excellence for Child/Youth Mental Health, to assess</p>

Who was engaged	How they were engaged	Challenges and how they will be addressed
	Health Team, in January 2017 to build connections for future engagement with three rural youth councils.	current youth engagement processes and identify opportunities to improve approaches.
Parents / Caregivers / Families	<ul style="list-style-type: none"> <li>• Four feedback sessions were set up for youth and families in various locations across Dufferin Wellington. Nine parents/caregivers attended feedback sessions in December 2016 and January 2017.</li> <li>• Two parents of children currently accessing children’s mental health services are ongoing members of the MOMH Steering Committee. They have participated fully in the process of identifying priorities. One of the parents has also been a member of the “prototyping team” that took our “big ideas”, developed prototypes to test these ideas, and conducted a stakeholder analysis to determine which stakeholders groups to include in our feedback sessions.</li> </ul>	Additional parents had wanted to attend a feedback session, but for various reasons did not make it out to a session. The Lead Agency will consult our Regional Lead from Parents for Children’s Mental Health regarding ways to strengthen our future family engagement activities. Opportunities also exist to learn from a long-standing organization – the Waterloo Region Family Network – and how they have been successful in their engagement of families and caregivers.
Core Service Providers (CMHA WW, DCAFS, FCSSGW)	<ul style="list-style-type: none"> <li>• All core service agencies have been active members of the MOMH Steering Committee, which met 10 times during 2016-17.</li> <li>• All core agencies also participated on the Prototyping Team and Service Inventory Sub-Committee.</li> <li>• Staff from the core agencies were invited to the feedback sessions that occurred in December 2016-January 2017.</li> </ul>	Dufferin Wellington has a relatively small number of organizations serving a diverse geography. One of the intents of bringing the MOMH and SNS tables together is to maximize the utilization of time and human resources that were being duplicated by meeting as separate entities.
School Boards	<ul style="list-style-type: none"> <li>• The Systems Coordinator met with the Mental Health Leads from Upper Grand District School Board and Wellington Catholic District School Board in June 2017 to provide an overview of Moving on Mental Health and review the mental health services available at each school board.</li> <li>• The Lead Agency met with the Mental Health Leads from Upper Grand District School Board, Wellington Catholic District School Board and conseil scolaire viamonde in January 2017 to review the services available at each board, the mental health action plans of each board, the CYMH service pathways between our organizations, and any challenges that we may be able to address in partnership.</li> </ul>	<ul style="list-style-type: none"> <li>• There is currently no mental health lead in place with conseil scolaire de district catholique Centre-Sud, and no alternate was able to attend the meeting in January 2017. We will reach out again to invite a representative to attend our next meeting.</li> <li>• Schools were concerned about the likelihood of getting parents to attend the MOMH feedback sessions in December and January. For future</li> </ul>

Who was engaged	How they were engaged	Challenges and how they will be addressed
	<ul style="list-style-type: none"> <li>• A follow-up meeting has been scheduled, targeting May 2017.</li> <li>• School board representatives attended the feedback sessions in December and January.</li> </ul>	<p>sessions more notice (at least one month was requested) will be provided to allow more parents/caregivers to participate.</p>
Indigenous and Francophone service providers and families	<ul style="list-style-type: none"> <li>• The Systems Coordinator has been meeting with Indigenous service providers (e.g., White Owl Native Ancestry Association, the Indigenous Education Lead at Upper Grand District School Board, the Indigenous health and well-being systems navigator at Guelph Community Health Centre, Anishnabeg Outreach, etc.) and community members during 2016-17 to build relationships and lay a foundation for ongoing, meaningful engagement. Invitations have been made for the Systems Coordinator to attend further meetings and local Indigenous circles and other events.</li> <li>• The Systems Coordinator has met with the FLS Coordinator at CMHA WW to review our Moving on Mental Health priorities and get input on ways to engage Francophone families in our planning. The FLS Coordinator assisted with engagement of Francophone service providers and families for the December/January feedback sessions.</li> </ul>	<ul style="list-style-type: none"> <li>• There was some representation from participants who identified as newcomers, francophone, LGBTQ, or First Nations, Métis, or Inuit at the feedback sessions in December and January. In future sessions will be tailored more to the needs of these groups (e.g., a session offered in French, or co-hosted with a local Indigenous elder).</li> <li>• In 2017-18, Francophone and Indigenous service providers and community members will be consulted more extensively to ensure their perspectives are informing core service delivery and system planning.</li> </ul>
Health sector	<ul style="list-style-type: none"> <li>• Representatives from the Guelph Family Health Team, Homewood Health Centre, CMHA Peel and the two Local Health Integration Networks participated as members of the MOMH Steering Committee throughout 2016-17.</li> <li>• Health services were represented at the feedback sessions held in December/January.</li> <li>• CMHA WW connected with the Mount Forest Family Health Team to explore partnership opportunities to provide a “hub” model of mental health services to families.</li> <li>• The Systems Coordinator met with the Rural Wellington Health Links coordinator in January 2017 to explore potential connections or overlap between Health Links and Moving on Mental Health.</li> <li>• Both the CW CCAC and WW CCAC will be members of the joint MOMH/SNS committee.</li> </ul>	

## Section C: Sector Partner Services Summary

Table 2 (below) describes child and youth mental health services and programs delivered in the service area through system partners. Note: MCYS-funded child and youth mental health services are captured through the Core Services Delivery Plan and are not included in the table below.

