TOWARDS A VANCOUVER COASTAL REGION CHILD AND YOUTH MENTAL HEALTH IMPLEMENTATION PLAN

Report to the Integrated Planning Committee
and Interim Chief Executive Officer
Vancouver Coastal Region
Ministry of Children and Family Development

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TABLE OF CONTENTS

EXECUTIVE SUMMARY I

A - INTRODUCTION 1

RECENT DEVELOPMENTS 1
PURPOSE AND SCOPE OF THE PROJECT 2
METHODS TO ACCOMPLISH PURPOSE 2

B - GUIDING CONCEPTS AND PRIORITIES 4

VISION 4
MISSION 4
NEW PRIORITIES 5

C – POPULATION PROFILES 6

POPULATION DISTRIBUTION 6
ABORIGINAL POPULATION 7
Vancouver and Richmond *7*
North Shore, Central Coast and Coast Garibaldi *7*
VISIBLE MINORITIES 8
ADDITIONAL PROFILES 8
EMOTIONAL HEALTH INDICATORS 8

D - CURRENT SERVICE SYSTEM 10

ORGANIZATIONAL APPROACHES 10
Organizational Matrix *10*
Management and Supervisory Mechanisms *12*
MCFD and VCHA Share of Program Responsibility *13*
SERVICES AND RESOURCES 14
Location of Programs and Resource Levels *14*
Resource Capacity in Relation to Population *16*
Spectrum of Services *17*
Community Residential and Psychiatric Inpatient Services *18*
COMMUNITY PLANNING AND SERVICE PARTNERSHIPS 19
Community Planning *19*
Service Partnerships *20*

E - POPULATION NEEDS AND SERVICE CAPACITY 21

TRENDS IN PREVALENCE 22
MANDATED POPULATION 22
RESPONSE CAPACITY 23
REGIONAL HOSPITAL DISCHARGES 24

F – COMMUNITY CONSULTATIONS 25

FOCUS GROUP CONSULTATIONS 26
Responses to Open-ended Questions *26*
Ratings on Priority Challenges *27*
COMMUNITY PROVIDER CONSULTATIONS 28
Responses to Closed-Response Questions *29*
Responses to Open-ended Questions *30*
YOUTH CONSULTATIONS 31

G – REGIONAL PLANNING AND IMPLEMENTATION INITIATIVES 33

A CASE FOR SUSTAINED REGIONAL PLANNING 33
A CASE FOR EARLY INTERVENTION PLANNING 34

H – PROGRAM CHALLENGES AND DIRECTIONAL PRIORITIES 37

ORGANIZATION AND BROAD PLANNING 37
Aboriginal Planning 38
DIRECTIONAL PRIORITIES 39
The Service Delivery System 39
Specific Services 41
Performance and Accountability 41
Education and Training 42

I – LIST OF APPENDICES 43

Executive Summary

A - Introduction

The Ministry of Children and Family Development is moving to regional governance. By the spring of 2004, community-based authorities will deliver most of the programs and services. In addition to a province-wide authority for community living services for adults with developmental disabilities and services to children with special needs, five regional child and family service authorities and five regional aboriginal authorities will be created.

Recent Developments

In the fall of 2002, the MCFD released internally a proposed *Child and Youth Mental Health Plan* that identified the directions needed to improve mental health outcomes for all children in British Columbia. In February 2003, the final Plan was publicly released. The approach taken addresses three key components of service: providing treatment and support; reducing risk for vulnerable children; and building family and community capacity to ensure the healthy development of children and families.

Purpose and Scope of the Project

In June 2002, Child and Youth Mental Health planners of the Vancouver Coastal Health Authority and the MCFD established the *Child and Youth Mental Health (CYMH) Planning Group* to assist the new Vancouver Coastal Region of MCFD in establishing new directions for child and youth mental health in the light of information from the *Joint Ministry Working Group* and impending provincial *Child and Youth Mental Health Plan.*

The creation of this committee also offered a unique opportunity to provide input on service planning and service model recommendations to the *Integrated Planning Committee* and Interim CEO/Board as the Region establishes its business plan as part of the move to a new governance structure.

Methods to Accomplish Purpose

As part of its initial efforts towards later implementation planning efforts across the four sub-regions of the Vancouver Coastal Region, the Planning Group secured the services of a consultant/group facilitator in October 2002 to guide and assist the group in quantifying current program information, reviewing regional planning and research documents, organizing community consultations, providing recommendations and establishing key directions for CYMHS across the sub-regions. It was understood that the provincial *Child and Youth Mental Health Plan* would guide the report and that any recommended directions would be consistent with the strategic shifts defined provincially by the MCFD.

B - Guiding Concepts and Priorities

Mission

The mission of MCFD is to promote and develop the capacity of families and communities to care for and protect vulnerable children and youth and to support adults with developmental disabilities.

As articulated by the Vancouver/Richmond Health Authority in 2000, the mission of CYMHS is to improve the functioning of children and their families where significant emotional, psychological, and/or behavioural disturbance indicates the need for psychiatric treatment.

This mission is grounded on the following foundation principles: comprehensiveness, diversification and integration. The challenge for CYMHS within the new authority will be to revitalize this mission statement in the light of the service components identified in the *Child and Youth Mental Health Plan.*

New Priorities

The Child and Youth Mental Health Plan has emphasized that positive outcomes for children can only be achieved when clinical practices and programs are based on evidence-based research. Increased attention on quality and types of services for children and families will influence the future planning and management of child and youth services in the Vancouver Coastal Region.
There are also changing government operational priorities, three of which have been emphasized by the Vancouver Coastal Region for 2002-2003:

- Improved mental health service access for aboriginal children and youth in their own communities;
- Increased service connections with at risk youth;
- Increased availability of prevention and intervention services for very young children and their families.

C – Population Profiles

The Vancouver Coastal Region, established in April 2002, includes the Vancouver, Richmond, North Shore/Central Coast and the Coast Garibaldi sub-regions. The majority of the population (91%) lives in the Lower Mainland that is comprised of Vancouver, Richmond, and the North Shore (includes North Vancouver and West Vancouver/Bowen Island). Child and youth mental health services in this part of the region are delivered in the contexts of:

- Increasingly multicultural and multilingual population;
- Urban poverty as well as the most healthy and wealthy;
- A large urban aboriginal population;
- High cost of living; and
- Urban realities such as transience/mobility, homelessness and street entrenched youth.

The remainder of the population (9%) is dispersed over a wide area defined by its geography, and includes the communities of Squamish, Whistler, Mount Currie, Gibsons, Sechelt, Pender Harbour, and Powell River as part of the Coast Garibaldi sub-region and the communities of Bella Bella, Klemtu, and Bella Coola as part of the Central Coast. Child and youth mental health services in this part of the region are delivered in the contexts of:

- Overall lower levels of population, health & education;
- Dependency on primary industries;
- Transportation challenges;

- "Economies of scale"
- Rural poverty; and
- Many land-based First Nations.

Population Distribution

The Vancouver Coastal Region population of children and youth, 0 – 19 years of age, is estimated to be just over 207,000. This represents approximately 21% of the population of children and youth in British Columbia. Over the next ten years, the under-19 population is projected to continue growing in Vancouver and in the Howe Sound area that includes Squamish, Whistler and Mount Currie communities.

D - Current Service System

Organizational Approaches

Organizational Matrix

Each sub-region of the Vancouver Coastal Region has developed its own organizational model of service, based on historical organization of child and youth mental health services, geographical distribution of the population, demographic factors, configuration of services funded by the MOHS and the MCFD, and some internal strategic planning efforts.

In Vancouver, the VCHA manages and delivers community-based CYMHS directly, while in Richmond, funding flows from the VCHA to the Richmond Community Services Society that is responsible for the provision of community-based child and youth mental health services. The high percentage of funds provided directly from the VCHA to fund child and youth mental health services (compared to Vancouver) characterizes the Richmond sub-region as having a delegated/joint model while the Vancouver sub-region can be characterized as having a delegated model primarily.

A joint model of service exists in the North Shore/Central Coast sub-region. Both the MCFD and Lion's Gate Hospital (VCHA) fund, manage and deliver child and youth mental health services in West Vancouver /Bowen Island and North Vancouver. They are intended to function as a "seamless" system of services to the public through a coordinated intake system. The MCFD also directly funds some contracted agencies. Through MCFD funding, contracted agent/agency services are delivered in the Central Coast; a remote area not conducive to the establishment of staffed child and youth mental health programs.

A mixed model of service exists in the Coast Garibaldi sub-region, given that the MCFD has established a contracted "staff equivalent" agency program to deliver its mental health services in Powell River. In the other two health areas, the Sunshine Coast and Howe Sound, MCFD delivers CYMHS services primarily through staffed programs/teams with some agency contracts. Overall, MCFD is the sole funding source for child and youth mental health services in this sub-region.

Management and Supervisory Mechanisms

In the Vancouver sub-region there is a Regional Manager for CYMHS who reports to the Director of Community Mental Health Services. Child and youth mental health services are co-located with adult mental health services at 8 Community Mental Health Teams that serve different city neighborhoods. Child and youth staff members are accountable to the managers of each. Clinical supervision is provided by the Team Director or designate and is also accomplished through informal peer-consultation processes and case conferencing. Vancouver has also developed specialized programs that provide services that are not specific to individual neighborhoods. These programs are not linked to the Mental Health Teams, although they do coordinate their services with the teams. In addition to peer-related supervision, a Coordinator provides administrative and clinical supervision to program staff.

In the Richmond sub-region, there is an Administrative Manager for CYMHS who reports to the Program Manager for Mental Health. There are three major programs, each with an assigned part-time coordinator. These coordinators schedule monthly 90-minute (or on demand if necessary) clinical supervision meetings with all CYMH staff. Informal peer-consultation occurs at weekly staff meetings and at monthly case review/consultation meetings.

In the North Shore sub-region, the MCFD services are co-located with other ministry programs at one work site. A Coordinator, who reports to a Community Services Manager, manages the team. The Coordinator is responsible for the clinical supervision of the staff, although much of this is accomplished through peer consultations and case conferencing mechanisms. The VCHA services are co-managed by a Manager and a Clinical Director of Child and Youth Programs. These individuals report to a Director and a Clinical Director of Mental Health Programs, respectively. Clinical supervisory mechanisms are informal and based on peer-consultation mechanisms and case conferencing procedures. There is a linkage between the MCFD and VCHA run programs through the coordinated efforts of the MCFD Coordinator and the VCHA Manager of Child and Youth Programs.

In the Central Coast, the MCFD contracts out its child and youth mental health services to an agency and the Bella Coola Hospital. The Community Services Manager for the North Shore manages these services. No clear clinical supervision mechanisms have been defined.

In the Coast Garibaldi sub-region, the MCFD services in Howe Sound and Sunshine Coast are co-located with other ministry programs at three locations and one outreach office. Coordinators, who report to a Community Services Manager, manage the teams in the two catchment areas. The Coordinator is responsible for the clinical supervision of the staff, although as in other sub-regions, the process is usually based on peer-consultation and case conferencing mechanisms.

In Powell River, the services are provided by a "staff equivalent" contracted agency, the Powell River Child, Youth and Family Services Society. A Team Leader, who reports to the agency Administrator, manages the program. The Team Leader is responsible for clinical supervision although for the most part this process is informal since there are established case conferencing mechanisms and ongoing opportunities for peer support in case management.

MCFD and VCHA Share of Program Responsibility

It is evident that the MCFD and the VCHA share a large responsibility for the provision of FTE's across the sub-regions. Overall, the MCFD supports 72% of the full-time equivalent resources (staffed or contracted services) available for CYMHS programs across the four sub-regions. The VCHA and two school districts (Richmond and Vancouver) support 20% and 8% of the staffing resources, respectively. In the latter regard, school personnel work in day treatment programs that also involve mental health clinicians.

Services and Resources

Location of Programs and Resource Levels

The different funding patterns in the sub-regions, including the direct role of the VCHA, have influenced the type of service model that has developed in these locations. There are currently 52 programs, teams or identified specialist personnel that can be identified across the region. Vancouver and Richmond share three of the identified programs.

Approximately three-quarters of the FTE's (76%) are provided through stand-alone programs and teams, most of which are funded through the VCHA in the Vancouver, Richmond and North Shore sub-regions. Multi-disciplinary MCFD work sites exist on the North Shore and the Coast Garibaldi sub-regions that have approximately half (50%) of the contracted agency FTE's for the Region. Medical services account for a small percentage of the total FTE's for the region as a whole.

Resource Capacity in Relation to Population

It is apparent that the North Shore and the Coast Garibaldi sub-regions have the least number of FTE's relative to their existing populations of children and youth. The Richmond sub-region is slightly better resourced in this regard. The Vancouver sub-region has the greatest relative resource level of all the sub-regions.

