

Community Mental Health Plan for Children and Youth: 2015-2016 Reporting Template for Phase Two Lead Agencies

Durham Service Area

Instructions and Guidelines for completing the Community Mental Health Plan

Child and youth mental health is a shared responsibility. Reflecting this, Ministry of Children and Youth Services (MCYS) child and youth mental health lead agencies are responsible for engaging with their child and youth mental health and broader sector partners to develop a Community Mental Health Plan (CMHP) and a Core Services Delivery Plan (CSDP):

- The CMHP describes child and youth mental health services and supports delivered by other sectors (such as education, health, early years, child welfare and youth justice), as well as services delivered by the lead agency that are not core. This plan reflects the valuable role that broader sectors play in the delivery and funding of child and youth mental health services and will support the lead agency's work with their community partners to improve service delivery and pathways to, through and out of care.
- The CSDP focuses on describing the current delivery of core child and youth mental health services within a service area and how MCYS funding is being used to support these. It also identifies activities that will result in improvements to these services, and support a more effective and efficient system.

Program Guidelines and Requirements (PGRs) are under development which will describe the requirements for the plans at full implementation. The two plans are complementary, and together will support a fulsome description of, and action plan for, the child and youth mental health system, including steps to be undertaken by the lead agency, and others, within each service area.

The objectives of the CMHP are to:

- describe the roles, responsibilities and services provided by other community providers within the service area, in the provision of child and youth mental health services across the continuum;
- identify priorities for the lead agency's work with community partners to address service needs/gaps and the workplan for addressing those priorities;
- describe and transparent pathways to, through and out of care, and the plan to continuously enhance those pathways; and
- support an enhanced provincial understanding of the child and youth mental health system through analysis and identification of common themes and priorities.

Reflecting the shared nature of child and youth mental health a number of community partners may be involved in supporting these services at the local level, including, but not limited to:

- District School Boards
- Hospitals
- Community Care Access Centres
- Local Health Integration Networks
- Children's Aid Societies
- Youth justice providers
- Public health
- Local Centre for Addiction and Mental Health offices
- Early Years providers
- Specialized services
- Other "non-core" Child and youth mental health service providers
- Other community partners you may identify as appropriate

The expectation in 2015-16 is for lead agencies to undertake a realistic, achievable process that demonstrates progress. The 2015-16 CMHP will focus on understanding current services and pathways so that lead agencies build a foundational understanding of their service area from which they can build moving forward. Through the completion of the template lead agencies will be able to demonstrate progress in assuming the planning functions of a lead agency.

Minimum Expectations for 2015-16:

- lead agencies are responsible for completing the 2015-16 CMHP and submitting it to their MCYS program supervisor by March 31, 2016 for approval. The lead agency is encouraged to obtain board support for their plan;
- the needs of particular diverse groups (e.g. Francophone, Aboriginal) in a service area should be considered (note: where comprehensive engagement mechanisms do not exist this should be noted and considered an area of focus for 2016-17);
- lead agencies must undertake appropriate engagement activities (as determined by lead agencies based on local service area composition) and describe their engagement with appropriate community partners in the plan; and
- the CMHP must describe current targeted prevention activities and mental health services delivered in the service area:
 - These services are those focused on meeting the needs of children/youth at levels 2, 3 and 4 on the Continuum of Needs outlined in the PGR #01: Core Services and Key Processes, (available online at ontario.ca/movingonmentalhealth).
 - These services can be expected to have measureable mental health outcomes.

- Services for children and youth at level 1 of the Continuum of Needs (e.g. universal prevention) will be considered in further iterations of the CMHP.

While there is an expectation that lead agencies start to engage with their broader sector partners, it is up to the lead agencies to determine how far this work can be progressed in 2015-16, based on an assessment of the composition of the community and its planning processes (including existing/potential new mechanisms), timing etc. Examples are provided above of who this could include. There are no minimum expectations of who specifically should be engaged in 2015-16.