**Table 2: Sector Partner Services Summary**

System partner delivering service	Description of service (including where the service falls on the continuum)	Details of service			Protocol/pathway (to/out of the MCYS community-based CYMH sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Indigenous)	
Growing Great Kids System of Care – WDG Public Health, CMHA WW, County of Wellington, KidsAbility, CCAC	Growing Great Kids System of Care is a partnership of organizations that makes it easier for families to access community-based services and supports for children prenatal to age six with identified special needs residing in Guelph and Wellington County. Kidsline, through WDG Public Health, is the single point of access into the system of care, providing coordinated intake. Services within the system include Healthy Babies, Healthy Children; Wee Talk; OT; PT; Infant & Child Development; Child Care; and children's mental health 0-6. <b>Access; prevention to intensive</b>	Guelph and Wellington	0-6	Infants and children to age 6 who are at risk of developmental concerns	Partnership Agreement  Note: as the Special Needs Strategy comes into effect, the System of Care is undergoing significant changes.
Wyndham House	Youth Shelter and long-term housing <b>Intensive</b>	Guelph and Wellington	16-24	Youth at risk of or homeless	Phone call to Wyndham House
Wyndham House/Upper Grand District School Board (UGDSB)	New Way Section 23 classroom <b>Intensive</b>	Guelph	14-18	Youth at risk of leaving secondary school prior to graduating	CMHA WW provides clinical support within classroom (in kind) and MCYS (YJ) flows funds through CMHA WW to

System partner delivering service	Description of service (including where the service falls on the continuum)	Details of service			Protocol/pathway (to/out of the MCYS community-based CYMH sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Indigenous)	
					support the program. Educational supports provided in kind by UGDSB.
Wyndham House	Resource Centre <b>Access</b>	Guelph	14-24	Youth requiring supports in the community	Referral – weekly onsite availability of Youth Outreach Worker from CMHA WW
CMHA WW, Upper Grand District School Board, Wellington Catholic District School Board	Beautiful Minds program Youth Talk <b>Prevention</b>	Guelph, Wellington and Dufferin	12-18 14-18	Mental Health promotion with secondary school students	Partnership agreement
CMHA WW + Waterloo Region District School Board	WAYVE program Beautiful Minds Healthy Start <b>Prevention</b>	Region of Waterloo	12–18 12-18 Grade 1	Mental Health promotion with adolescents and early elementary students	Memorandum of Understanding
CMHA WW	First Step Program <b>Intensive</b>	Region of Waterloo and Wellington	15-29	Youth and adults experiencing their first episode of psychosis	Contract with WWLHIN/MCYS
CMHA WW	Eating Disorders Program <b>Intensive</b>	Region of Waterloo, Wellington and Dufferin	All ages	Children and youth experiencing an Eating Disorder	Contract with WWLHIN
Upper Grand District School Board	Mental Health Leads and School Treatment teams <b>Moderate</b>	Guelph, Wellington and Dufferin	3-18	Children and youth who are accessing mental health supports	Collaborative Program/Service Agreement

System partner delivering service	Description of service (including where the service falls on the continuum)	Details of service			Protocol/pathway (to/out of the MCYS community-based CYMH sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Indigenous)	
Wellington Catholic District School Board	St. John Bosco Secondary School <b>Intensive</b>  Mental Health Lead and School Treatment teams <b>Mild to Moderate</b>	Guelph and Wellington	3-18	Children and youth who are accessing mental health supports	MCYS contract for support to program at St. John Bosco Memorandum of Understanding for mental health supports
Alliance for At Risk Youth - John Howard Society, Family & Children's Services of Guelph and Wellington, Lutherwood, Guelph Police Service, OPP, Probation, CMHA WW	Early identification of youth at risk in Guelph and Wellington, and identification of possible interventions.	City of Guelph and surrounding townships	12-18	Youth who are accessing probation and/or other community supports	Protocol
Family Health Teams – North Wellington	Mental Health Workers <b>Mild to Moderate</b>	Mount Forest and North Wellington	0-18	Children and youth requiring mental health supports in the mild to moderate service range	Child/youth receives a single session document with a recommendation to see their primary care team
Kerry's Place	Service coordination and Applied Behaviour Analysis Program <b>Mild to Severe</b>	Guelph and Wellington	0-18 for service coordination 9-18 for ABA	Children and youth diagnosed with autism	Memorandum of Understanding with transfer of funding to CMHA WW
Violence Threat Risk Assessment	Coordinated process to identify, respond and manage risk of violence	Guelph, Wellington	4-18	Children and youth who have	Protocol



System partner delivering service	Description of service (including where the service falls on the continuum)	Details of service			Protocol/pathway (to/out of the MCYS community-based CYMH sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Indigenous)	
Protocol	by children and youth. Partners include Choices Youth Shelter, DCAFS, F&CS Guelph Wellington. FCSSGW, John Howard Society Peel-Halton-Dufferin, Police Service of Guelph, Shelburne and Orangeville, Upper Grand District School Board, Wellington Catholic District School Board, Wyndham House	and Dufferin		threatened violence to others	
CMHA WW	Special Needs Resourcing – Inclusion Support Services. This service provides resource consultation and social development consultation in child care centres licensed through the County of Wellington. <b>Mild to Intensive</b>	Guelph and Wellington	0-6	Children with developmental delays and social/emotional difficulties	Contract with the County of Wellington
Grand River Hospital	Child & Adolescent Inpatient Program provides a short-term stay on a secure unit for assessment and stabilization, based on risk to self or others <b>Intensive</b>	Region of Waterloo and Wellington	17 years of age and under	Children and adolescents presenting with severe and acute mental health problems	Memorandum of Understanding with Grand River Hospital, Cambridge Memorial Hospital, Guelph General Hospital, Groves Memorial Hospital, Homewood Health Services and North Wellington Hospital Alliance
Community Care Access Centre –	The Mental Health & Addiction Nurses in Schools program assists	Wellington and Dufferin	6-18	Children and youth with mental health	Partnership