The Central Coast has the most FTE resources based on the small population base; however, this region is also the most geographically challenged and isolated in the Vancouver Coastal Region.

Spectrum of Services

It is apparent that outpatient counselling is by far the predominant form of treatment and support services as a primary role for child and youth mental health programs and teams, with lesser involvement in the more intensive non-residential services along the continuum.

When the secondary role is included in the analysis, there is a large increase in the consultation service provided and an increased involvement in family development, crisis intervention and stabilization, day treatment, residential support and acute care support. Home-based and outreach services remain approximately the same.

Overall, while there is some variation in the profile of primary and secondary activity across the sub-regions, there is an overall consistency in terms of a lowered involvement at the intensive non-residential part of the spectrum of services.

Community Residential and Psychiatric Inpatient Services

The only community residential child and youth mental health program/facility that exists in the Vancouver Coastal Region is in Vancouver. Newly developed, the Alderwood Family Development Centre (Children's Foundation) for children 6 – 12 years of age, has an 8- bed capacity with respite, day programming, multidisciplinary assessment and planning, and individual and group treatment.

Inpatient services, provided by the BC Children's Hospital (BCCH) Mental Health Programs, play an important role in the delivery of child and youth mental health services in Vancouver and across the province. There are four inpatient programs with a total capacity of 26 beds that serve secondary and tertiary care roles for Vancouver and other areas of the Vancouver Coastal Region.

The Maples, located in Burnaby, functions as a provincial tertiary care facility with a total capacity of 38 beds located in four units. As with the BCCH, protocol agreements defining access have been established with the sub-regions.

There are no other hospital facilities that provide dedicated psychiatric beds for children and youth in other sub-regions of the Vancouver Coastal Region. Lion's Gate Hospital, Richmond General Hospital and Powell River Hospital each have psychiatric units (14,32 and 5 beds, respectively) that can be accessed by adolescents, but these are considered primarily as adult facilities. The North Shore also has Magnolia House, a short-term residential facility that also admits adolescents.

Community Planning and Service Partnerships

In order to ensure its impact on children, youth, families and communities, CYMHS must establish accessible and effective services, within the community. It must also demonstrate a capacity to link with a range of community stakeholders to further the delivery of a range of such services and to join with families and other citizens in the resolve to reduce risk by promoting the emotional well being of children and youth.

Community Planning

Community relationships are being demonstrated in the day-to-day mental health staff activities that involve program consultation to community child and family programs, case management with families and collateral professionals, and public and targeted education in schools and community. However, the major impact of organized community partnerships has been visibly demonstrated in two sub-regions, Coast Garibaldi and Vancouver.

Service Partnerships

Typical service partners for the community-based outpatient mental health programs include families, early childhood centres, schools, family resource programs, hospital programs, community health and adult mental health professionals, addiction workers, child protection workers, youth justice workers, family and child care workers and family practitioners.

All sub-regions have addressed their referral relationships with the Maples Adolescent Centre and BCCH as provincial (tertiary) facilities. Only Vancouver and Richmond have developed a Youth Transition Protocol that addresses the relationship between CYMHS and Adult Mental Health Services in the coordinated provision to youth 17 – 21 years of age. Since this protocol is required, based on a recent MCFD Policy Directive, it will need to be developed as a matter of priority in other sub-regions.

In the light of the many protocol agreements that can exist, the sub-regions will be challenged to review their relationship agreements with other service sectors to ensure that they have defined those key linkages that are necessary to ensure a continuity and coordination of services, and effective utilization of modest resources addressing defined service priorities.

E – Population Needs and Service Capacity

Trends in Prevalence

Estimates of the prevalence of mental health problems among children and youth provide compelling information about the need for mental health services. It has been concluded that approximately 20% of children and adolescents in the community have moderate or severe mental disorders sufficient to impair functioning to some degree.

It has also been estimated that approximately 5% of all children and youth experience serious emotional disturbance and significant functional impairment over a long duration requiring ongoing professional assessment and treatment services.

Response Capacity

Based on an analysis of the cases seen on an annual basis, it would appear that the overall annual capacity of the Vancouver Coastal Regional system to serve children and youth with mental health disorders with some level of functional impairment is about 21%, or about 1 out of 5 children and youth. The annual capacity to see those with severe functional impairment is at 84%, or about 4 out of 5 children and youth.

There are sub-regional differences with regard to this measure of system capacity, however caution is warranted in making comparative analyses since sub-regional program mix along the spectrum of care (e.g. amount of day treatment versus crisis response services) and case registration practices will have influenced the results to some degree. In addition, interpretations must be made in consideration of the overall staffing level relative to population for each sub-region.

Nevertheless, it is of concern that the overall Vancouver Coastal Region community-based child and youth mental health system has such a significant limitation in its capacity to address the mental health needs of the broad population of children and youth with mental disorders. There is also little capacity to address primary prevention and risk prevention needs as they have been identified in the provincial Child and Youth Mental Health Plan.

F – Community Consultations

Focus Group Consultations

As part of the project, focus group consultations were organized in Vancouver, Richmond and North Vancouver. The fourth focus group was conducted through videoconference linkages with Powell River, Sechelt and Squamish. The participants were comprised largely of individuals who work directly for, or collaborate closely with the child and youth mental health system.

Responses to Open-ended Questions

The responses obtained were grouped into three categories related to three key considerations: Service Delivery System; Provision of Services; Performance and Accountability. While there were individual variations across the sub-region focus groups, the following list of some recurring themes relating to strengths and issues/gaps were identified. Included in the list of recurring themes were community and family capacity building, risk reduction, responses to multicultural populations, the balance in the spectrum of services, responses to specific sub-population needs, supervision, education and training.

Ratings on Priority Challenges

Participants in each focus group were also asked to identify their priority challenges for CYMHS based on a list of 30 areas that have been identified in the provincial *Child and Youth Mental Health Plan* and other MCFD documents. The areas were grouped into the following key components: treatment and support; reducing risk; and building capacity.

The following constitutes the highest sub-regional priorities:

- Develop community mental health residential resources (or at least improve direct access to current MCFD resources);
- Develop concurrent addictions and mental health disorder services;
- Establish hi-risk youth outreach service models;
- Develop infant and early childhood programs;
- Improve access to MCFD mental health-related resources, especially residential and Early Childhood Development (ECD) resources;

- Establish MCFD and Health coordination to develop mental health services for children with complex and concurrent disorders (developmental delays, addictions);
- Improve coordination with multiple and diverse stakeholders, especially to establish liaison positions with adult mental health, acute care and schools, and to develop early intervention programs (e.g. early childhood, early psychosis focus); and
- Establish partnerships with child and youth serving agencies outside of the formal mental health system, especially jointly funded programs to support families, program consultation to community providers and family development programs to support consumers.

Community Provider Consultations

Written questionnaires were also provided to identified community providers who are not part of the formal child and youth mental health system, but who have some knowledge of this service system.

Responses to Closed-Response Questions

Opinions in 8 areas were evaluated by asking the participants to respond to twenty-four closed-response (yes/no/somewhat) questions. Overall, the pattern of responses indicated that key external stakeholders see CYMHS in a positive light in many areas of service, especially in terms of impacts on clients, skill and credentials, interest in community collaborations, and interest in engaging in joint agreements with other provider stakeholders.

There is a negative evaluation regarding the availability of early intervention services, staffing levels and the willingness of CYMHS to consult with community collaterals on matters of service access and waitlist pressures.

Responses to Open-ended Questions

As with the focus groups the responses were grouped into three categories related to three key considerations: Service Delivery System; Provision of Services; Performance and Accountability.

The responses duplicated and extended responses from the focus groups. Some saw the need for a paradigm shift towards a community development approach to the development of services.

Overall, these responses support the conclusion that the real challenge for CYMHS lies not only in the development of more traditional treatment and support services, but in development of creative programs and services that address a wider population of children, youth and families; particularly those who are vulnerable to the development of more serious mental health problems later in life.

Youth Consultations

Recognizing that the *Integrated Planning Committee* (IPC) was undertaking a community consultation process involving youth and families and a host of organizations and other community stakeholders, the *CYMHS Planning Group* did not undertake to consult youth and families directly. Results from the IPC consultation process showed that youth see the need for personal growth programs, support services for middle and older age youth, stay-in-school programs, affordable or free services, specific services for street youth, male counsellors for male youth, peer support programs and more information on available services. All these observations could be applied in planning for mental health services for youth in the Vancouver Coastal Region.

G – Regional Planning and Implementation Initiatives

Sustained Regional Planning

The provincial *Child and Youth Mental Health Plan* has laid the groundwork for the broad directions for CYMHS, and the current document provides additional essential regional information to guide future planning. As already shown in the planning efforts of the Vancouver sub-region and other sub-regions, it will be important for the Vancouver Coastal CFD Authority to support sustained planning efforts in this important program area by establishing a regional mental health planning network or a task group.

Early Intervention Planning

Focus group participants and respondents to the community survey for the current project have also emphasized the importance of including early childhood and early intervention strategies within the Regional service development plan. A previously published Vancouver planning study on infant and early childhood mental health service needs has not only identified the importance of cross-sector (MCFD and Health) collaborations in this area but has also provided some specific strategies that could be incorporated into current regional and sub-regional planning efforts.

There are other good examples of planning efforts and service models that have been developed in the Vancouver Coastal Region and could be considered in child and youth mental health implementation planning.

H – Program Challenges and Directional Priorities

Organization and Broad Planning

The analysis of the CYMHS operations across the Vancouver Coastal Region by the CYMH Planning Group indicates that the services developed have achieved a good level of stability and effectiveness. Overall, community providers perceive CYMHS to be delivering appropriate and quality services with limited staffing. No comments were received from stakeholders regarding the need to change the organizational models in the sub-regions even though it was recognized that gaps in the service system needed to be addressed. In light of the above, the CYMHS Planning Group makes the following recommendations:

- That the CFD Authority maintain the status quo in terms of its delegation of CYMHS operations to the VCHA in Vancouver and Richmond, and its joint relationship with the VCHA on the North Shore, until such time as there has been an opportunity to fully explore the benefits and liabilities of these service models in future development of services;
- That the CFD Authority explore with the VCHA in the Coast Garibaldi and Central Coast areas, ways to strengthen CYMHS through a joint service partnership approach;
- That the CFD Authority commit its planners and managers to broad collaborative planning with the VCHA and Education sectors regarding the development of a full spectrum of community- and hospital-based service system for children and youth; and
- That the CFD Authority ensure the creation of a regional standing Child and Youth Mental Health Network/Committee to guarantee a sustained stakeholder planning process that links sub-regions in the development of strategic plans.

Aboriginal Planning

The internal and community consultations undertaken as part of this project identified the importance of addressing both aboriginal and non-aboriginal issues in CYMHS planning. For this reason, the CYMH Planning Group makes the following recommendation:

- If desired by the Aboriginal communities, that the CFD Authority facilitate a linkage between the work of the Child and Youth Mental Health Network/ Committee and Aboriginal planning processes to ensure some continuity of planning between the Aboriginal and non-Aboriginal sectors in all areas of the Vancouver Coastal Region.

Directional Priorities

The CYMH Planning Group has determined that a number of issues can be addressed through a series of regional activities in the coming months, leading to changes that will improve child and youth mental health services in the Vancouver Coastal Region. It is recognized that new funding or resource allocations may not be available in the short term; however, the existence of a master plan will enable the region to move ahead when implementation opportunities arise. The following are the priority challenges for CYMHS in the Region:

The Service Delivery System

- There is no common vision or mandate articulated by the Region for CYMHS. Such documentation must be developed as a matter of priority. A clear understanding of the broad program goals, population of interest, service approaches and accountability mechanisms must be well understood by program managers and staff.