The following sections provide a description of each section in the 2015-16 CMHP reporting template, including additional context and what should be captured in each section.

Section A: Community engagement:

- In this section please describe the engagement process undertaken to inform this plan (see above for examples of community partners):
 - Who was engaged and a description of the engagement approach.
- Please note that youth and family engagement activities will be captured through the CSDP.

Section B: Current service provision and pathways to care:

- For 2015-16 the plan will focus on understanding existing targeted prevention activities and child and youth mental health services delivered in the service area, as well as initial identification of some of the formalized processes that support pathways to-and out of child and youth mental health care.

Current service provision and pathways to care:

- In this section please describe the targeted prevention and mental health services in your service area, including target population, age, and geographic spread.
 - Services listed should include any services delivered by agencies that are not funded through MCYS' core services/key processes detail codes.
 - For each service please also describe the formalized protocols and/or processes (e.g. MOUs, operational agreements) that support pathways to and out of core child and youth mental health services
 - Note that pathways to support successful transitions through child and youth mental health core services will be addressed in the CSDP.

Section C: local child and youth mental health community planning mechanisms:

- This section focuses on describing local community planning mechanisms (e.g., planning tables) that have an impact on child and youth mental health, and undertaking an analysis of their future role in supporting child and youth mental health related discussions, including their potential role in supporting the development of the CMHP and CSDP.

C.1: Existing Planning Mechanisms (Existing mechanisms):

- In this section identify the existing local community planning mechanisms including who is at the table, their role etc. (add rows as necessary).

C.2: Existing Planning Mechanisms (Analysis of mechanisms):

- In this section please start to undertake an analysis of the appropriateness and effectiveness of existing mechanisms to support community mental health planning, and recommendations for improvements, including changes to existing mechanisms and/or new approaches where needed.

2015-16 Community Mental Health Plan for Children and Youth Template: Section A: Community Engagement

Please name the community partners you engaged and how they were engaged in the development of the CMHP.

1. Kinark Child and Family Services hosted two webinars in November of 2016 open to all community partners identified to date. The webinars presented an overview of the Moving on Mental Health Strategy and the responsibilities of Lead Agency within the service area. Service providers who attended the webinars were:

MCYS Probation Services	Kerry's Place
Community Living Oshawa/Clarington	Catulpa
Murray McKinnon Foundation	Durham Region Public Health
Durham Region Social Services	Central East Community Access Centre
Catholic Family Services	Enterphase
Durham District School Board	Rose of Durham
Clarington Public Library	Bartimaeus

All community partners identified on the concentric circle map (Appendix A) were invited to participate in the webinars.

2. On completion of the webinars Kinark asked each organization to complete a brief survey that highlighted:
 - Current programs and services that they provide to the service area
 - Current protocols and critical pathways for access to mental health service and supports
 - Current participation in community planning mechanisms that have impact on child and youth mental health supports
3. Kinark has met individually with the following organizations to further discuss the Moving on Mental Health strategy and answer questions related to the Lead Agency responsibilities.
 - Grandview Children's Centre
 - Durham District School Board
 - Durham Catholic District School Board
4. In March 2016 Kinark presented to the Durham Collaborative Framework (Planning Network). The presentation outlined the Moving on Mental Health strategy and the role and responsibilities of Lead Agency. The presentation also highlighted priorities identified in the CSDP for 2016/17 for the Durham Service area.

Section B: Current service provision and pathways to care

- Kinark continues to gain a more fulsome understanding of the service landscape in the Durham service area, including where non MCYS-funded children's mental health services sit on the continuum of service, as well as the existing protocols and pathways to, through, and out of service, and their effectiveness. We anticipate that we will identify additional partners above and beyond the list provided in this plan in the year ahead.
- As a result of engagement, including both surveys and face to face meetings, a body of information has emerged. Similar to references in the CSDP, it is clear, and perhaps unsurprising, that there is currently no common understanding of the services, programs or pathways and protocols that do exist or a common language for communicating information about them. The information collected to date reflects this and confirms the need for work in this area.
- Kinark has forecasted ongoing engagement and information gathering to complete the picture and this work has been identified in the Durham CSDP under Priorities #1 and #3.
- The summary below represents a beginning understanding of the service landscape and the multitude of service partners that could form part of a comprehensive CMHP for children and youth in the Durham service area.