System partner delivering service	Description of service (including where the service falls on the continuum)	Details of service			Protocol/pathway (to/out of the MCYS community-based CYMH sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Indigenous) and addiction needs	
Mental Health & Addiction Nurses in Schools	children and youth with understanding medications, returning to school after hospitalization, and connecting with mental health and addiction services in the community <b>Mild to Intensive</b>				
Children's Developmental Services – FCSSGW	Service coordination for children and youth with a diagnosis of developmental disability <b>Mild to Intensive</b>	Wellington	Birth to age 18	Children and youth with a developmental disability	Contract with MCYS
Developmental Services Ontario	Single Point of Access for Adult services for individuals with a Developmental Disability <b>Access</b>	Wellington & Dufferin	Aged 18 and above	Youth who are eligible for services under DSO	Mandated
Family Transition Place	Caring Dads – a program for Dads who have exposed their children to abuse of their mother, abused or neglected their children <b>Prevention</b>	Dufferin County	Children and Youth	Children and youth who have been exposed to abuse	Partnership
Upper Grand District School Board & DCAFS	Young Parents group – understanding parenting <b>Prevention</b>	Dufferin County	15-21	Young Parents	Partnership
William Osler Health Services	Access to inpatient beds for children and youth presenting with severe and acute mental health symptoms <b>Intensive</b>	Dufferin County	Under the age of 18	Children and adolescents presenting with severe and acute mental health symptoms	Partnership
Orangeville Police, Shelburne Police and OPP, Headwaters Health	Protocol for service delivery when police are bringing individuals with a mental health or addiction issue to the Emergency Dept.	Dufferin County	All ages	Individuals presenting with an acute mental health need	Protocol

System partner delivering service	Description of service (including where the service falls on the continuum)	Details of service			Protocol/pathway (to/out of the MCYS community-based CYMH sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Indigenous)	
Care Centre and the Human Services & Justice Coordinating Committee	<b>Intensive</b>				
Family Counselling and Support Services for Guelph-Wellington	Child Witness Program – 10 week group programming and/or individual therapy, for children and their mothers who have experienced domestic violence <b>Moderate</b>	Guelph and Wellington	4-16	Children and youth who have experienced mental health needs due to domestic violence	Contract with MCSS
Family Counselling and Support Services for Guelph-Wellington	Breaking Free = Better Choices + Better Relationships continuous group programming for male youth who have been abused or have witnessed abuse <b>Moderate</b>	Guelph	12-17	Youth experiencing extreme emotional dysregulation due to trauma	Privately Funded
WDG Public Health & Ontario Early Years Centres & DCAFS	Feelings After Birth Parenting the Spirited Child <b>Mild to Moderate</b>	Dufferin County	0-6	Support for parents and their young children	Partnership
Portage	Addictions Treatment – long-term residential substance abuse rehabilitation centre for adolescents <b>Intensive</b>	Ontario	14-18	Adolescents dealing with substance abuse problems	Contract with LHIN
Homewood Community Addiction Services (CADS)	Counselling and treatment is provided through outreach services to all local secondary schools and in various offices <b>Mild to Moderate</b>	Guelph and Wellington	10-18	Adolescents dealing with substance misuse issues	Contract with LHIN
Ontario Early Years Centres	The OEY program strives to stimulate social, emotional and intellectual growth during a child’s “miracle years” and provide parents /	Various centres throughout Wellington	0-6	Programs and play groups for children up to age six. Parent Education	Funding through Ministry of Education (2016-17). County of

System partner delivering service	Description of service (including where the service falls on the continuum)	Details of service			Protocol/pathway (to/out of the MCYS community-based CYMH sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Indigenous)	
	caregivers / families with resources suited to their child's age and stage <b>Prevention / Mild</b>	and Dufferin		and resources.	Wellington will assume funding for all child & family centres in 2017.
John Howard Society	John Howard Society offers a variety of prevention, intervention, educational and service programs to individuals who were between the ages of 12 and 17 at the time of the offence <b>Prevention to intense</b>	Service is offered in Wellington and Dufferin	12-17 at time of offence	Youth who have been in contact with the Youth Justice System	Referral to and from service
Situation Table – partners include DCAFS, CMHA WW, Orangeville Police Services, Shelburne Police Services, OPP, Dufferin Family Health Team, Supportive Housing in Peel, Family Transition Place, Community Living Dufferin, County of Dufferin, Headwaters Health Services, Silver Linings Group Home, Kerry's Place Autism Services, Upper Grand District School Board.	Identifying and responding to children, youth and adults with complex needs at risk for “falling between the cracks” and requiring a cross-sectoral response	Dufferin County	All ages	Youth and adults with complex needs	Protocol

System partner delivering service	Description of service (including where the service falls on the continuum)	Details of service			Protocol/pathway (to/out of the MCYS community-based CYMH sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Indigenous)	
There is alignment to the Health Links table as well.					
Connectivity Tables – partners include Guelph Police Service, Wellington OPP, Family Health Teams, WDG Public Health, Upper Grand District School Board, Wellington Catholic District School Board, Guelph Community Health Centre, Family & Children’s Services Guelph Wellington, The Drop In Centre and Stonehenge Therapeutic Community, FCSSGW	Identifying and responding to children, youth and adults with complex needs at risk for “falling between the cracks” and requiring a cross-sectoral response	Tables in both Guelph and Wellington	All ages	Youth and adults with complex needs, urgent priority that are not currently engaged with our system	Protocol
Choices Youth Shelter	Shelter offering 30 day residential stay and group programming. Next Choice offering rental units to youth for up to one year, with programming, support and case management. <b>Intensive</b>	Dufferin County residents	16–24	Youth who require shelter / supported housing	
ErinoakKids and Dufferin Child and	Applied Behavioural Analysis program for children diagnosed with	Dufferin County	0-8	Autism	Sub contract with ErinoakKids to