- The current spectrum of services for all regions is not 'balanced" given the relatively abundant availability of office based counselling services, the relative lack of intensive non-residential services (e.g. outreach, day programs) and community residential services for those with serious emotional problems. Strategies to balance the system of services must be established either through new/joint funding considerations or options for selective redistribution of current resources.
- Some key common indicators of emotional health should be established across sub-regions and communities in order to facilitate decision-making around community needs, resource development and distribution.
- Given the recognition in the *Child and Youth Mental Health Plan* of the children and youth who form "20%" of the population, a broad strategy must be established to begin addressing the needs of this broad hi- risk population through community program options.
- A clear understanding of where mental health-related services (those not formally part of CYMHS) exist in the various communities must be established in order to take advantage of potential service collaborations in the above-mentioned planning activity.
- There are a number of program proposals that have been developed in recent years. Some have been partially developed and others shelved due to lack of funding opportunities. In order to take advantage of this body of work, it will be important to collate this information to consider its potential in helping to define some service options particularly for the "20%" population described above.
- The importance of building family and community capacity has been addressed in the *Child and Youth Mental Health Plan*. Joint planning with the ECD sector should be undertaken to provide an action plan for the long-term development of community support programs for families throughout the region, especially those with young children and who are isolated.
- Ways of increasing service flexibility and accessibility should be addressed through an examination of potential changes that could be introduced in the hours of operation for select programs.
- The location of current mental health programs and services should be examined to determine whether there are programs that would be more accessible to the target population if situated in more user-friendly locations.
- There should be a review of the community crisis response system in each sub-region to establish directions in the development of community-based programs and community-hospital service relationships at local and sub-regional and regional levels as outlined in the provincial Joint Inter-Ministry Working Group Report.
- The existence of protocol agreements between CYMHS and other service sectors (e.g. schools) is variable across the Region. There are two critical areas that must be addressed equally in all sub-regions: Youth Transition Protocols and Crisis Response Protocols. The later should address critical incident response provisions that include the involvement of mental health personnel as part of the community response.

Specific Services

The following service areas have been identified by internal and external stakeholders as priority services needing to be addressed:

- Establish sub-regional plans and agreements for increased access to MCFD residential resources (or funding for wraparound services) by mental health staff, and increased clinical support by CYMHS to residential resources when they have mental health clients;
- Work with MCFD to establish designated mental health residential resources, and clinical support services for children in care;
- Establish more intensive non-residential mental health services, especially youth outreach workers, some of whom can be attached to youth health clinics or hi-risk youth programs that currently have limited or no mental health personnel;
- Establish early childhood mental health service capacity equally across all sub-regions, especially infant mental health services that have been developed only in the Vancouver sub-region;
- Improve services to children with complex needs, especially those with concurrent disorders, especially addiction;
- Increase the availability of psychiatric and psychological services within CYMHS programs and teams in all sub-regions;
- Establish proven video-conferencing approaches, or other creative options (e.g., shared care models of service involving community physicians) for extensive use in rural and remote communities (e.g. Central Coast) to improve access to assessment and consultation services from experts.

Performance and Accountability

- New information systems are being introduced in North Vancouver (SYNAPSE) and Vancouver/Richmond (PARIS) through the VCHA. These systems will benefit CYMHS with the VCHA. Serious effort will be needed to coordinate a usable information system for CYMHS staff working out of MCFD offices and those working out of VCHA offices across the Vancouver Coastal Region.
- With some exceptions, there are few consistently applied tools available to measure outcomes for the children and youth served across the sub-regions. As a matter of priority, proposed provincial or similar purpose tools should be reviewed and introduced for use by CYMHS throughout the Region.
- It appears that clinical supervision across the sub-regions is accomplished through a mix of formal (structured supervision arrangements) and informal (peer consultation with senior staff or colleagues, case conferences) approaches. It will be important to undertake a program-by-program review of existing job descriptions to confirm whether supervisory roles are delineated for relevant positions and if so, what is the degree of compliance with these expectations (e.g. regular performance appraisals, supervisory meetings etc.).

It will be important to review and redevelop as necessary, regional clinical policies and procedural guidelines as they relate to the delivery of comprehensive and accountable services (e.g. case management practices, case reviews, best practices, etc.). This activity will serve to prepare each of the sub-regions for any accreditation activity that will be undertaken by the CFD Authority in the future.

Education and Training

- It is apparent that there has been limited employer-supported clinical training activity in the sub-regions in the past year. While the assumption has been that staff members are usually hired with the necessary skills to perform their job, it is apparent that child and youth mental health clinicians are being called upon to provide increasingly specialized services for which they have not been specifically trained. It will be essential for the Child and Youth Network to forge a training program for the region and to advocate for the necessary funding to implement such training, based on the provincial best-practice guidelines being developed.
- Stakeholders have commented on the limited capacity of CYMHS to adapt to the growing cultural diversity in the Vancouver Coastal Region. There is a particular concern about the training needs of current staff members in their work with diverse groups. This issue should receive special attention in the development of training programs, taking into account the changes in the composition of the population in each sub-region.

A - Introduction

The Ministry of Children and Family Development is moving to regional governance. By the spring of 2004, community-based authorities will deliver most of the programs and services. In addition to a province-wide authority for community living services for adults with developmental disabilities and services to children with special needs, five regional child and family service authorities and five regional aboriginal authorities will be created.

To achieve full regional governance, interim authorities are currently engaging in community consultation and detailed planning so that permanent authorities can take over program delivery by 2004. In this regard, the Vancouver Coastal Region, Ministry of Children and Family Development (MCFD), has established an Integrated Planning Committee (IPC) that is made up of members of the community from diverse sectors and backgrounds. The responsibility of the IPC is to make recommendations on the development of a new community-based service delivery system that promotes and enhances the capacity of families and communities to care for and protect vulnerable children and youth. Child and Youth Mental Health Services (CYMHS) is included as an essential component of this community service system.

While the IPC includes members of the Aboriginal Community, this Committee's mandate is to make recommendations on a structure of services and governance for the non-aboriginal community. A separate consultation process is being established for the aboriginal community and they will be managing and implementing this process.

Recent Developments

In conjunction with the above regionalization process, the MCFD, supported by the Ministry of Health Services (MOHS) recently completed a provincial planning process on children's mental health. This planning process was undertaken to address the concern that mental health programs historically have been poorly coordinated and insufficient to meet the needs of British Columbia's children and families.

The planning process first resulted in the Spring, 2002, release of a report by a Provincial Joint Ministry Working Group[1] that addressed key aspects of service transitions between the child- and adult-serving mental health service systems, and the transition issues between the community mental health system and the acute/institutional care system. Included in the work of this Committee was the development of regional policy directives/guidelines from both Ministries regarding the delivery of coordinated services by the child and adult mental health service systems for youth 17 years to 21 years of age.

[1] Joint Ministry Working Group (May, 2002) *Report to the Minister of Children and Family Development, Minister of Health Services, Minister of State for Mental Health and External Advisory Committee.*

In the fall of 2002, the MCFD released internally, its proposed *Child and Youth Mental Health Plan* that identified the directions needed to improve mental health outcomes for all children in British Columbia. In February 2003, the final Plan was publicly released. The approach taken addresses three key components of service: providing treatment and support; reducing risk for vulnerable children; and building family and community capacity to ensure the healthy development of children and families.

Purpose and Scope of the Project

In June 2002, Child and Youth Mental Health planners of the Vancouver Coastal Health Authority and the MCFD established the *Child and Youth Mental Health (CYMH) Planning Group* to assist the new Vancouver Coastal Region of MCFD in establishing new directions for child and youth mental health in the light of information from the *Joint Ministry Working Group* and impending provincial *Child and Youth Mental Health Plan.*

The creation of this committee also offered a unique opportunity to provide input on service planning and service model recommendations to the *Integrated Planning Committee* and Interim CEO/Board as the Region establishes its business plan as part of the move to a new governance structure.

The *CYMH Planning Group* established its Terms of Reference, with the following purpose:

> *"To review, articulate, develop and recommend a plan for a Vancouver Coastal Regional Child and Youth evidence-based service delivery model that is integrated along the full continuum of health services. The plan will focus on children, youth and their families with serious mental illness and impairment and on those who are at risk of developing a mental illness or serious emotional-behavioural problems. The model developed will emphasize equal access to effective and efficient treatment for all children and youth, including aboriginal and ethno cultural communities within the Vancouver Coastal catchment area."*

The complete Terms of Reference and the Working Group membership are provided in Appendix 1.

Methods to Accomplish Purpose

As part of its initial efforts towards later implementation planning efforts across the four sub-regions of the Vancouver Coastal Region, the Planning Group secured the services of a consultant/group facilitator in October 2002 to guide and assist the group in quantifying current program information, reviewing regional planning and research documents, organizing community consultations, providing recommendations and establishing key directions for CYMHS across the sub-regions. It was understood that the provincial Child and Youth Mental Health Plan would guide the report and that any recommended directions would be consistent with the strategic shifts defined provincially by the MCFD.

As part of the total work plan, the Planning Group has undertaken two consultation processes. The first involved an “internal” stakeholder group comprised of individuals who largely work within the mental health service system. This group provided input through 4 focus groups; one in each of the sub-regions of the Vancouver Coastal Region.

The second consultation involved “external” stakeholders comprised mostly of individuals who are knowledgeable about mental health service issues, but who are not associated with the formal child and youth mental health system (e.g. youth, family members, public health nurses, physicians, adult mental health workers, youth workers, community service agency workers, school teachers/counselors, etc). A written questionnaire, related in content to the focus group questionnaire, was distributed electronically via the web or facsimile.

B - GUIDING CONCEPTS AND PRIORITIES

Vision

As articulated in the Child and Youth Mental Health Plan, the vision for addressing the mental health needs of children is as follows:

> "Mentally healthy children and responsible families
> living in safe, caring and inclusive communities"

This vision is supported by the following beliefs and values:

- Children are society's foundation for the future; therefore, they must be primary beneficiaries of society's resources.
- The family is central to the provision of care for their children.
- Children and their families have strengths and potential.
- The determinants of health influence the development of children, families and communities.
- Individuals, families, communities and governments share responsibility and accountability for achieving optimal mental health.
- Mental health is more than the absence of mental illness or freedom from psychiatric symptoms.
- Children have unique mental health needs that are different from those of adults.
- Some children are seriously impaired by mental health problems and illnesses.
- The severity and duration of mental illnesses can be reduced through prevention, early identification and intervention, thereby reducing personal and societal costs.
- Children who are mentally ill and their families should have access to timely, effective and culturally appropriate treatment and support.

Mission

The mission of MCFD is to promote and develop the capacity of families and communities to care for and protect vulnerable children and youth and to support adults with developmental disabilities.

As articulated by the Vancouver/Richmond Health Authority in 2000, [2] the mission of CYMHS is to improve the functioning of children and their families where significant emotional, psychological, and/or behavioural disturbance indicates the need for psychiatric treatment.

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[2] Vancouver/Richmond Health Authority (2000) Redesigning Vancouver Infant, Child and Youth Mental Health Services.

This mission is grounded on the following foundation principles:

- Comprehensive – recognizing the determinants of health, transitional stages in child growth and development, and the full range of multidisciplinary services;
- Diversified – recognizing the need for a coordinated network of services of varying intensity ranging from prevention to inpatient hospitalization in order to meet the diverse and changing needs of child, youth and families;
- Integrated – recognizing the need for partnership with adult mental health, the school system, community service agencies and other related government programs.

The challenge for CYMHS within the new authority will be to revitalize this mission statement in the light of three service components identified in the *Child and Youth Mental Health Plan* that will inevitably lead to the extension of the mandate for CYMHS in the Vancouver Coastal Region:

- Treatment and Support – specialized clinical services for those most in need;
- Reducing Risk – early intervention to prevent or mitigate problems;
- Building Capacity – working with families and communities to build capacity to support the healthy development of children and families.

New Priorities

The Child and Youth Mental Health Plan has emphasized the recognition that positive outcomes for children can only be achieved when clinical practices and programs are based on evidence-based research. Increased attention on quality and modality of services to children and families will influence the future planning and management of child and youth services in the Vancouver Coastal Region.

There are also changing government operational priorities, three of which have been emphasized by the Vancouver Coastal Region for 2002-2003: [3]

- Improved mental health service access for aboriginal children and youth in their own communities;
- Increased service connections with at risk youth;
- Increased availability of prevention and intervention services for very young children and their families.

[3] Ministry of Children and Family Development (2002) Regional Performance Agreement: Vancouver/Richmond Region, April 1 2002 – March 31 2003.

C – Population Profiles

The Vancouver Coastal Region, established in April 2002, includes the Vancouver, Richmond, North Shore/Central Coast and the Coast Garibaldi sub-regions. The majority of the population (91%) lives in the Lower Mainland that is comprised of Vancouver, Richmond, and the North Shore (includes North Vancouver and West Vancouver/Bowen Island). Child and youth mental health services in this part of the region are delivered in the contexts of:

- Increasingly multicultural and multilingual population;
- Urban poverty as well as the most healthy and wealthy;
- A large urban aboriginal population;
- High cost of living; and
- Urban realities such as transience/mobility, homelessness and street entrenched youth.