Current Service Provision and Pathways to Care

Please complete the summary chart below describing targeted prevention activities and mental health services in the service area (n.b: this does not include core MCYS-funded child and youth mental health services which are captured through the CSDP).

Community Partner delivering service	Description of service (include where the service falls on the continuum)	Details of service			Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Aboriginal)	
Durham District School Board	<p>Clinical Psychology Early intervention, short term service and assessment of learning difficulties</p> <p>Attendance Counselling Support to children, youth and families for regular attendance at school Case management/coordination of services or link to community services</p> <p>Section Classroom Partnerships Small class placement for children and youth who experience significant MH difficulties and behavioural challenges – Partnerships with community MH organizations</p> <p>Expulsion/Exclusion Programs Alternative classroom placements to further education during time of exclusion from main stream education as a result of identified risk</p>	Durham Region	4 – 21 years		Internal Referral through elementary and secondary schools

	<p>Mental Health Lead/Strategy Implementation of Board mental health strategy and integration with community stakeholders for connection of services</p>				
Durham Catholic District School Board	<p>Clinical Psychology Early intervention, short term service and assessment of learning difficulties</p> <p>Attendance Counselling Support to children, youth and families for regular attendance at school Case management/coordination of services or link to community services</p> <p>Section Classroom Partnerships Small class placement for children and youth who experience significant MH difficulties and behavioural challenges – Partnerships with community MH organizations</p> <p>Expulsion/Exclusion Programs Alternative classroom placements to further education during time of exclusion from main stream education as a result of identified risk</p> <p>Mental Health Lead/Strategy Implementation of Board mental health strategy and integration with community stakeholders for connection of services</p>	Durham Region	4 – 21 years		Internal referral process through elementary and secondary schools
Kawartha Pine Ridge District School Board	<p>Clinical Psychology Early intervention, short term service and assessment of learning difficulties</p>	Clarington	4 – 21 years		Internal referral through elementary and secondary schools

	<p>Attendance Counselling Support to children, youth and families for regular attendance at school Case management/coordination of services or link to community services</p> <p>Section Classroom Partnerships Small class placement for children and youth who experience significant MH difficulties and behavioural challenges – Partnerships with community MH organizations</p> <p>Expulsion/Exclusion Programs Alternative classroom placements to further education during time of exclusion from main stream education as a result of identified risk</p> <p>Mental Health Lead/Strategy Implementation of Board mental health strategy and integration with community stakeholders for connection of services</p>				
PVNCCDSB	<p>Clinical Psychology Early intervention, short term service and assessment of learning difficulties</p> <p>Attendance Counselling Support to children, youth and families for regular attendance at school Case management/coordination of services or link to community services</p> <p>Section Classroom Partnerships</p>	Clarington	4 – 21 years		Internal referral through elementary and secondary schools

	<p>Small class placement for children and youth who experience significant MH difficulties and behavioural challenges – Partnerships with community MH organizations</p> <p>Expulsion/Exclusion Programs</p> <p>Alternative classroom placements to further education during time of exclusion from main stream education as a result of identified risk</p> <p>Mental Health Lead/Strategy</p> <p>Implementation of Board mental health strategy and integration with community stakeholders for connection of services</p>				
French School Board – Conseil Scolaire de District Catholique Centre-Sud	TBD			French Language Population	
Le Centre de Services de Garde Les Lucioles Inc.	<p>French speaking preschool daycare programs</p> <p>Individual and family counselling supports</p> <p>French language support and referral to community services and programs</p>	Durham Region		French Language Population	Direct Referral
Central East Access Centre	Mental Health Nurses Program – support to children and youth transitioning from health supported services back to school environment	Durham Region	0 – 18 years		MOU with Boards of Education – direct referral from Boards of Education