System partner delivering service	Description of service (including where the service falls on the continuum)	Details of service			Protocol/pathway (to/out of the MCYS community-based CYMH sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Indigenous)	
Family Services	Autism <b>Mild to Moderate</b>	children			deliver service
Dufferin Area Health Link Headwaters Health Care Centre, CW-CCAC, Dufferin Area FHT, Orangeville Family Medicine, William Osler Health System, WDG Public Health, County of Dufferin, Alzheimer's Society of Dufferin County, Hospice Dufferin, Family Transition Place	Each health link will measure results and develop plans to improve access to family care, reduce avoidable ER visits and re-admission to hospitals, reduce referral time to a specialist, and improve the patient's overall experience through the health care system. <b>Intensive</b>	Dufferin County	All ages	Individuals with high, complex needs.	
HealthLinks – Guelph Alzheimer Society, CMHAWW, EMS, FCSSGW, Guelph Community Health Centre, Guelph FHT, Guelph General Hospital, Guelph Independent Living, Guelph Police Services, Homewood Health Centre, Hospice	Health Links is a Ministry of Health and Long Term Care province-wide initiative aimed to coordinate “wrap-around-care” by health, social and community service providers for individuals with complex needs. After four years in partnership, the Guelph Health Link has completed over 2000 care plans for complex, chronic individuals who may benefit from this wrap-around approach and has expanded its collaborative membership. <b>Intensive</b>	Guelph	All ages- (in general , not youth or young adults.)	Individuals with high, complex needs.	Partner agencies can identify clients/patients who may benefit from this approach. Referrals are made via the client/patient's primary care practitioner or to the Guelph FHT's primary care at home team.

System partner delivering service	Description of service (including where the service falls on the continuum)	Details of service			Protocol/pathway (to/out of the MCYS community-based CYMH sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Indigenous)	
Wellington, St Joseph's Health Centre, WW-CCAC, WW-LHIN, WDG Public Health, Wellington County of Wellington, University of Guelph Student Services					
HealthLinks – Rural Wellington	A shared plan is created, using the Coordinated Care Tool (CCT), to collaboratively support individuals with high, complex needs within the health system. The CCT is an electronic tool that allows multiple health care workers (in Rural Wellington) to author and/or view a system-wide, whole-person care plan. <b>Intensive</b>	Provincial initiative through the Ontario Ministry of Health & Long-Term Care	All ages	Individuals with high, complex needs.	All ages can be referred to Health Links and use the CCT, provided they meet the Health Links description. Referrals can be made from any agency to the Community Outreach Team via a paper form. The form is filled out (with patient consent) and faxed to the Community Outreach Team leader.
KidsAbility	Intensive Behavioural Intervention <b>Intensive</b>	Guelph and Wellington	0-8	Autism	Referral to KidsAbility from CMHA WW's specialty team

## Section D: Local Child and Youth Mental Health Community Planning Mechanisms

The following section focuses on describing local community planning mechanisms (e.g., planning tables) that have an impact on child and youth mental health, as well as an analysis of their potential utility for the development of the CMHP and CSDP.

**Table 3: Existing Community Planning Mechanisms**

Process / mechanism	Partners involved	Role of the Lead Agency	Purpose	Outcomes
Moving on Mental Health Steering Committee	CMHA WW, DCAFS, FCSSGW, Associated Youth Services of Peel, Central West LHIN, Choices Youth Shelter, CMHA Peel Dufferin, Family & Children's Services of Guelph-Wellington, Guelph Family Health Team, Guelph Police Service, Homewood Community Addiction Services, Lutherwood, MCYS, parents (2), Upper Grand District School Board, Waterloo Wellington LHIN, Wyndham House	Chair / Lead	This Steering Committee was formed to guide collaborative planning for Moving on Mental Health Dufferin Wellington. The membership of this committee evolved during 2016-17 to include more community partners and two parent representatives. The MOMH Steering Committee meets monthly.	This document, along with the Core Services Delivery Plan, outlines local planning priorities and mechanisms.  Over the past year, additions to the MOMH-SC have included AYSP, Choices Youth Shelter, Guelph Police Service, Guelph FHT, Lutherwood, two parents and Wyndham House.
Special Needs Strategy Planning Table	CMHA WW, WW-CCAC, CW-CCAC, Conseil scolaire de district catholique Centre Sud, Conseil scolaire Viamonde, County of Dufferin, County of Wellington, DCAFS, Dufferin Peel Catholic District School Board, ErinoakKids Centre for Treatment & Development, FCSSGW, Kerry's Place Autism Services, KidsAbility Centre for Child Development, CW-LHIN, WW-LHIN, Service Resolution Facilitator, Upper Grand District School Board,	Member	To ensure children have access to Speech- Language services, Occupational services and Physiotherapy services, delivered seamlessly from birth through the end of school. This group strives to develop a system with coordinated service planning for children and youth with multiple and/or complex special needs, along with integrated delivery of rehabilitation services. The SNS Proposal Table meets weekly.	Submission of both proposals to the Ministry. Coordinated Service Planning proposal approved. Approval to proceed with the next stage of planning for Integrated Rehabilitation received March 2017.  The SNS Planning Table has developed draft Terms of Reference for a Dual Strategy Steering Committee that would



Process / mechanism	Partners involved	Role of the Lead Agency	Purpose	Outcomes
	Wellington Catholic District School Board, WDG Public Health			see a single oversight committee for both child/youth mental health and special needs strategies. This document is now being shared with the MOMH Steering Committee for input. For SNS, an operating committee and working groups are in place or in development. A System Navigation Lead for SNS was hired in 2016.
Dufferin Coalition for Kids (DuCK)	Associated Youth Services of Peel, Autism Ontario, CMHA WW, Community Living Dufferin, County of Wellington, DCAFS, Dufferin Parent Support Network, Dufferin Peel Catholic District School Board, Dufferin Safe Communities, Ecole elementaire des Quatres-Rivieres, Erinoak Kids, Family Transition Place, Headwaters Health Care Centre, Kerry's Place, Ministry of Children & Youth Services, Ministry of Education, Orangeville Public Library, Town of Orangeville, Upper Grand District School Board, WDG Public Health	Member	Dufferin Coalition for Kids is a comprehensive, holistic and supportive coalition that exists to help Dufferin County children and youth achieve success. Their mandate is to advocate, plan and promote services and to make recommendations to Federal, Provincial and municipal bodies that help to achieve their vision for children and youth in Dufferin County. The scope of this coalition is to support children, youth and their families from pre-birth to age eighteen, covering the spectrum of health, education, social supports and children and youth services.	Contact has been made with this coalition related to the development of the MOMH/SNS oversight committee. Cross membership exists. There is potential for combining efforts in the future towards a regional approach to planning for children, youth and families.
Growing Great	Anishnabeg Outreach, County	Member	Growing Great Generations is	2016 Strategic Plan;