The remainder of the population (9%) is dispersed over a wide area defined by its geography, and includes the communities of Squamish, Whistler, Mount Currie, Gibsons, Sechelt, Pender Harbour, and Powell River as part of the Coast Garibaldi sub-region and the communities of Bella Bella, Klemtu, and Bella Coola as part of the Central Coast. Child and youth mental health services in this part of the region are delivered in the contexts of:

- Overall lower levels of population, health & education;
- Dependency on primary industries;
- Transportation challenges;
- "Economies of scale"
- Rural poverty; and
- Many land-based First Nations

Population Distribution

The Vancouver Coastal Region population of children and youth, 0 – 19 years of age, is estimated to be just over 207,000. [4] This represents approximately 21% of the population of children and youth in British Columbia. The population distribution is shown in the table below.

2003	Age Groups				
Sub-Regions	**0 - 4**	**5 - 9**	**10-14**	**15 - 19**	**TOTAL**
Vancouver	26,784	26,979	26,604	30,209	110,576
Richmond	7,972	9,035	9,717	11,029	37,753
North Shore	8,141	9,547	11,115	11,488	40,291
∟ Central Coast	118	114	157	130	519
Coast Garibaldi	3,611	4,323	5,026	5,065	18,025
TOTAL	**46,626**	**49,998**	**52,619**	**57,921**	**207,164**

[4] Based on 1996 Census data with projections for 2003 derived from PEOPLE 25 (Population Extrapolation for Operations Planning with Less Error), the population-forecasting model used by BCSTATS.

Over the next ten years, the under-19 population is projected to continue growing in Vancouver and in the Howe Sound area that includes Squamish, Whistler and Mount Currie communities.

Aboriginal Population

It has been difficult to establish the Aboriginal population with any degree of accuracy in British Columbia. This is due to issues about formal or informal (self-) identification, relationships between the responsible federal and provincial agencies and concerns around trust that have prevented reliable, consistent recording of aboriginal heritage. It is estimated that the Aboriginal population has an age distribution that is different than the overall provincial population; almost half of the population is less than 25 years old, compared to about a third for the province as a whole. [5]

Vancouver and Richmond

The VCHA [6] has reported on the size of the Aboriginal population using several approaches. One approach, based on the results of the Capture/Recapture Study,[7] suggested that the Vancouver Aboriginal population is at least 24,000 people.

The study described fairly high mobility, with three-quarters of the population of respondents living in the city for twelve months of the previous year, and half moving during that previous year. One-quarter moved in the previous three months and one-third moved in the previous six months

Approximately 70% of the Aboriginal population in Vancouver/Richmond reside in Vancouver East, bounded by the waterfront, Main Street, Kingsway Avenue and Boundary Road. Musqueam, located in the Westside Community Health Area is the only reserve-based community within the Health Region's geographic boundaries. At the time of the study, Musqueam had 500 people living on-reserve.

North Shore, Central Coast and Coast Garibaldi

As shown in Appendix 2, the Aboriginal population for North Vancouver is reported to be 1.5 % (1,820) of the population, while in Powell River and Howe Sound it is considerably higher at 4.4 % (845) and 3.8% (930), respectively. There are no estimates available from this data source for the Central Coast, West Vancouver/Bowen Island and the Sunshine Coast Health Areas.

The Vancouver Coastal Health Authority undertook an analysis of Aboriginal populations by the 25 Reserves as part of its health planning. This information is currently also incomplete, but information to date is provided in Appendix 2 with other demographic information.

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[5] Based on the 1996 Census data, Health Data Warehouse, BC Ministries of Health Planning and Health Services.
[6] Vancouver/Richmond Health Board (1999) *Healing Ways: Aboriginal Health and Service Review*.
[7] Schwarz, C. J. (1999) *Estimating the Size of the Aboriginal Population in Vancouver/Richmond Based on Mark-Capture Methods Using Multi-List Studies*. Vancouver/Richmond Health Board. Unpublished Report, page 1 – 39.

Visible Minorities

The distribution of ethnic groups has been reported in the 1996 Census data with 2002 projections. The detailed information is shown in Appendix 2 for some of the areas of the Vancouver Coastal Region. Of significance is the high Chinese/East Asian population in Vancouver (32.5%) and Richmond (39.3%) compared to the other areas listed.

An analysis of the percentage of the population with neither English nor French as a mother tongue [8] was conducted by the VCHA.[9] The results showed that Vancouver has a significant percentage of individuals with English as a second language (ESL) at 45%. As expected there was considerable variation between the Community Health Areas (Network Areas). South Vancouver (Network 6) and the Northeast (Network 3) had the highest percentage at 59.8% and 61.9% respectively. The Westside (Network 4) and City Centre (Network 1) showed the lowest at 27.8% and 27%, respectively.

As reported in the Vancouver School Board 1999/2000 Annual Report, ESL enrolment constitutes 30% of the total enrolment.

Additional Profiles

A summary of other selective demographic, economic, education, health and crime statistics across the Vancouver Coastal Area is provided in Appendix 2. Included in the Appendix is a comparison of Regional Districts against the provincial average for a set of composite indices labeled 'Children at Risk' [10] and 'Youth at Risk' [11]. For both composite indices, Greater Vancouver, Squamish-Lillooet, and the Sunshine Coast (in descending order) are above the provincial average, while Powell River is below the provincial average. The Central Coast is not separately identified, however it is likely significantly below the provincial average given the results from the Regional Districts in the northern coast area.

Emotional Health Indicators

Hertzman and his colleagues have reported on the Early Development and Community Asset Mapping Project (CAMP) that included the administration of the Early Development Instrument (EDI) to all Vancouver School Board kindergarten teachers in February 2000 after several months of classroom interactions with their students.[12] The instrument was completed on a total of 3,921 children, enabling the development of the only comprehensive, community-specific baseline data on child functioning ever obtained on Vancouver children at the time of school entry.

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[8] First language learned at home and still understood.

[9] Source information is the City of Vancouver Social Planning Department, July 31, 2001.

[10] Includes income assistance, juvenile crime, infant mortality, and teen pregnancies.

[11] Includes income assistance, unemployment, education and deaths from motor vehicle accidents.

[12] *Hertzman, C. et al (2001) First Report of the Early Development and Community Asset Mapping Project (CAMP).*

The results of the EDI administration have allowed a comparative analysis of five domains of maturation and skill development in young children across the 23 Vancouver neighborhoods. These domains include physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge.

The comparisons of neighborhoods on the measures of emotional maturity and social competence, in particular, have provided some valuable information regarding the emotional vulnerability of young children in Vancouver.[13]

A similar mapping process is currently underway in the Howe Sound area as part of that community's approach to prevention and early intervention planning. If initiated in other parts of the Vancouver Coastal Region, such mapping would also prove invaluable to Child and Youth Mental Health planners undertaking to address risk reduction strategies in all parts of the Region.

[13] See Vancouver/Richmond Health Board (2001) *Business Plan for Development of Infant and Early Childhood Mental Health Services in Vancouver: Addressing the Critical Years*.

D - Current Service System

Organizational Approaches

Organizational Matrix

Child and youth mental health services are implemented in a variety of ways across the four sub-regions of the Vancouver Coastal Region of MCFD. While the overall development of the CYMHS program has been strongly influenced by joint regional-provincial strategic planning over the past decade and a half, the models of service that have been developed regionally over the many years, have also been influenced by a variety of additional factors:

- Early service models established for adult mental health services;
- Provincial government guidelines on service development approaches (e.g. staffed programs versus contracted agency services) in times of budget enhancement;
- Regional or local management interest in the modification of service approaches from time to time due largely to partnership opportunities (e.g. development of Powell River agency-based CYMHS program);
- Provincial transfer of CYMHS to the Ministry for Children and Families and the move to regional governance by the Ministry of Health; and
- Re-design based on internal planning (e.g. recent separate Vancouver and Richmond strategic planning efforts).

Each sub-region of the Vancouver Coastal Region has developed its own organizational model of service, based on historical organization of child and youth mental health services, geographical distribution of the population, demographic factors and configuration of services funded by the MOHS and the MCFD. The table below provides a summary of the funding sources and service management.

A delegatedA delegated approach to services has been established by the MCFD for the Vancouver and the Richmond sub-regions. With the exception of one mental health community residential program (Alderwood Family Development Centre) in Vancouver, funds are provided to the VCHA to deliver child and youth mental health programs in both sub-regions.

In Vancouver, the VCHA manages and delivers community-based CYMHS directly, while in Richmond, funding flows from the VCHA to the Richmond Community Services Society that is responsible for the provision of community-based child and youth mental health services. The high percentage of funds provided directly from the VCHA to fund child and youth mental health services (compared to Vancouver) characterizes the Richmond sub-region as having a delegated/joint model while the Vancouver sub-region can be characterized as having a delegated model primarily.

A joint model of service exists in the North Shore/Central Coast sub-region. Both the MCFD and Lion's Gate Hospital (VCHA) directly fund, manage and deliver child and youth mental health services in West Vancouver /Bowen Island and North Vancouver. They are intended to function as a "seamless" system of services to the public through a coordinated intake system. The MCFD also directly funds some contracted agencies. Through MCFD funding, contracted agent/agency services are delivered in the Central Coast; a remote area not conducive to the establishment of staffed child and youth mental health programs.

A mixed model of service exists in the Coast Garibaldi sub-region, given that the MCFD has established a contracted "staff equivalent" agency program to deliver its mental health services in Powell River. In the other two health areas, the Sunshine Coast and Howe Sound, MCFD delivers CYMHS services primarily through staffed programs/teams with some agency contracts. Overall, MCFD is the sole funding source for child and youth mental health services in this sub-

Sub-Region	Primary Funding Source(s)	Primary Managing Agent(s)	Service Model
Vancouver City Centre (Net.1) Downtown Eastside (Net.2) North East (Net.3) Westside (Net.4) Midtown (Net.5) South (Net. 6)	MCFD	VCHA	**Delegated**
Richmond	MCFD VCHA	Richmond Health Services Society (VCHA)	**Delegated/Joint**
North Shore/Central Coast North Vancouver West Vancouver/ Bowen Is. Central Coast	MCFD VCHA	MCFD VCHA	**Joint**
Coast Garibaldi Powell River (PR) Sunshine Coast (SC) Howe Sound (HS)	MCFD	Powell River Child, Youth and Family Services Society (PR) MCFD (SC and HS)	**Mixed**

region.

Management and Supervisory Mechanisms

The organization charts for each sub-region are shown in Appendix 3.

In the Vancouver sub-region there is a Regional Manager for CYMHS who reports to the Director of Community Mental Health Services. Child and youth mental health services are co-located with adult mental health services at 8 Community Mental Health Teams that serve different city neighborhoods. Child and youth staff members are accountable to the managers of each. Clinical supervision is provided by the Team Director or designate and is also accomplished through informal peer-consultation processes and case conferencing. Vancouver has also developed specialized programs that provide services that are not specific to individual neighborhoods. These programs are not linked to the Mental Health Teams, although they do coordinate their services with the teams. In addition to peer-related supervision, a Coordinator provides administrative and clinical supervision to program staff.

In the Richmond sub-region, there is an Administrative Manager for CYMHS who reports to the Program Manager for Mental Health. There are three major programs, each with an assigned part-time coordinator. These coordinators schedule monthly 90-minute (or on demand if necessary) clinical supervision meetings with all CYMH staff. Informal peer-consultation occurs at weekly staff meetings and at monthly case review/consultation meetings.

As part of the Vancouver Coastal Health Authority Mental Health Program, CYMHS in both Vancouver and Richmond are accredited with the Canadian Council for Hospital Accreditation (CCHA).

In the North Shore sub-region, the MCFD services are co-located with other ministry programs at one work site. A Coordinator, who reports to a Community Services Manager, manages the team. The Coordinator is responsible for the supervision of the staff, although much of this is accomplished through peer consultations and case conferencing mechanisms. The VCHA services are co-managed by a Manager and a Clinical Director of Child and Youth Programs. These individuals report to a Director and a Clinical Director of Mental Health Programs, respectively. Clinical supervisory mechanisms are informal and based on peer-consultation mechanisms and case conferencing procedures. There is a linkage between the MCFD and VCHA run programs through the coordinated efforts of the MCFD Coordinator and the VCHA Manager of Child and Youth Programs. This linkage is made evident by the existence of joint intake meetings and coordinated case assignments. The MCFD contracts with the VCHA to provide some specific services that have been mutually identified as service gaps in joint service planning.

In the Central Coast, the MCFD contracts out its child and youth mental health services to an agency and the Bella Coola Hospital. The Community Services Manager for the North Shore manages these services. No clear clinical

supervision mechanisms have been identified. The nature and directions for these services are currently being reviewed as a result of the recent inclusion of this geographic area in the Vancouver Coastal Region.