<p>Public Health Durham</p>	<p><u>Healthy Babies, Healthy Children (HBHC)</u> Program offers the following to enhance parent child attachment: NCAST Parent-Child interaction Feeding (0-1yo) and Teaching Scales (1-3yo) <u>PIPE</u> is a program that focuses on strengthening the relationship between parent and child. The program is applicable to children from birth to three years of age, as parenting education has the most impact on the life of a child when started early. Parents who are emotionally available promote social and emotional competencies in their children that carry through into their adult lives</p> <p><u>Transition to Parenting</u> 12 week educational and support group for new mothers, prenatal women and their families experiencing challenges with the transition to parenting and/or coping with perinatal mood disorders such as anxiety or depression. The main purpose of the group is to increase participants' knowledge and confidence, develop coping skills and strategies for living with perinatal mood disorders and enhance parenting relationships</p> <p><u>Reproductive Health Program:</u> Provides prenatal health</p>	<p>Durham Region</p>		<p>Focus on New Mothers and 0 -6 years of age</p>	<p>Direct Referral</p>
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	education to pregnant mothers and their partners and inform				
Pinewood Centre for Addictions – Lakeridge Health	Treatment for addictions Individual counselling and group support Access to detox programming and residential supports for addictions	Durham Region		Self-identified addictions issue	Self- Referral
Durham Children's Aid Society	Investigate allegations or evidence that children under the age of 16 may be in need of protection Protect children where necessary, provide guidance, counselling and other services to families for protecting children or preventing circumstances requiring the protection of children, provide care for children assigned or committed to its care, supervise children assigned to its supervision, place children for adoption when necessary	Durham Region	0 – 18 years	Children and youth in need of protection from their caregiver(s)	CAS intake
Catholic Family Services of Durham	Individual Counselling Family Counselling Financial Planning	Durham Region			Self –Referral Fee based
Municipality of Durham	Ontario Works ODSP Income and Housing Supports	Durham Region	16 years and older		Self –referral Must meet criteria of program
Resources for Exceptional Children	Pre-school support Case management services for children and families with an	Durham Region	0 – 18 years		Self –Referral Service Provider Referral

	identified exceptionality Children's Case Coordination Services				
Durham Regional Police and OPP Detachments	Children's Mental Health Support Team: Follow up on all incidents involving children and youth under the age of 16 involved with mental health issues and connect them with community partners, agencies, community treatment court and general community outreach to continue knowledge of services and service providers, familiar with members of the community	Durham Region		Children and youth in conflict with the law	<u>Police and School Board Protocol:</u> Developed with the understanding that cooperative involvement, prevention and intervention will facilitate compliance with the law, and the development of positive attitudes, and acceptable student behaviour and to support a learning environment that is safe, nurturing, positive and respectful. This applies to all partners in this process. The end goal is safe and caring schools supported by this partnership <u>Children's Mental Health Support Team:</u> ongoing informal partnerships with community resources to refer individuals to community resources/programs <u>Emergency Response</u> 911 support for all crisis
Youth Justice Supports - Probation	Youth Justice Services is not a service provider to community at large; rather are service providers to YJS clients. YJS offers in-house preventative and readiness programs to our clients. In order to service the MH needs of youth clients, YJS utilizes MH supports through core service providers in each of the communities within the service region	Durham Region	12 – 18 years	Youth in conflict with the law	YJS utilizes pathways as they exist in the community at large. Probation Officers will refer clients to community agencies as needed, following referral/pathways determined by receiving agency