Process / mechanism	Partners involved	Role of the Lead Agency	Purpose	Outcomes
Generations (GGG)	of Wellington, KidsAbility Centre for Child Development, WW-CCAC, WDG Public Health, Family & Children's Services, CMHA WW, FCSSGW, Guelph Community Health Centre, Community Resource Centre-OEYC, East Wellington Community Services-OECY, Upper Grand District School Board, Wellington Catholic District School Board, Conseil scolaire Viamonde, Conseil scolaire de district catholique Centre-Sud, Wyndham House, Guelph Youth Council, MCYS		the integrated planning initiative for children and youth services (0-18) in Guelph and Wellington. This initiative brings together partners from children and youth services sectors to a planning table to engage in system-level planning. The aim is to improve the well-being of all children and youth in our area by aligning and strengthening the services and supports they are offered.	community plan in development.  Contact has been made with this coalition (and Growing Great Kids) related to the development of the MOMH/SNS oversight committee. Cross membership exists. There is potential for combining efforts in the future towards a regional approach to planning for children, youth and families.
Growing Great Kids Network	Better Beginnings Better Futures, CMHA WW, County of Wellington Child Care Services, Family and Children's Services of Guelph and Wellington, KidsAbility Centre for Child Development, Ontario Early Years Centres (Community Resource Centre of North and Centre Wellington, East Wellington Community Services and Guelph Community Health Centre), Conseil Scolaire de District Catholique Centre-Sud, Upper Grand District School Board, Wellington Catholic District School Board, WDG		The Growing Great Kids Network oversees the Growing Great Kids System of Care. It is the collaborative planning table for children 0-6 in Guelph and Wellington, and a permanent sub-working group of Growing Great Generations.	2015-2020 Growing Great Kids Community Plan

Process / mechanism	Partners involved	Role of the Lead Agency	Purpose	Outcomes
	Public Health, YMCA-YWCA of Guelph, Ministry of Education, Ministry of Children and Youth Services			
Wellington Developmental Services Planning Group	Community Living Guelph Wellington, FCSSGW, Christian Horizons, Kerry's Place Autism Services, MCSS, MCYS, Hopewell Children's Homes, Central West Specialized Developmental Services, Upper Grand District School Board, Service Resolution Facilitator, Community Networks of Specialized Care, Passport Facilitator, Groves Memorial Speech & Language Services, Torchlight Industries, Wellington Catholic District School Board, Facilitation Wellington-Dufferin	Member	The WDSPG is a planning table with representatives from agencies providing service to children and adults with developmental disabilities, residing in Guelph and Wellington County. This table addresses issues, trends and gaps raised by agencies and experienced by individuals with a developmental disability and their families.	Annual work plan
Residential and Respite Committee	Residential and respite service providers (Christian Horizons, Community Living Guelph Wellington, Hopewell Homes, Kerry's Place Autism Services); service partners (Service Solutions Facilitator, Developmental Services Ontario Centre West Region, FCSSGW, Regional Transitional Aged Youth Worker, CMHA WW); MCSS; MCYS.	Member	A subcommittee of the Wellington Developmental Services Planning Group with a mandate to advise the Planning Group regarding respite and residential services for children and adults in Wellington County. This committee serves as a part of the Service Solutions continuum and as such, it proactively collaborates on developmental services residential and respite options. Role includes vacancy	2016-2018 workplan

<b>Process / mechanism</b>	<b>Partners involved</b>	<b>Role of the Lead Agency</b>	<b>Purpose</b>	<b>Outcomes</b>
			management processes, urgent response processes and service expansion planning.	
Infant Child Development Central West Managers Meeting	Infant and Child Development programs in Wellington, Waterloo, Halton, Peel, Dufferin, York, Simcoe and Durham	Member	Plan for consistency of services and assessments across CW Region programs.	Pre-term Pathways research project. Developing the Central West plan.
Inclusion Child Care Coordinating Committee	County of Wellington, CMHA WW, KidsAbility and WeeTalk	Member	Oversight and planning of Inclusion Support Services within child care to ensure consistency throughout the services.	
Service Resolution (MCYS) / Service Solutions (MCSS) Committee	MCSS, MCYS, Hopewell Homes, DCAFS, Community Living Guelph-Wellington, Developmental Services Ontario, F&CS Guelph-Wellington, Kerry's Place Autism Services, CMHA WW, Christian Horizons, Wellington Catholic District School board, Upper Grand District School Board, Community Living Dufferin, FCSSGW	Co-chair	Bring files for children and youth with a mental health or developmental diagnosis, and adults with a developmental diagnosis, forward for review of needs. Ensure all community resources have been accessed, and where needed, help the community access funding or resources for young people and families (e.g., medical devices, nursing support, respite, etc.). The SR/SS Facilitator also conducts community case conferences or consultations to develop recommendations for support.	The Committee provides recommendations for options that can be used rather than Service Resolution; or a profile may be put forward for approval to apply for Complex Special Needs provincial funding for a particular family. The Service Resolution Committee tracks trends and looks for opportunities to build community capacity in regards to a variety of services (e.g., respite).
Transitional Age Youth Mental Health and	Twelve partner agencies representing adult and youth mental health and addictions	Member	Youth who have mental health and/or addictions issues and require specialized, complex	Pilot protocol starting in April 2017. Draft document completed and