In the Coast Garibaldi sub-region, the MCFD services in Howe Sound and Sunshine Coast are co-located with other ministry programs at three locations and one outreach office. Coordinators, who report to a Community Services Manager, manage the teams in the two catchment areas. The Coordinator is responsible for the clinical supervision of the staff, although as in other sub-regions, the process is usually based on peer-consultation and case conferencing mechanisms.

In Powell River, the services are provided by a "staff equivalent" contracted agency, the Powell River Child, Youth and Family Services Society (PRDYMSS) that is currently seeking accreditation with the Council on Accreditation (COA). A Team Leader, who reports to the agency Administrator, manages the program. The Team Leader is responsible for supervision although for the most part this process is informal since there are established case conferencing mechanisms and ongoing opportunities for peer support in case management.

MCFD and VCHA Share of Program Responsibility

Due to embedded and hidden cost issues (e.g. facilities, administrative support, etc.), it has been difficult to establish the level of funding for community-based child and youth mental health services by each Ministry across the sub-regions. As an alternative approach, an analysis of total full-time-equivalent staff (FTE) was undertaken. The source funding was identified for each FTE enabling an estimate of proportion of responsibility borne by each ministry involved (MCFD, VCHA and School Districts) based on staffing resources. The table below provides FTE percentages for each sub-region.

Sub-Region	FTE's Funded by MCFD	FTE's Funded by VCHA	FTE's Funded by School Districts
Coast Garibaldi	100%	0%	0%
North Shore	44%	56%	0%
∟ Central Coast	100%	0%	0%
Vancouver	84%	10%	6%
Richmond	48%	29%	24%

It is evident that the MCFD and the VCHA share a large responsibility for the provision of FTE's across the sub-regions. Overall, the MCFD supports **72%** of the full-time equivalent resources (staffed or contracted services) available for CYMHS programs across the four sub-regions. The VCHA and two school districts (Richmond and Vancouver) support **20%** and **8%** of the staffing resources, respectively. In the latter regard, school personnel work in day treatment programs that also involve mental health clinicians.

In addition to funding community-based child and youth mental health services, the VCHA funds some hospital-based outpatient, day treatment and inpatient child and youth psychiatric services. This information has not been factored into the results since the focus of the project is primarily on the community-based service system.

Services and Resources

Location of Programs and Resource Levels

Over the years, MCFD-funded community-based programs/teams have been developed in three ways in the Vancouver Coastal Region:

- Contracts with community agencies for specialized services;
- Contracts with agencies or the VCHA, to deliver broad-based mental health services equivalent to those at staffed government clinics/centres; and
- Staffed services in multi-disciplinary MCFD work sites.

The different funding patterns in the sub-regions, including the direct role of the VCHA, have influenced the type of service model that has developed in these locations. There are currently 52 programs, teams or identified specialist personnel that can be identified across the region. Vancouver and Richmond share three of the identified programs.

Program descriptions, service approaches, and full-time-equivalent staffing (FTE's) are provided in Appendix 4. The table below summarizes the FTE information for each of the three service approaches for the sub-regions and the Vancouver Region as a whole.

Sub-Region	Contracted Agent, Single or Multi-funded Community Agency	MH Team in Multi-Program MCFD Site	Hospital-Based or Stand Alone MH Team Program	Medical Services Based on MSP Sessions	FTE Total
Coast Garibaldi	2.34	5.0	2.74	.25	10.33
North Shore/	7.15	3.5	11.8	2.2	24.65

Central Coast					
Vancouver	5.07	-	72.4	1.6	79.07
Richmond	3.83	-	17.9	1.0	22.73
FTE Total	18.39	8.5	104.84	5.05	136.78
Percentage	13.4%	6.2%	76.7%	3.7%	100%

Approximately three-quarters of the FTE's (76%) are provided through stand-alone programs and teams, most of which are funded through the VCHA in the Vancouver, Richmond and North Shore sub-regions. Multi-disciplinary MCFD work sites exist on the North Shore and the Coast Garibaldi sub-regions that have approximately half (50%) of the contracted agency FTE's for the Region. Medical services account for a small percentage of the total FTE's. (As discussed later, this has been identified as an area of concern for mental health and other community providers, especially in the rural areas of the region.)

While not part of the community-based service system, there are hospital-based outpatient mental health clinics funded by the Ministry of Health Services at BC Children's Hospital as part of its Mental Health Programs. These include:

- Attention Deficit Disorder Clinic
- General Psychiatry Clinic
- Infant Psychiatry Clinic
- Mood Disorder Clinic
- Neuropsychiatry Clinic
- Urgent Assessment Clinic
- Eating Disorders Program Outpatient Services

Mental health services are provided at the Sunny Hill Health Centre as part of the outpatient programs intended for infants, children and youth with special medical and developmental needs. The teams/programs associated with mental health services include:

- Autism Spectrum Response Team
- Substance Exposed Response Team
- Infant Clinic (Prenatal Exposure to Substance)
- General Development/Behaviour Preschool

Due to the contributions of many hospital staff and part-time physicians across the various outpatient clinics, FTE estimates cannot be provided at this time. However, it will be important to identify these resources to establish a true picture of outpatient mental health services in the Vancouver Coastal Region and to assist in further hospital-community planning for child and youth mental health services in the coming year.

As provincial facilities located in Vancouver, BC Children's Hospital and Sunny Hill have three functions:

1. Primary, secondary and tertiary care to Vancouver residents;
2. Tertiary care for other areas of the province; and
3. Teaching and research.

The outpatient programs provide a major role in psychiatric assessment and consultation to residents and providers in the Vancouver Coastal Region; however, they are not intended as a substitute for the broad clinical role expected from community-based mental health programs with regard to the treatment and long term follow-up support for children and youth and their families with serious emotional and behavioral disorders.

Resource Capacity in Relation to Population

Based on the regional population of 0 – 19 year olds and the FTE levels established above, it is possible to establish the relative distribution of child and youth mental health resources by comparing the population per FTE across the sub-regions. This is shown in the table below.

Sub-Region	Total 0 – 19 Population	Total Staffing	Population Per FTE
Coast Garibaldi	18,025	10.33	1745
Vancouver	110,576	79.07	1398
Richmond	37,753	22.73	1661[14]
			1457
North Shore	40,291	22.90	1759
∟Central Coast	519	1.75	297

It is apparent that the North Shore and the Coast Garibaldi sub-regions have the least number of FTE's relative to their existing populations of children and youth. The Richmond sub-region is slightly better resourced in this regard. The Vancouver sub-region has the largest resource level of all the sub-regions. This is due in part to the recent creation of Alderwood Family Development Centre that has added 18.5 FTE's to the sub-regional total.
The Central Coast has the most FTE resources based on the small population base; however, this region is also the most geographically challenged and isolated in the Vancouver Coastal Region.

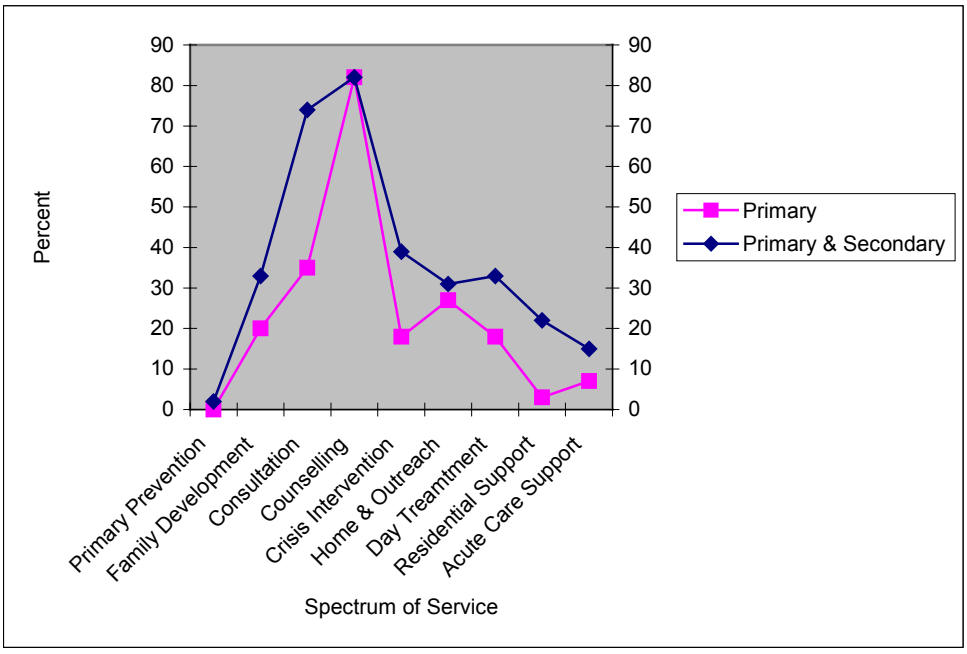
[14] Does not take into account the FTE's shared with three programs in Vancouver.

All program areas are reporting considerable waitlist pressures, so that the above information cannot solely be used to draw conclusions regarding the relative personnel needs of the sub-regions. This is particularly true for the Central Coast area where significant population and geographic challenges need to be addressed. A close review of the type and range of services needed for children and youth in the Central Coast area should be undertaken to rationalize the number of FTE's and other funding supports that are necessary for this remote area of the province.

Spectrum of Services

It is important to understand the range of services provided by child and youth mental health services in the Vancouver Coastal Region. This is especially important in relation to the core services and key service components that have been identified in the provincial Child and Youth Mental Health Plan.

While it was not feasible to analyze the services provided by each FTE along the spectrum of services (e.g. over a one month period), a less precise, but meaningful analysis was undertaken by having key sub-regional CYMHS coordinators/ managers estimate the primary and secondary functions that were explicitly mandated for each program/team or identified specialist. A calculation was then made regarding the number of FTE's that are available theoretically to deliver services in each service category along the continuum of care ranging from primary prevention to counseling to acute care support. An analysis was undertaken for primary function alone, and primary and secondary functions grouped together. The detailed results and graphical summaries for each sub-region are provided in Appendix 5. The graph shown below provides a summary for the Vancouver Coastal Region as a whole. The shape of the distribution, rather than the individual values should be used for interpretation.



It is apparent that outpatient counselling is by far the predominant form of treatment and support services as a primary role for child and youth mental health programs and teams, with lesser involvement in the more intensive non-residential services along the continuum. When the secondary role is included in

the analysis, there is a large increase in the consultation service provided and an increased involvement in family development, crisis intervention and stabilization, day treatment, residential support and acute care support. Home-based and outreach services remain approximately the same.

An examination of the results for each sub-region reveals a significant variation in the profile of primary and secondary activity across the spectrum of services. However, the basic pattern tendency of lesser involvement in the more intensive non-residential service areas remains the same. It is noteworthy that the CYMHS program in the Coast Garibaldi sub-region (Howe Sound community) has invested in primary prevention activity through several initiatives that include the municipal government, churches, community providers and other citizens who volunteer their time and planning efforts.

The above analysis confirms the common perception that CYMHS does not invest an equal amount of its resources equally along the continuum of services and that a challenge over the years is to increase its involvement at all levels. This is addressed further in later sections of this report.

Community Residential and Psychiatric Inpatient Services

The only community residential child and youth mental health program/facility that exists in the Vancouver Coastal Region is in Vancouver. Newly developed, the Alderwood Family Development Centre (Children's Foundation) has a 5-bed capacity with respite, day programming, multidisciplinary assessment and planning, and individual and group treatment. This program will play an important role in serving children 6 – 12 years of age who require intensive support including short-term out-of-home placement in a therapeutic program.

Inpatient services, provided by the BC Children's Hospital (BCCH) Mental Health Programs, play an important role in the delivery of child and youth mental health services in Vancouver and across the province. As mentioned earlier, BC Children's Hospital has a responsibility to provide primary, secondary and tertiary care to Vancouver residents and tertiary care to residents from other sub-regions of the Vancouver Coastal Region.

There are four inpatient programs with a total capacity of 26 beds that serve secondary and tertiary care roles for Vancouver and other areas of the Vancouver Coastal Region. The programs are identified in the following table.

BCCH Program	Average Length of Stay [15]	Beds
Adolescent Psychiatry Inpatient Assessment Unit (C1)	~ I month	10

[15] Source: BC Children's Hospital (1999) *Quality Assurance Annual Repor*t: Mental Health PBCU.

Child Psychiatry Unit (2B)	4 – 6 weeks	10
Child and Adolescent Psychiatric Emergency (CAPE) Unit	~ 3 days	3
Eating Disorders Program	~ 50 days	3

The Maples, located in Burnaby, functions as a provincial tertiary care facility with a total capacity of 38 beds located in four units. As with the BCCH, protocol agreements defining access have been established with the sub-regions.