Nijkiwendidaa Anishnabekwewag Services Circle	Supports for witnessing violence Individual and Family Counselling Healthy Babies/Children Life Skill Building Youth in Transition	Durham Region		Aboriginal Populations	Direct Referral
Community Living Oshawa/ Clarington	Residential Services Children's Respite Case Management Supports Children's Services Support	Clarington Oshawa	Up to 18 years	Specialized population identified with cognitive impairment (IQ below 70)	Direct Referral upon confirmation of diagnosis
Community Living Durham North	Residential Services Children's Respite Case Management Supports Children's Services Support	North Durham (rural communities)	Up to 18 years	Specialized population identified with cognitive impairment (IQ below 70)	Direct Referral upon confirmation of diagnosis
Community Living Ajax and Pickering	Residential Services Children's Respite Case Management Supports Children's Services Support	Ajax Pickering	Up to 18 years	Specialized population identified with cognitive impairment (IQ below 70)	Direct referral upon confirmation of diagnosis
Durham Behaviour Management Services	Case Consultation Individual behavioural interventions Case Management	Durham Region	0 – 18 years		Direct Referral

Murray McKinnon Foundation	Residential living for young people experiencing conflict with the law - open custody	Peterborough Durham	Up to 18 years	Youth in conflict with the law	Court Ordered
Ontario Early Years Centre	Promote and support healthy development of children 0-6 years and their families/caregivers	Durham Region			Direct referral and walk in access
Rose of Durham	Individual Counselling Parenting Supports Case management – referral to community supports	Durham Region		Young mothers and their children	Direct Referral
Canadian Mental Health Association (CMHA)	Programs for Youth Early Psychosis Intervention Mental Health and Justice Youth Wellness Choices Program Family and Caregiver Group Life Skills Program Housing Nurse Practitioner Walk In Clinic	Durham Region	16 years and older		Direct Referral
Durham Mental Health Services	Individual Counselling Day Programming Housing Placements and Supports ACTT Teams	Durham Region	16 years and older		Direct Referral
Joanne's House Durham	Youth Homeless Shelter	Durham Region		Homeless Youth	Direct Access
Welcome Centre – Immigrant Services Ajax	Assessments of supports needed	Durham Region		Immigrant Population – New Canadians	Direct Access

Pickering locations	Employment assistance and supports Support for transitions into community				
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Section C: Local Child and Youth Mental Health Community Planning Mechanisms

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

- In a very short period of time and in collaboration with our core service providers, Kinark has gathered information identifying key planning mechanisms and service coordination processes that have an intersection or impact on children’s mental health service delivery. There were over 35 planning mechanism brought forward for Durham Region that touch children’s services. Below is the sample that bears the most impact within the region. We continue to gather further information regarding timing, frequency of meetings and outcomes/products emerging from these local tables
- As identified in Kinark’s Core Service Delivery Plan 2015/16 there is an opportunity to determine the most appropriate mechanism required in the Durham to ensure that the right information and diverse perspectives are available to inform collaborative planning. Kinark in collaboration with its core partners plans to implement a process to assess current planning mechanisms, to develop key success criteria for planning mechanisms moving forward, and establish an implementation plan to ensure cross-table/sector collaboration. Planning mechanisms will also need to be inclusive of the youth/family voice.

C.1: Existing Planning Mechanisms (Existing mechanisms):

Process/mechanism (including frequency/timing)	Partners involved	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
Durham Collaborative Framework – Formerly Strategic Planning Alliance	Please refer to website: www.DCYPN.com	Member	Sharing information, experience and expertise Supporting creative problem solving Growing a responsive, integrated, coordinated and collaborative service system	Terms of Reference
Durham Mental Health Collaborative	Core Providers Boards of Ed. Hospitals Youth Justice Supports – Probation	Co -Chair	Individual case review for youth with complex mental health needs whose service plan has stalled or requires service system intervention and planning to problem solve and move forward	MOU