Process / mechanism	Partners involved	Role of the Lead Agency	Purpose	Outcomes
Addictions Protocol	services in the Waterloo Wellington LHIN catchment		care will have a seamless and successful transition from child and youth services into appropriate adult services. This will result in improved experiences and outcomes for the youth.	needing to be signed by the 12 partner agencies.
Ensuring School Success	CMHA WW, Wellington Catholic District School Board (co-chair), DCAFS, Upper Grand District School Board, Family & Children's Services of Guelph Wellington, WDG Public Health, Wyndham House, WW-CCAC, Service Resolution Facilitator, MCYS, Kerry's Place Autism Services, Homewood Community Addiction Services, Dufferin Peel Catholic District School Board, FCSSGW	Co-chair	The Ensuring School Success committee identifies and addresses obstacles to student success at school. This committee is aligned with Growing Great Generations and Dufferin Coalition for Kids and meets four times per year.	Ensuring School Success is currently updating the Collaborative Case Conferencing Guide.
Suicide Awareness Council of Wellington Dufferin	Waterloo Wellington CCAC, Upper Grand District School Board, Wellington Catholic District School Board, Upper Grand Family Health Team, CMHA WW, Elder Talk community partners, Torchlight, FCSSGW, DCAFS, Family Transition Place, University of Guelph Wellness Centre, Guelph Family Health Team, Homewood, and many community members	Member	The mission of the SAC community council is to provide leadership and advocacy in Wellington and Dufferin to decrease suicide behaviour, promote hope, and improve services and supports. SAC aims to: increase awareness and understanding of suicide through information sharing, education, and resource coordination; reflect the three spheres of suicide (prevention, intervention and postvention);	A number of communication, education and awareness tools have been implemented/continued in 2016-17 (e.g., SAC Resource Guide, Information Fact Sheets, Suicide Info card; SAC website and social media presence; public education events, presentations, and community activities).

Process / mechanism	Partners involved	Role of the Lead Agency	Purpose	Outcomes
			<p>promote collaboration and knowledge exchange across all community sectors; strengthen partnerships with other community groups and organizations that further our common goals.</p>	<p>YouthTALK continues to be an important partnership for suicide prevention projects with youth. ElderTALK is a unique SAC initiative addressing seniors and suicide.</p>
<p>Mental Health &amp; Addictions Program Council</p>	<p>Guelph General Hospital, Ray of Hope, Lutherwood, Homewood Health Centre, Langs Farm Village Association, WWLHIN, CMHA WW, Grand River Hospital, Stonehenge, Guelph Family Health Team, WW CCAC, House of Friendship, Wellington Health Care Alliance, Cambridge Memorial Hospital, Thresholds Homes and Supports, Addiction and Mental Health System Coordinators</p>	<p>Member</p>	<ul style="list-style-type: none"> <li>- Plan for, coordinate, and oversee the continued development of a regional integrated program for the mental health, addictions and recovery system for people with lived experience and family members in the WWLHIN</li> <li>- Mobilize the views and contributions of a broad range of stakeholders in support of improving addiction and mental health services in alignment with the WWLHIN's Integrated Health Service Plan</li> <li>- Provide recommendations to the WWLHIN on improving the lives of individuals with addiction and/or mental health issues and their families</li> <li>- Facilitate communication, collaboration, knowledge exchange and innovation among stakeholders</li> <li>- Endorse key priorities for the</li> </ul>	<p>Rapid Access Clinic—addiction medicine clinic being launched mid-April. This will primarily serve individuals with addiction who are looking to withdrawal safely at home. The addiction medicine physician will assess whether a home withdrawal is appropriate, prescribe appropriate medication and refer back to the primary care physician along with recommendations for ongoing care.</p> <p>Integration of Primary Care with Addiction and Mental Health Services - developing care teams consisting of social work, addiction counsellors, mental health counsellors, support</p>

Process / mechanism	Partners involved	Role of the Lead Agency	Purpose	Outcomes
			addictions and mental health system. Priorities align with the provincial and business plans of the LHIN.	coordination, mental health nurses, occupational therapists and psychiatrists to support FHT physicians. A pilot will begin in Spring 2017. Goals include faster, more seamless care for patients struggling with mental health and addiction, and increased physician capacity and comfort levels working with patients presenting with addiction and mental health concerns.
Dufferin Youth Justice Steering Committee	Associated Youth Services of Peel, Ministry of the Attorney General – Crown Attorney, MCYS Probation Services, Orangeville Police Services, Shelburne Police Services, Dufferin OPP Upper Grand District School Board, DCAFS		The Youth Justice program is an alternative to formal court proceedings. The committee, together with the young person, their parents and the person harmed (if they want to participate) work out the appropriate way for the young person to make amends for their actions. The Steering Committee oversees the development, implementation and administration of the Youth Justice program.	Memorandum of Understanding
Toward Common Ground	CMHA WW, City of Guelph, Community Resource Centre of		Toward Common Ground is a collaboration of 14 social and	Toward Common Ground has identified the

Process / mechanism	Partners involved	Role of the Lead Agency	Purpose	Outcomes
	North and Centre Wellington, County of Wellington, Family and Children's Services of Guelph and Wellington, FCSSGW, Guelph Community Foundation, Guelph Community Health Centre, Immigrant Services Guelph-Wellington, United Way Guelph Wellington Dufferin, University of Guelph Community Engaged Scholarship Institute, Volunteer Centre of Guelph Wellington, WDG Public Health, YMCA-YWCA of Guelph		health service organizations working together to create a sustainable collective planning model for Guelph and Wellington.	following mechanisms to affect change: create a bird's eye view; connect the dots and contextualize; transfer and mobilize knowledge; build collective capacity; champion and support strategic action.
Guelph Neighbourhood Support Coalition	City of Guelph, Family and Children Services, Guelph Community Health Centre, Guelph Police Service, Wellington Guelph Dufferin Public Health, CMHA WW, Upper Grand District School Board, Wellington Catholic District School Board, Immigrant Services Guelph-Wellington, County of Wellington	Member	The Guelph Neighbourhood Support Coalition is a network of neighbourhood groups, sponsoring agencies and program partners. These three groups work together to share resources, ideas, and answer questions as well as help each other work towards a strong neighbourhood group coalition in Guelph. Meets quarterly.	
Guelph and Wellington Poverty Task Force	The Poverty Task Force consists of a Steering Committee (City of Guelph, County of Wellington, Guelph Community Health Centre, Toward Common Ground, Welcome In Drop-In	Member	The Poverty Task Force works collaboratively, informed by diverse voices of experience, to take local action and advocate for system and policy change to address the root causes of poverty.	2014-2017 Strategic Plan