There are no other hospital facilities that provide dedicated psychiatric beds for children and youth in other sub-regions of the Vancouver Coastal Region. Lion's Gate Hospital, Richmond General Hospital and Powell River Hospital each have psychiatric units (32,18 and 5 beds, respectively) that can be accessed by adolescents, but these are considered primarily adult facilities. The North Shore also has Magnolia House, a short-term residential facility that also admits adolescents.

The hospitals on the North Shore, Richmond, Squamish, Sunshine Coast, Powell River and Bella Coola accommodate children with psychiatric problems in their general or pediatric units. In most cases, however, nursing staff members are insufficiently trained in managing children presenting with emotional and behavioural problems. Some child and youth mental health support services to acute care units have been developed in Richmond and Lion's Gate hospitals, but this is not available in the more rural areas of the Coast Garibaldi sub-region and on the Central Coast.

The sub-regions have established access protocols with BCCH when specialized inpatient services are required. However, given the absolute shortage of beds to serve the children and youth at BCCH, there remains a significant service gap to be addressed.

Community Planning and Service Partnerships

In order to ensure its impact on children, youth, families and communities, CYMHS must establish accessible and effective services, within the community. It must also demonstrate a capacity to link with a range of community stakeholders to further the delivery of a range of such services and to join with families and other citizens in the resolve to reduce risk by promoting the emotional well being of children and youth.

Community Planning

Community relationships are being demonstrated in the day-to-day mental health staff activities that involve program consultation to community child and family programs, case management with families and collateral professionals, and public and targeted education in schools and community. However, the major impact of organized community partnerships has been visibly demonstrated in

two sub-regions of the Vancouver Coastal Region, Coast Garibaldi and Vancouver.

In the Coast Garibaldi sub-region, Squamish mental health staff members have been instrumental in establishing the "Communities That Care" initiative. The CTC approach addresses the concerns about educating communities and blending a community developmental process with a risk and protective factor approach. It teaches communities how to identify and measure specific risk factors and then to target those risk factors with the best-evaluated programs and services.[16] One active demonstration of programming resulting from this effort is the Strengthening the Family Program (SFP) that runs with community volunteers, donated MCFD staff, Squamish Nation staff, Family Skills Workers, adult mental health and public health. While less publicized, the Powell River area has also developed an effective community support network that addresses the areas of prevention and risk reduction.

In the Vancouver sub-region, the benefits of linkages with families and services at all levels within each community has been underscored by the multi-year "Windows of Opportunity" project.[17] This project constitutes a unique initiative that unites communities to invest in the well being of children, youth and their families. As a contributing service system responding to the needs of the community, the Vancouver CYMHS is working to address the many child and youth mental health and related issues that have been identified for community action through the ongoing Windows of Opportunity activities.

In the light of an increased emphasis on building family and community capacity and risk reduction in the provincial *Child and Youth Mental Health Plan*, it will be essential to establish initiatives like the above in each sub-region, with resource accommodations and/or creative funding approaches to further the mission of CYMHS as a contributing partner in the development of healthy communities.

Service Partnerships

The typical service partners for the community-based outpatient mental health programs include families, early childhood centres, schools, family resource programs, hospital programs, community health and adult mental health professionals, addiction workers, child protection workers, youth justice workers, family and child care workers and family practitioners. One approach to establishing linkages with these providers is to engage in formal or informal agreements (protocols) relating to matters of treatment and support in particular.

An analysis of mental health protocols developed around the province has shown that such agreements can address the following topics:

- Community Information/Service Access
- Referral
- Assessment/Treatment
- Case Information Sharing

[16] Smith, R., (1998) Building a Community that Cares, *Lifenotes*, Volume 3(2).
[17] Ross, S. and Simces, Z. (2001*) Windows of Opportunity for Vancouver's Children and Youth: Phase 1 ~ Preparing for Action Summary Report.*

- Service Coordination
- Case Management
- Crisis Response
- Community Planning and Advisory Mechanisms

The benefits of formal protocol agreements as opposed to informal agreements is that they not only enable a clear delineation of responsibilities and relationships for all parties concerned, but they also lend themselves to continual monitoring and review by involved parties. For example, protocols can assist in defining relationships between the following service sectors:

- Community treatment and family support agencies/programs;
- Staffed Mental Health programs and community mental health-related agencies/programs;
- Staffed Mental Health programs and non-mental health MCFD programs;
- Hospital and community mental health programs;
- Medical, hospital and community mental health programs
- Schools and community mental health programs; and
- Public Health, schools and community mental health programs.

An inventory of current and developing protocols has been made for each sub-region (see Appendix 6). All sub-regions have addressed their referral relationships with the Maples Adolescent Centre and BCCH as provincial (tertiary) facilities. Only Vancouver and Richmond have developed a Youth Transition Protocol that addresses the relationship between CYMHS and Adult Mental Health Services in the coordinated provision to youth 17 – 21 years of age. Since this protocol is required, based on a recent MCFD Policy Directive, it will need to be developed as a matter of priority in other sub-regions.

Vancouver and Richmond and the Coast Garibaldi sub-regions (except the Sunshine Coast) have developed Crisis Response and/or Emergency Referral protocols involving schools, hospitals and/or police.

The Coast Garibaldi region has the largest number of protocols, with 8 agreements currently unsigned. The Howe Sound area of this sub-region is the only one that has developed protocols that relate to primary prevention activities.

In the light of the many protocol agreements that can exist, the sub-regions will be challenged to review their relationship agreements with other service sectors to ensure that they have defined those key linkages that are necessary to ensure a continuity and coordination of services, and effective utilization of modest resources addressing defined service priorities.

E - Population Needs and Service Capacity

Trends in Prevalence

Estimates of the prevalence of mental health problems among children and youth provide compelling information about the need for mental health services. In a recent report funded by the provincial Child and Youth Mental Health Services, [18] research evidence was analyzed to establish the prevalence rates for mental disorders for children 4 – 16 years of age. It was concluded that approximately 20% of children and adolescents in the community have moderate or severe mental disorders sufficient to impair functioning to some degree. In the Ontario Child Health Survey,[19] the results have shown that over two-thirds (68%) of the children and adolescents affected can be suffering from two or more concurrent disorders.

It has also been estimated that approximately 5% of all children and youth experience serious emotional disturbance and significant functional impairment over a long duration requiring ongoing professional assessment and treatment services. [20]

Based on these prevalence rates, the following table summarizes the expected demand for mental health services for children and youth for the four sub-regions of the Vancouver Coastal Region.

Sub-Region	Population 0 – 19 [21]	20% with Mental Disorders	5% with Serious Functional Impairment
Vancouver	110,576	22,115	5,529
Richmond	37,753	7,551	1,888
North Shore ∟ Central Coast	40,291 519	8,058 104	2,015 26
Coast Garibaldi	18,025	3,605	901
TOTAL	**207,164**	**41,433**	**10,358**

Mandated Population

Historically community-based child and youth mental health programs have been intended to serve children, youth and their families with serious emotional

[18] Waddell, C., McEwan, K., Hua, J., Shepard, C. (2002) *Child and Youth Mental Health: Population Health and Clinical Service Consideration*, A Research Report Prepared for the British Columbia Ministry of Children and Family Development. MHECCU, University of British Columbia.

[19] Offord, D.R., et al (1987) Ontario child health Study: Six-month prevalence of disorder and rates of service utilization. *Archives of General Psychiatry*, 44, 883-836.

[20] United States Department of Health and Human Services, (1999) *Mental Health: A Report of the Surgeon General*. Rockville, MD: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

[21] Projections for the Year 2002 derived from the 1996 Census using the BCSTATS 'PEOPLE 25' forecasting model.

disturbance. There has always been a commitment to serve those who are less disordered as resources permit.[22] [23] This is based on the recognition that mental health status is not static. A child does not suddenly emerge as seriously disordered nor remain forever in that condition.

Notwithstanding the above, the following clinical groupings continue to remain a high priority for community-based mental health services for infants, children and youth. They represent those with severe emotional and/or behavioural disturbances and psychiatric disorders.

- Mental Illness (severe impairment)
- Life Threatening Conditions and Depression
- Trauma and Anxiety Disorder (includes attachment disorder)
- Behaviour Disorder
- Adjustment Reaction (includes biologically-based conditions)
- Survivors of Abuse, Trauma or Neglect Experiencing Serious Mental Health Problems

Response Capacity

As part of the current project, an analysis of the number of registered cases seen over a one-year period (primarily April 1, 2001 to March 31, 2002) by the community-based outpatient mental health programs, teams and identified specialists was undertaken. Some of the sub-regions also provided additional information on non-registered cases seen by select programs if it was determined that such cases might have been registerable based on the amount of clinical activity involved, or that there had been some associated clinical activity with family members of registered clients. These detailed numbers are provided in Appendix 7.

The numbers are not intended to provide a meaningful or comparative measure of staff workload, since clinicians are engaged in many activities that do not involve clients directly, and each sub-region offers a different set of services along the spectrum of care (see pages 16 and 17). Nevertheless, it is still possible to view the case statistics as an approximate measure of the community mental health system's overall capacity to respond at this point in time.

The table below provides an estimate of the response capacity of the sub-regions in serving the 20% of children and youth with some level of mental disorder and the 5% of individuals who present with severe functional impairment as a result of their mental disorder. Where sub-regions reported a lower estimate and an upper

[22] Ministry of Health (1993) *Child and Youth Mental Health Services in British Columbia: Mandate, Program Description & Directions* (Revised by the Ministry for Children and Families, 2000).

[23] Vancouver/Richmond Health Authority (2000) *Redesigning Vancouver Infant, Child and Youth Mental Health Services.*

estimate (e.g. based on non-registered cases), an average score was calculated for that cell.

Sub-Region	Response Capacity (20% with Mental Disorders)	Response Capacity (5% with Serious Functional Impairment)
Vancouver	21%	85%
Richmond	13%	52%
North Shore ∟Central Coast	29% 50%	+100% +100%
Coast Garibaldi	21%	84%
AVERAGE	**21%**	**84%**

On average, it would appear that the overall annual capacity of the system to serve children and youth with mental health disorders with some level of functional impairment is about 21%, or about 1 out of 5 children and youth. The annual capacity to see those with severe functional impairment is at 84%, or about 4 out of 5 children and youth.

Based on its service approach, Richmond shows the lowest capacity (52%) among the sub-regions. The North Shore/Central Coast sub-region has the highest capacity. Information from the Central Coast area must receive its own interpretation, given the unique transportation challenges, the isolation of the small communities and special population needs of this part of the province.

Caution is warranted in interpreting sub-regional variations in capacity since such factors as the sub-regional program mix (e.g. amount of day treatment versus crisis response services) or case registration practices will have influenced the results to some degree. Full interpretations of sub-regional differences must also be made with consideration of the staffing levels relative to population for each sub-region (see page 15).

Nevertheless, it is of concern that the overall Vancouver Coastal Region community-based child and youth mental health system has such a significant limitation in its capacity to address the mental health needs of the broad population of children and youth with mental disorders. There is also little capacity to address primary prevention and risk prevention needs as they have been identified in the provincial *Child and Youth Mental Health Plan*.

Regional Hospital Discharges

While inpatient service levels are not of direct interest for purposes of this report, it is relevant to note the annual rate and number of children and youth with a psychiatric diagnosis discharged from local and regional hospitals. The following

information is based on the individual's area of residence and not necessarily on the location of the hospital. [24]

Vancouver/Richmond

- The average patient discharge rate for the 8 fiscal years from 1991 to 1999 was 1.1/1000 children and youth, for an average discharge of 150 unique clients per year.

- The number of discharges for unique clients did not show a marked trend over the 8 fiscal years, except for a dip in year 1994/95 (111) and a spike (180) in fiscal year 1997/98.

Coast Garibaldi/North Shore

- The average patient discharge rate for the 8 fiscal years was 1.2 / 1000, for an average discharge of 72 unique clients per year.
- The number of discharges for unique clients did not show a marked trend over the 8 fiscal years, except for a dip in 1994/95 (47) and 1997/98 (58).

Province

- There were 13,477 discharges provincially over the 8 years, for 9,828 different patients - an average of 1228 per year.
- The average number of discharges was 1.4 / 1000 population. As shown above, the sub-regions of the current Vancouver Coastal Region were somewhat below the provincial average in hospital utilization.
- The average length of stay (ALOS) was 11.6 days over the 8 fiscal years, with no apparent trend in evidence.