Durham Residential Access Planning (DRAP)	Residential Providers in Durham Region with MCYS representative	Member	Individual case review for Access to residential treatment beds and prioritization of beds in service area	Terms of Reference
TAMI Coalition Talking About Mental Illness	TBD	Member	Oversight of TAMI implementation into Durham elementary and secondary schools Development of all promotional materials to support TAMI work	Terms of Reference
Youth Suicide Prevention and Action Working Group	Lakeridge Health Core Service Providers	Member		Terms of Reference
Best Start Network	0 – 6 service providers in Durham region	Member	To support the development and implementation of a dynamic responsive, high quality, accessible and integrated child and family services system. The network will plan, implement and monitor integrated service delivery at the local level	Terms of Reference
Central East Specialized Network of Care	Central East Developmental Service Providers		Service system planning for developmental supports and dual diagnosis Implementation planning for MCSS priorities	Terms of Reference
Special Needs Strategy – Coordinated Service Planning	TBD			
CE LHIN Planning for Consistent Pediatric Mental Health Services and Supports	CELHIN Hospitals CMHO Kinark CMHA	Member	CE LHIN supported committee for phase 3 of the planning and implementation of consistent pediatric mental health supports across all participating hospital based services	Terms of Reference
Situation Table	DRP Led CE LHIN Core Providers	Member	Individual case planning for youth and families identified through police risk assessments in Durham region	MOU
Community Threat Assessment	Boards of Ed. Core Providers Youth Justice Supports	Member	Individual case planning for children and youth at risk of being excluded from school due to criminal or at risk behavior	MOU

Mental Health Alliance	DDSB (mental health lead) led committee with key stakeholders in Durham Region	Member	Gathering of children's mental health key stakeholders for information sharing and to inform Boards of Education mental health strategy	Terms of Reference
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C.2: Existing Planning Mechanisms (Analysis of mechanisms):

Analysis of community planning mechanisms:

- As identified in Kinark's CSDP for 2016/17 (Priority #1), there is both an opportunity and a need to determine the planning mechanism(s) required in Durham to ensure that the right information and diverse perspectives are available to inform collaborative CYMH service planning. Durham core providers will be implementing a process in 2016/17 to assess current planning mechanisms, to develop key success criteria for planning mechanisms moving forward, and move forward with an implementation plan that promotes and sustains cross-table/sector collaboration.

Based on the information described above, please consider the following and provide an analysis of the appropriateness and effectiveness of existing mechanism to support community mental health planning, and recommendations for enhancements:

1. Is there a range of mechanisms that support planning at the local level?

There is a range of planning and information sharing mechanisms totaling over 35 in the Durham service area. To date we have identified twelve core planning mechanisms in the Durham region that potentially intersect with, or impact, child and youth mental health planning. A number of these tables also have active sub-committees. These tables identify a variety of purposes including:

- information sharing
- networking
- service provision planning and oversight for individual clients
- service coordination
- service resolution
- advisory
- service planning

Some of the identified planning mechanisms have a focus on specific interventions or specific populations. The current Durham Collaborative Framework (formerly the Durham Strategic Planning Alliance) has a history of cross sectoral information sharing, planning, collaborative training opportunities and networking inclusive of all children's community services.

In discussions with core service providers in Durham It is agreed that the service area has already undertaken significant work to develop a planning structure that focuses on the needs of children, youth and families and that is inclusive of cross sectoral supports. An investigation to determine the viability of the planning for children’s mental health services within the framework will need to occur. Currently this mechanism brings together core providers and cross sectoral mental health supports that impact on child, youth and families on a voluntary basis. Presently the family/youth voice is included at an organizational level, but not in the planning function at the service area level.

2. Do any of these mechanisms bring together all key sectors involved in the continuum of child and youth mental health services, including:

- Youth and families;
- Child and youth mental health service providers;
- District School Boards;
- Hospitals;
- Primary Health Care;
- Public Health;
- Child Welfare;
- Youth Justice;
- Specialized Services; and
- Early Years.

The Durham Collaborative Framework and the Mental Health Alliance appear to be the two structures with a dedicated focus of inclusive information sharing, networking and planning for services to children, youth and families. While the mental Health Alliance seems to focus more on mental health supports only, it does not utilize a decision making framework for the purpose of service planning or service development. The Mental Health Alliance focuses on school age children and youth. Given both community structures continue to develop there is an opportunity to investigate where appropriate the children’s mental health planning should be leveraged.