Process / mechanism	Partners involved	Role of the Lead Agency	Purpose	Outcomes
	Centre, WDG Public Health), as well as action committees, and a membership committee including up to 40 local agencies.			
Wellington Guelph Drug Strategy	The Wellington Guelph Drug Strategy Committee includes approximately 35 member agencies as well as individuals with lived experience.	Member	The Wellington Guelph Drug Strategy brings together all pillars (prevention, treatment, harm reduction and enforcement) to work together to respond effectively to the issue of substance misuse.	Wellington Guelph Drug Strategy Report (2011)

## **Analysis of Community Planning Mechanisms**

The section below provides an assessment of the purpose of existing planning mechanisms in relation to child and youth mental health planning. It further identifies recommended changes to ensure appropriate processes to support community planning around the full continuum of child and youth mental health services; as well as the development of transparent pathways to, through and out of care.

A range of effective tables, committees and teams is in place across Wellington and Dufferin, with a focus on supporting community mental health planning, addictions, developmental disabilities and other needs. These groups cover various sectors, geographies, service priorities and mandates. Growing Great Generations (in Guelph/Wellington) and Dufferin Coalition for Kids (in Dufferin) have each developed the needed capacity and expertise, and trust of local stakeholders, to engage a broad range of service partners to identify concrete priorities and create change. However, neither group covers both Wellington and Dufferin. These committees have their own priorities and directions in place. They will be key tables to connect and partner with, and can be invaluable reference groups regarding their own geographies. One goal moving forward includes reviewing the mandates and membership of the various committees/groups that meet across Wellington Dufferin to determine if there is a better way of working together to achieve the desired outcomes.

Given this context, the Moving on Mental Health Steering Committee was implemented in November of 2015 and has continued to meet monthly to guide Moving on Mental Health Dufferin Wellington. It includes the three Core Service providers in Dufferin Wellington as well as other key children's mental health partner agencies (see Table 3, above).

There is a unique opportunity at this time to address the parallel system transformations that are underway in Ontario through the Moving on Mental Health strategy and the Special Needs Strategy. The Moving on Mental Health Steering Committee is working with the Special Needs Strategy Table (Dufferin Wellington) to develop a shared governance model for both strategies as well as designing one shared access system for special needs and mental health. This "Dual Strategy Steering Committee" will guide the development of both strategies across Dufferin and Wellington.

Preliminary conversations have also been held to determine whether and how we might embed mental health and special needs planning within the broader Children's Planning Tables described above. This would support effective, integrated planning for the needs of children, youth and families across Dufferin Wellington.

One change in planning mechanisms to be implemented in 2017-18 includes expanding and formalizing our engagement and partnership processes with Francophone and Indigenous service providers and community members.

## Section E: 2017-18 Priorities

The following priorities for 2017-18 focus on community mental health pathways and relationships with system partners. Priorities involving the delivery and planning of core services are captured in the 2017-18 Core Services Delivery Plan. Appendix A provides a summary of the process used to identify some of the key priorities for 2017-18.

Lead roles have been identified for each priority, and each deliverable will be supported by core and community mental health partners. All of the priorities described here will be informed by ongoing consultation with and engagement of a diverse range of youth, families and service providers representing various sectors, to ensure planning is grounded in their perspectives and needs.

### Priority #1: Simplify access to services for children, youth and families

Children, youth, families and service providers have indicated through various consultations, both local and provincial, that it is challenging to find and navigate mental health services. A system mapping exercise conducted by the Moving on Mental Health Steering Committee in July 2016 identified that there are at least six local “centralized” access points for mental health and special needs services, in addition to multiple other access points via health, education and other sectors. Families need simpler, better coordinated or integrated mechanisms to access the services and supports that they require. They need these access mechanisms to address the needs of whole families, which often cross sectorial, age, geographic and other service boundaries.

#### Objectives:

By expanding the Here 24/7 partnership to include mental health and special needs services across Dufferin, Waterloo and Wellington, families will experience simpler access to services and supports. It will be easier for both families and service providers to find the appropriate services, and services will be better coordinated and integrated through shared planning mechanisms, shared access to client information and shared measurement of performance and outcomes.

Deliverable(s)	Task(s)	Roles	Start dates
Shared governance for child/youth mental health and special needs	Continue the process of merging the Moving on Mental Health Steering Committee and Special Needs Strategy Table and their sub-committees.	Lead: Dual Strategy Steering Committee	Spring 2017
One access system for child/youth mental health and special needs across Dufferin Wellington	Create one access point for mental health and special needs, for children and youth, across Dufferin and Wellington, via Here 24/7.	Lead: CMHA WW	April 2017
Explore shared access for Dufferin, Wellington and	Continue conversations with Lutherwood (Lead Agency in Waterloo Region) regarding expanding access for	Leads: CMHA WW and Lutherwood	April 2017

Waterloo	child/youth mental health services via Here 24/7 to Waterloo.		
Opportunities to coordinate or integrate services and systems are identified and acted on	Bring the child/youth mental health teams in Dufferin and Wellington together to compare services and identify opportunities to strengthen the services and pathways available in our service area	Lead: Systems Coordinator	May 2017
	Review system pathways including child/youth mental health, special needs, education, health and other services/sectors.	Lead: Services and Pathways Working Group	May 2017
	Review the mandates of local committees and planning tables, and identify opportunities to align or streamline these efforts.	Lead: Dual Strategy Steering Committee	Fall 2017
	Develop a comprehensive system plan	Lead: Dual Strategy Steering Committee	Fall 2017

**Priority #2: Shared access to client information**

Children, youth and families with mental health issues often need support from multiple organizations with different realms of expertise, however, these organizations also have different mandates, staff, policies, and information management systems. This segmented system of care often puts the parent in the position of de facto case manager, acting as a conduit of information, retelling their story and updating workers. Decisions made by different members of the team may lack key information, and the family and other workers may not understand who is on the team.