F – Community Consultations

[24] University of British Columbia, Mental Health Evaluation and Community Consultation Unit (2001*) An Analysis of Medical Services Plan and Hospital Mental Health Cases in the Population Aged 0 – 19 Using Past Utilization Data.*

Focus Group Consultations

As part of the project, focus group consultations were organized in Vancouver, Richmond and North Vancouver. The fourth focus group was conducted through videoconference linkages with Powell River, Sechelt and Squamish. The focus groups were completed within a three-week period between December 19th 2002 and January 10th 2003. The participants were comprised largely of individuals who work directly for, or collaborate closely with the child and youth mental health system. While a total of 100 individuals were identified to attend the focus groups, 72 actually attended.

The focus groups lasted from 2.5 to 3.5 hours. Participants were provided with a questionnaire to fill out before their session to save time and to assist in small group discussions. The combination of small group work and large group brainstorming enabled the gathering of both quantitative and qualitative information. The questionnaire is provided in Appendix 8.

Through a series of questions, opinions were sought on the existing CYMHS through an evaluation of strengths and issues/gaps in twelve areas:

1. Program Direction
2. Relevance
3. Appropriateness
4. Quality of Service
5. Partnerships
6. Achievements of Intended Results
7. Acceptance
8. Productivity
9. Responsiveness
10. Working Environment
11. Monitoring and Reporting
12. New Challenges

Responses to Open-ended Questions

The responses obtained were grouped into three categories related to three key considerations: Service Delivery System; Provision of Services; Performance and Accountability. The results of this analysis for each sub-region are provided in Appendix 8, with more detailed information and summaries available under separate cover. [25]

While there were individual variations across the sub-region focus groups (that can be further analyzed at some later date by sub-regional planners), the following list of some recurring themes relating to strengths and issues/gaps were identified:

Overall Strengths

- Stable work force
- Skilled staff

[25] Child and Youth Mental Health Planning Group (2003) *Detailed Responses and Sub-Regional Summaries: Focus Group Discussions and Community Survey on Child and Youth Mental Health Services in the Vancouver Coastal Region*.

- Respected in the community of providers
- Maintaining services despite limited resources and changing environment
- Multidisciplinary approach where possible
- Oriented to community partnership approaches
- Planning relationships with Adult Mental Health and hospitals (where there are VCHA connections)
- Case monitoring/monitoring orientation
- Peer support mechanisms exist
- Community prevention approach (Coast Garibaldi)
- Improved information systems being introduced (North Shore, Vancouver)

Issues/Gaps (Service Delivery System)

- Better understanding of overall MCFD mandate and direction
- No explicit regional CYMHS planning process
- More direct planning with MCFD (especially staff employed by VCHA)
- Better planning with other program areas
- Pressure on CYMHS due to other sector cutbacks
- Lack of preventive services (building capacity/reducing risk)
- Contracted agencies feel left out of planning

Issues/Gaps (Provision of Services)

- Higher resource levels to meet needs
- Limited psychiatry and psychology resources
- Limited transitional programs for youth
- Limited or non-existent programs for infants and early childhood early identification/intervention
- Limited outreach and crisis response services
- Limited programs to deal with those with complex needs (e.g. dual diagnosis)
- No direct access to MCFD residential resources and need to create mental health identified residential resources
- Need more ethno-cultural support
- Need to identify services for Aboriginal youth and families
- More capacity for flexible hours of work

Issues/Gaps (Performance and Accountability)

- Limited formalized supervision mechanisms
- Limited training and in-service education opportunities
- Best-practices not clearly identified
- Outcome evaluation activity is limited, with limited tools available for outcome measurement

Ratings on Priority Challenges

Participants in each focus group were also asked to identify their priority challenges for CYMHS based on a list of 30 areas that have been identified in the

provincial *Child and Youth Mental Health Plan* and other MCFD documents. [26] The areas were grouped into the following key components: treatment and support; reducing risk; and building capacity.

The following constitutes the highest sub-regional priorities: [27]

Treatment and Support

- Develop community mental health residential resources (or at least improve direct access to current MCFD resources) (4)
- Develop concurrent addictions and mental health disorder services (3)
- Establish hi-risk youth outreach service models (2)
- Develop infant and early childhood programs (2)
- Improve access to MCFD mental health-related resources, especially residential and Early Childhood Development (ECD) resources (2)
- Establish MCFD and Health coordination to develop mental health services for children with complex and concurrent disorders (developmental delays, addictions) (2)

Reducing Risk

- Improve coordination with multiple and diverse stakeholders, especially to establish liaison positions with adult mental health, acute care and schools, and to develop early intervention programs (e.g. early childhood, early psychosis focus) (2)
- Establish partnerships with child and youth serving agencies outside of the formal mental health system, especially jointly-funded programs to support families, program consultation to community providers and family development programs to support consumers (2)

Community Provider Consultations

In early January 2003, written questionnaires were provided to identified community providers who are not part of the formal child and youth mental health system, but who have some knowledge of this service system. A total of 188 individuals were contacted to complete the questionnaire placed on a web site or sent via facsimile. The questionnaire is provided in Appendix 9.

At the time of the analysis of this data, 80 individuals had responded. One-third (35%) of the respondents were identified with Vancouver. Percentages for Richmond, North Shore/Central Coast and Coast Garibaldi were 20%, 27% and 18%, respectively. The majority of respondents indicated that they had a "moderate' knowledge of mental health services.

The occupation of the respondents spanned all 11 categories listed on the questionnaire, however the primary respondents were community agency counselors/administrators (21%), school teachers/counselors/administrators

[26] The areas were selected if they constituted a priority (rated as top ten) for at least 50% of the small groups in each sub-regional focus group and also if they constituted a priority for a least 50% of the focus groups.
[27] The numbers in parentheses after each area indicates the number of sub-regions that endorsed the area.

(19%), community health practitioners (e.g. nurses, speech pathologists) (6%), and MCFD social workers/administrators (13%).

The survey addressed 8 different areas of program functioning that are similar to the ones identified in the focus group questionnaire:

A. Program Direction	E. Partnerships
B. Relevance	F. Acceptance
C. Appropriateness	G. Productivity
D. Quality of Service	H. Responsiveness

Responses to Closed-Response Questions

Responses to the 8 areas defined above were evaluated by asking the participants to respond to twenty-four closed-response (yes/no/somewhat) questions, ranging from two to four questions per area. The questionnaire and a summary of the responses are provided in Appendix 9.

In addition to a review of the response pattern, the responses were analyzed to establish which responses could be deemed to be strong (statistically significant) positive or negative evaluations of the program. An overall evaluation of each of the 8 areas revealed a positive evaluation of CYMHS in two of the areas: Appropriateness of Service and Quality of Service. The respondents thought that the services delivered by child and youth clinicians were generally appropriate and delivered in a competent manner.

There was, in addition, a positive response [28] to the following questions:

- Do the CYMHS managers and staff seem to have a good sense of their purpose and direction (goals and objectives)? (Program Direction - Q5)
- Do you think that mental health programs have an impact on their clients and community? (Appropriateness of Services - Q17)*
- Do you think that individuals with the right skills and credentials are usually hired for the jobs they are supposed to do? (Quality of Services - Q19)*
- Do workers seem to collaborate with other providers to make sure that the right services are provided to individual clients? (Quality of Services - Q20)
- Do workers seem to have adequate backup for the clinical decisions they make (i.e. adequate supervision or opportunities to consult with their peers)? (Quality of Services - Q21)*
- Do the mental health program staff and planners demonstrate an interest in collaborating in joint case and program planning with other community programs and providers (e.g. schools, hospital, public health, Aboriginal agencies, child welfare)? (Partnerships - Q23)*
- Are clients and their families adequately included as partners in their own service planning and implementation through integrated case management procedures? (Partnerships - Q24)

[28] An asterisk after an individual question denotes a strong (statistically significant) positive response.

- Do mental health authorities generally demonstrate an interest in establishing joint agreements with other community services and individual providers on such topic areas as information sharing, service access, and referral procedures? (Partnerships - Q25)*

There was a negative response [29] to the following questions:

- Are all groups (preschool, school age and youth) receiving mental health treatment and support services they require? (Relevance - Q10)
- Are there adequate early intervention services funded through mental health programs that serve to work with broader-based community prevention services? (Relevance - Q12)*
- Do staffing levels appear adequate given your understanding of the role that mental health programs & services play in your community? (Productivity - Q30)*
- Have mental health managers and staff looked to you or community colleagues for advice on how to improve access to services and to manage waitlist pressures? (Productivity - Q32)*

Responses to other questions did not produce a positive or negative pattern of responses since they largely fell in the "somewhat" category. However, responses to all the questions should be noted and considered as a baseline for future evaluations of CYMHS by community stakeholders in relation to the eight categories of service that were included in the questionnaire.

Overall, the pattern of responses indicate that key external stakeholders see CYMHS in a positive light in many areas of service, especially in terms of impacts on clients, skill and credentials, interest in community collaborations, and interest in engaging in joint agreements with other provider stakeholders.

There is a negative evaluation regarding the availability of early intervention services, staffing levels and the willingness of CYMHS to consult with community collaterals on matters of service access and waitlist pressures.

Responses to Open-ended Questions

As with the focus groups the responses were grouped into three categories related to three key considerations: Service Delivery System; Provision of Services; Performance and Accountability. Given the limited number of respondents to date, an analysis for each individual sub-region has not been undertaken. In addition, the large amount of information provided through 10 open-ended questions has not yet been analyzed due to the timeline associated with the current report.

All responses have been detailed under separate cover. [30] Two questions have been analyzed to date (see Appendix 9):

[29] An asterisk after an individual question denotes a strong (statistically significant) negative response.

1. What comments would you like to make about the way CYMHS is organized and delivered in your area?
2. What do you think are the broad challenges in service development priorities that the organization of CYMHS must address in the coming years?

The responses duplicate and to some degree extend much of what has already been presented. Included in the list are recurring themes involving reducing risk and building family capacity strategies, service access, responses to multicultural population needs, the balance in the spectrum of services, response to special population needs, education and training on best practices, and paradigm shifts in the model of service delivery.

Overall, these responses support the conclusion that the real challenge for CYMHS lies not only in the development of more traditional treatment and support services, but in development of creative programs and services that address a wider population of children, youth and families; particularly those who are vulnerable to the development of more serious mental health problems later in life.

Youth Consultations

Recognizing that the *Integrated Planning Committee* (IPC) was undertaking a community consultation process involving youth and families and a host of organizations and other community stakeholders, the *CYMHS Planning Group* did not undertake to consult youth and families directly.

As described in the draft consultation report [31] released on January 27, 2003 the overall purpose of the IPC consultation, in part, was to hear the views and suggestions from the community on what a child, youth and family-friendly community-based service delivery system would look like. In this regard, the consultation focused on what is working well (strengths) and what is not working well (issues/gaps).

Diverse groups of youth, all of whom are involved or have been involved in some services from the MCFD or other Ministries, were consulted in the IPC consultation process. These included: Aboriginal youth, street youth, youth in alternative school programs, youth in conflict with the law, teen moms and youth in care. Youth identified key gaps in services,[32] many of specific interest to CYMHS in relation to risk reduction programming and the development of treatment and support services.

The feedback from the youth emphasized the need for:

[30] Child and Youth Mental Health Planning Group (2003) *Detailed Responses and Sub-Regional Summaries: Focus Group Discussions and Community Survey on Child and Youth Mental Health Services in the Vancouver Coastal Region*.

[31] Zena Simces (2003) *Results of the Community Consultation Process: Children and Family Development, Vancouver Coastal Region.*

[32] See page 29 of the IPC consultation report.

- Personal growth programs for youth to balance physical, mental/emotional strengths, increase positive self image, and to develop social skills that enhance the ability to relate to others;
- Support services for youth 13 – 16 years of age;
- Supports for older youth, 16 – 19 such as education, employment, life skills, recreation, and leisure;
- Support for youth 19+;
- Help for youth to get into school (drop outs) or stay in school with more alternative school options;
- Affordable or free services for youth provided by community centres and schools (e.g. Anger management programs offered in the schools and funded by the Attorney General have been cut. Often schools will make re-entry to school conditional on the youth taking an anger management course.);
- Safe housing for youth;
- Services specific to street youth who are a discreet population;
- Male counselors as role models for male youth;
- Peer support programs; and
- Information on services and the Youth in Care Network.

Overall, service providers and youth indicated that youth require services that are co-located, integrated, and based in community centres, schools, neighborhood houses, or youth resource centres.[33]

The youth expressed the need to be involved in the planning and the delivery of services. This observation is consistent with comments made in the CYMHS community consultation process, emphasizing the need for consumer and family member involvement in the planning and delivery of child and youth mental health services.

[33] See page 21 of the IPC consultation report.