3. Does the identified mechanism(s) have the support and confidence of community partners?

While the above frameworks are developing and will require investigation into their purpose or role with respect to community planning and informed decision making, they do provide a forum that community partners have shown support for through their attendance and participation. Another area of investigation for the core providers will be the proposed fee structure for the Durham Collaborative Framework and if that is appropriate or affordable for members.

4. Does the identified mechanism(s) have the demonstrated capacity (i.e., knowledge, expertise) to identify concrete priorities that will result in real change?

Currently there is no strategic planning document for either planning mechanism identified above. The Durham Collaborative Framework has identified their vision, mission and objectives. They include:

- Sharing information, experience and expertise
- Supporting creative problem solving and innovation
- Growing a responsive, integrated, coordinated and collaborative service system
- Achieving common goals and outcomes
- Measuring, evaluating, and reporting progress
- Evidence-informed decision making
- System excellence

At this time the structure does not support children’s mental health planning to realize the objectives of Moving on Mental Health.

5. Does the identified mechanism(s) incorporate the perspective of youth and families?

At this time family/youth voice is not incorporated into either framework as a standing member. Inclusion at this time is vetted through individual organizational pathways and back to committees. This is an opportunity to develop the family and youth perspective into the service area planning function and the increase their voice within each core service provider organization.

6. Is the identified mechanism representative of diverse population groups in the service area? For example, does the planning table have adequate representation from members who can speak about the specific needs of the families living in rural/northern areas, the francophone community in areas designated for French language services or Aboriginal communities?

The Durham service area is growing with diverse domains including culturally, ethnically, linguistically and economically. The current community planning tables strive to be inclusive and to have representation that focuses on supporting diverse populations. Adequate representation continues to develop that will support the needs of all children, youth and families, this is a goal for the community.

Please provide a summary of the analysis and identify recommended changes needed to ensure there are appropriate processes to support community planning around the full continuum of child and youth mental health services, and the development of transparent pathways to, through and out of care.

Summary of Analysis:

- At this time there appears to be no existing planning mechanism in the Durham service area with the experience, capacity and structure that could readily assume the function of children and youth mental health planning. While the identified frameworks attempt to bridge the service area and be inclusive of key stakeholders, the size and diverse mandate may limit the potential for informed decision making for any one sector/focus.

Recommendations:

- Priority #1 in our Durham CSDP for 2016/17 is to confirm our inventory of existing mechanisms and engage with them to better determine their current purpose and effectiveness and speaks directly to the work of establishing the required function(s) to support CYMH planning in the Durham service area.
Specific activities will include:
 - Develop assessment tool for current planning mechanisms
 - Define criteria for inclusive, effective, efficient and successful planning mechanisms
 - Determine changes required to the child and youth mental health planning environment in the service area in order to effectively plan for MOMH
 - Establish an implementation plan and identify priorities for action
 - Develop Terms of Reference and key success criteria for a planning mechanism(s) for CYMH in Durham and strategies for cross sector/table collaboration
 - Implement plan

Durham Partners for MOMH



Durham Planning Mechanisms

- Durham Children and Youth Planning Network (DCYPN)
- **Parent/Community Advisory Committee**
- Central Intake Steering Committee
- Community Mobilization for Suicide Prevention Action Group
- Best Start Network
- Behaviour Stabilization Consultation Team (BSCT) Advisory Committee
- **Durham District School Board Mental Health Advisory Committee**
- **Durham Region** Admission Process (DRAP)
- Durham Service Collaborative
- **Durham Talking About Mental Illness (TAMI) Coalition**
- Glen Street Community Capacity Advisory Committee
- Special Education Advisory Committee (SEAC)
- **The Arson Prevention Program for Children (TAPP-C) Committee**