Addressing these issues could relieve some pressure from parents who are already stretched; reduce the time service providers spend providing and tracking down updates; and ensure that details don't get lost in the shuffle.

A "care team dashboard" prototype was developed and tested with young people, families and service providers in December 2016 and January 2017. This "digital dashboard" helps workers, parents and youth to be on the same page about goals, challenges, current strategies, case history, preferences, and who's on the team. It facilitates inclusion, holistic decisions, and gives agency for the family's voice. It puts all information in one accessible and usable place—helping everyone know who's on the team and work together across silos to support the complexity of a person/family.

**Objectives:**

The goal is to ensure easy, shared access to client information that everyone on a care team (including the client/caregiver) can use to support the family. While there is broad buy-in for making it easier for people to access the information they need, there is also broad concern about privacy and related issues. Therefore, Moving on Mental Health Dufferin Wellington will

proceed with several concrete actions aimed at making it easier for service providers to securely share or have shared access to client information; simplifying scheduling and communication; and ensuring young people and families/caregivers understand who is on the team, what they do and how to contact them; and that they have case management tools and supports available. Technology will be leveraged wherever possible to facilitate efficient information-sharing.

Deliverable(s)	Task(s)	Roles	Start dates
Identify/develop tools, infrastructure and processes to simplify information-sharing and information management	Confirm whether OTN can be used to send client information securely via email	Lead: CMHA WW	April 2017
	Explore accessing/developing a case management tool for clients	Lead: Tools & Training Working Group	May 2017
	CMHA WW will be able to connect to the Hospital Reports Manager system beginning in 2017. This will allow staff to transfer electronic updates on the services provided to clients directly in to the electronic medical records of family physicians in Wellington. We will explore how this connection can improve child/youth mental health service (e.g., by developing forms tailored to what physicians need to know about a child & family).	Lead: CMHA WW	Summer 2017
	By bringing mental health and special needs partners across Dufferin, Waterloo and Wellington in to the Here 24/7 partnership, all core system partners will have shared access to client information via the Here 24/7 Partner Portal.	Lead: Access Working Group and Here 24/7 Leadership (CMHA WW)	January 2018

**Priority #3: Services are better connected and more supportive**

We know that it takes the combined effort of skilled professionals to help children and youth in our communities—no one person has all the answers. We’ve heard through local consultation (both in early 2016, and in late 2016/early 2017) that the team that forms around a child/youth can feel haphazard, leaving the youth or parent to connect dots of who is helping with elements of the care plan. Young people and families want to know who is on their team, and they want that team to work well together to support them or their loved one.

Coordinating times for inter-agency team meetings to discuss a situation together can be challenging. When case conferences do happen, there may not be a great deal of consistency, with the quality varying depending on the effectiveness of the facilitator, leaving the family feeling frustrated. Current tools (e.g., Collaborative Case Conferencing Guide) seem to be more output focused without giving guidance on how one might get to those outcomes. This leaves a lot of room for

interpretation, a potential cause for the lack of consistency.

Objectives:

- Ensure effective processes and tools are in place to support effective inter-agency, inter-disciplinary care for young people and their families.

Deliverable(s)	Task(s)	Roles	Start dates
Develop system-wide buy-in for a common approach to inter-agency meetings across services and sectors	Building on successful tools already in use within the service area, determine what team support model will most effectively support children, youth, families and their care providers within our system. Start by exploring Signs of Success as a team support tool for the mental health and special needs systems.	Lead: Dufferin Child and Family Services	March 2017
Make it easier to coordinate inter-agency meetings	Develop/expand an interagency scheduling tool	Lead: Access Working Group and Here 24/7 Leadership (CMHA WW)	Spring 2017
Help families understand the services they are engaging with	Develop tools that help clients know who is on their team, what they do, and how to connect with them	Lead: Tools & Training Working Group	Summer 2017
Bring services closer together in order to provide easier and more effective supports to families	Explore a hub model of service with a rural Family Health Team	Lead: CMHA WW	Continue from 2016-17
	Based on the Signs of Success conversation in March 2017 (see above), explore the development of flexible support teams that work with whole families, towards the goals youth and families identify for themselves, based on effective collaboration and coordination between service providers	Lead: create a joint MOMH and Special Needs working group	Fall 2017

## **Section F: French Language System Partners**

French Language Service Providers for child/youth mental health in Dufferin and Wellington include CMHA WW, conseil scolaire Viamonde and conseil scolaire de district catholique Centre-Sud.

French Language Service Providers were invited to participate in the feedback sessions that took place in December 2016-January 2017, as well as a meeting of the Lead Agency and local English and French school board mental health leads in January 2017. Discussion centred around the mental health plans/priorities of each organization, including the MOMH priorities for 2016-18.

One challenge includes the geographic span of the French school boards. While the mental health leads would like to participate in local planning activities, their service area essentially covers all of Southwestern Ontario, which poses a challenge for attending meetings and consultations. In addition, the French catholic school board does not currently have a mental health lead in place.

French language system partners have identified challenges that families experience in trying to access mental health services in French in their local communities, often having to travel to larger centres (e.g., Toronto) to access the services they need. Service providers in Dufferin have noted that while French-speaking clinical services based at CMHA WW are available to families in Dufferin, the service could be used more frequently. Efforts to increase awareness of this service will be made.

# Appendix A: Process for Identifying MOMH Priorities for 2017-18