G – Regional Planning and Implementation Initiatives

A Case for Sustained Regional Planning

In 1999, the Vancouver Richmond Health Board developed a vision of a redesigned mental health system. To achieve this end, three system coordinators were hired to implement that vision for three age-based populations; Infant, Child and Youth; Adult; and Older Adult. In the ensuing months an Infant, Child & Youth Working Group was established to work with a coordinator to examine ways in which services could be improved to more effectively meet the needs of children, youth and their families.

This effort led to the development of a re-design document,[34] which recommended ways of working together with stakeholders, parents and others to achieve effective partnerships, better service outcomes, integration, coordination and continuity of care. The themes of coordination, education and service capacity were identified as being critical elements for consideration in addressing service delivery issues. Detailed strategies were developed to address issues across the continuum of care: community mental health care, crisis/emergency services, 24-hour treatment and day treatment. The area of rehabilitation was noted to be missing from the re-design plan and with the guidance of the Infant, Child and Youth Working Group and a Child and Youth Rehabilitation Task Group, strategies were developed to meet the rehabilitative service needs for children and youth.[35]

Emanating from the broad strategies outlined in the first redesign efforts, two business plans have been developed, one for Infant and Early Childhood Mental Health Services [36] and the second for the broader Child and Youth Mental Health Services.[37] Other strategic areas such as education/training, planning and youth-adult transitions have been advanced by the sustained planning efforts of the Infant, Child and Youth Working Group.

The above description is provided as an illustration of the importance of sustained efforts in planning for child and youth mental health services regionally. Equally compelling illustrations can be described from other sub-regions. Richmond has undertaken a one-year service re-design process that has included community stakeholders as an essential component of the planning. In the Powell River and Howe Sound areas of the Coast Garibaldi sub-region, the sustained planning effort in building community capacity has led to an ever-improving response to the issues facing communities as they seek to improve the well-being of their children and youth.

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[34] Vancouver/Richmond Health Authority (2000) *Redesigning Vancouver Infant, Child and Youth Mental Health Services.*

[35] Vancouver Coastal Health Authority (2002) *Redesigning Vancouver Mental Health Rehabilitative Services for Children and Youth, Adults and Older Adults.*

[36] Vancouver/Richmond Health Board (2001) *Business Plan for Development of Infant and Early Childhood Mental Health Services in Vancouver: Addressing the Critical Years.*

[37] Vancouver Health Authority (2002) *Business Plan for Child and Youth Mental Health Services in Vancouver: Meeting the Challenge.*

The provincial *Child and Youth Mental Health Plan* has laid the groundwork for the broad directions for CYMHS, and the current document provides additional essential regional information to guide future planning. It will be important for the Vancouver Coastal CFD Authority to support sustained planning efforts in this important program area by establishing a regional mental health planning network or a task group to ensure united implementation planning over the long term.

A Case for Early Intervention Planning

In late 1998, the Ministry for Children and Families, Vancouver Regional Health Board and the Greater Vancouver Mental Health Services Society co-sponsored the development of a planning process to build upon a decade of previous work that identified gaps in services for infants and children 0 – 5 years, and their families in Vancouver. The resulting report [38] focused on the identification of a strategic direction and priorities that would make the most difference in the short term while contributing to building a long-term solution. The report identified several priorities for action in the development of mental health and related services for children 0 – 5 years of age:

1. That the Ministry for Children and Families and the Vancouver/Richmond Health Board, as sponsoring agencies, consider ready access to core infant and early childhood mental health services;
2. That joint discussions be initiated with local community planning coalitions to coordinate a campaign to provide public and targeted education on mental health issues and health development;
3. That the two sponsoring agencies enter into a collaborative planning process with the goal of developing a strategic plan for a universal screening and intervention program in Vancouver by 2002.

The range of core services included the ready access to:

- Targeted outreach support for children and their families at serious risk, to enhance family functioning;
- Early intervention programs for those children at serious risk, focusing on attachment/bonding, early stimulation, growth, parenting skills (through drop-in and other day programs);
- Family therapy and other treatment approaches;
- Mental health consultation on demand;
- Supports for the full spectrum of mental health needs of children in community child care and early education settings to ensure access for children with emotional/behavioural challenges; and
- Specialized supports such as speech and language therapy to ensure the successful transition of children to the school system.

It was recognized that these services could be enhanced or prioritized differently to meet the particular needs of an individual location (or for the purposes of this report, different communities in the various sub-regions).

[38] Vancouver Regional Health Board (1999) *A Framework for a 3-Year Strategic Plan for Infant and Early Childhood Mental Health in Vancouver.*

The following array of early intervention programs were seen as contributing to the "platform" of core infant and early childhood services:

- Universal and targeted prenatal and post-partum support programs that prepare parents for parenting and respond to early signs of stress or behavioural issues for infants and families (e.g. *Healthy Beginnings, Healthiest Babies Possible)*;
- Collaborative support to assist families in enhancing development and attachment when children are showing developmental differences (e.g. *Infant Development Program*);
- Collaborative support to assist families experiencing difficulty in the initial stage of the relationship with their infant (e.g. *Alan Cashmore Centre Parent-Infant Program*);
- Universal mental health-related programs for families with their infants using play as a means of addressing isolation, and nurturing parent-child relationships (e.g. *Parent-Child Mother Goose*);
- Services that enhance readiness-to-learn and support the successful transition to school by young children with emotional, behavioural, cultural challenges (e.g. *Home Instruction Program for Preschool Youngsters*;
- Parent education support groups that address a variety of issues such as parenting skills for children with challenging behaviours, adolescent parenthood, healthy growth and development (e.g. *Nobody's Perfect*);
- Lay home visitor services providing long-term support to strengthen families of infants at greatest risk of being neglected or abused, and linking families to services and activities (e.g. *Building Blocks*).

The directions for infant and early childhood service development described above identified service development strategies that are consistent with the key components of (1) treatment and support, (2) reducing risk, and (3) building capacity, identified in the provincial Child and Youth Mental Health Plan. Focus group participants and respondents to the community survey for the current project have also emphasized the importance of including early childhood and early intervention strategies within the Regional service development plan.

It is important to note that the contributors to the infant and early childhood planning project described above not only identified an important opportunity of cross-sector (MCFD and Health) collaborations in responding to a recognized service need, but also provided some specific strategies that could even now be incorporated in current regional and sub-regional planning efforts.

There are other good examples of planning efforts and service models that could be considered in child and youth mental health implementation planning. For example, a business case [39] has been developed by the Community Health Services of the VCHA regarding therapeutic counselling supports for youth who attend Richmond and Vancouver Youth Clinics. Such clinics provide primary care services for youth 12-25 years and are prime locations for early intervention efforts for youth who would otherwise not qualify or accept services at mental health teams or programs.

[39] Vancouver/Richmond Health Board (2001) *Business Case: Therapeutic Counselling and Supports for Youth*.

In the area of targeted education and risk reduction approaches for youth, another example comes from the efforts of community health nurses and nursing students in South-East Vancouver who have provided depression education for grade seven students and a combination of education and depression screening (with follow-up support when required) to secondary school students. [40]

Other relevant child and youth mental health program proposals have been developed and they will need to be collated and re-examined in the light of any ongoing implementation planning efforts across the sub-regions in the months and years to come.

[40] Vancouver Coastal Health Authority, Community Health Services (2002*) Bluer than Blue: Project Report.*

H – Program Challenges and Directional Priorities

Organization and Broad Planning

Each sub-region of the Vancouver Coastal Region has developed its own community-based organization model for child and youth mental health services, based on historical organization of child and youth mental health services, geographic population distribution, demographic factors and the configuration of services funded by the Ministry of Health Services, through the VCHA, and the Ministry for Children and Family Development. Vancouver, Richmond and the North Shore have developed services based on funding from MCFD and the VCHA in differing proportions, while the Coast Garibaldi sub-region is funded exclusively by the MCFD. Each sub-region has a mix of contracted agencies, multi-disciplinary MCFD team offices, or stand-alone mental health programs that are considered an equivalent to the government staffed MCFD Offices, as they largely exist in the other parts of the province.

An analysis of the CYMHS operations by the CYMH Planning Group indicates that the services developed have achieved a good level of stability and effectiveness. Overall, community providers perceive CYMHS to be delivering appropriate and quality services with limited staffing. No comments were received from stakeholders regarding the need to change the organizational models in the sub-regions even though it was recognized that there are gaps in the service system that must be addressed.

The benefits of a “built in” relationship between the MCFD and the Health sectors in three of the sub-regions were identified frequently in the focus group discussions and the community consultation participants. These benefits were seen not only in financial terms but also in terms of partnership planning opportunities with adult community mental health and the hospital-based mental health sector.

In Vancouver and Richmond, there is general agreement that a positive relationship exists between MCFD programs and the VCHA delivered CYMHS program. At the same time, it is recognized that there is a need to increase joint-planning efforts in relation to improved access to specialized MCFD resources (e.g. residential) and the development of new programs that augment or support other MCFD programs providing services to emotionally vulnerable children, youth and families. On the North Shore, this collaboration has been encouraged by way of the joint-service relationship that has been established between the MCFD Mental Health Team and the VCHA Child and Youth Mental Heath Program.

It is also recognized that the co-location of CYMHS teams with other MCFD programs on the North Shore, and in the Howe Sound and Sunshine Coast areas of the Coast Garibaldi sub-region, also has proven useful from the perspective of program coordination and service support across MCFD program areas.

In the final analysis, It is the CYMHS Planning Group's view that the identity of the employer is of secondary importance. The key to improving child and youth mental health services in the Vancouver Coastal Region lies in the capacity of the funding authorities to forge planning and service delivery partnerships with relevant organizations, practitioners and consumer stakeholders to achieve a comprehensive system of services that is responsive to the needs of children, youth and their families. Where there is community "will", there is a way to progress.

In light of the above discussion, the CYMHS Planning Group makes the following recommendations:

- That the CFD Authority maintain the status quo in terms of its delegation of CYMHS operations to the VCHA in Vancouver and Richmond, and its joint relationship with the VCHA on the North Shore, until such time as there has been an opportunity to fully explore the benefits and liabilities of these service models in the future development of services across these sub-regions and their local communities;
- That the CFD Authority explore with the VCHA in the Coast Garibaldi and Central Coast areas, ways to strengthen CYMHS through a joint service partnership approach similar to the one that has evolved on the North Shore;
- That the CFD Authority commit its planners and managers to broad collaborative planning with the VCHA and Education sectors regarding the development of a full spectrum of community- and hospital-based service system for children and youth based on the challenges identified in the provincial *Child and Youth Mental Health Plan*; and
- That the CFD Authority ensure the creation of a regional standing Child and Youth Mental Health Network/Committee to guarantee a sustained stakeholder planning process that links sub-regions in the development of strategies for the development of necessary programs and services.

Aboriginal Planning

Aboriginal issues were not specifically addressed in the current project. Aboriginal representation was secured on the Working Group, however it was not possible to engage with Aboriginal planners around the mental health needs of Aboriginal children and youth due to the early stages of the Aboriginal planning processes. It is understood that a broad, separate planning process has been established for the Aboriginal community and that this community will be managing and implementing this process, which will include mental health services as one area of interest.

The internal and community consultations undertaken as part of this project identified the importance of addressing both aboriginal and non-aboriginal issues in CYMHS planning. For this reason, the CYMH Planning Group makes the following recommendation:

- If desired by the Aboriginal communities, that the CFD Authority facilitate a linkage between the work of the Child and Youth Mental Health Network/Committee and Aboriginal planning processes to ensure continuity of planning between the Aboriginal and non-Aboriginal sectors in all areas of the Vancouver Coastal Region.

Directional Priorities

The priority directions outlined below are based on the work of the CYMH Planning Group on several fronts:

- Detailed examination of the current child and youth service system and the services provided;
- Internal stakeholder feedback (through focus groups) and community consultations on the strengths, issues and gaps and priority challenges;
- Guiding documents such as the provincial Child and Youth Mental Health Plan, report of the provincial Joint Ministry Working Group Report, and MCFD strategic shifts and regional priorities; and
- Select regional child and youth planning documents.

Information generated from these analyses has been substantial. Nevertheless, the CYMH Planning Group has determined that a number of issues can be addressed through a series of regional activities in the coming months, leading to changes that will improve child and youth mental health services in the Vancouver Coastal Region. It is recognized that new funding or resource allocations may not be available in the short term; however, the existence of a master plan will enable the region to move ahead when implementation opportunities arise. The proposed Child and Youth Mental Health Network/Committee, working with sub-region support from staff, community collaterals, youth and client family members, should be mandated to address the following priority challenges.

The Service Delivery System

- There is no common vision or mandate articulated by the Region for CYMHS. Such documentation must be developed as a matter of priority. A clear understanding of the broad program goals, population of interest, service approaches and accountability mechanisms must be well understood by program managers and staff. The key components of treatment and support, risk reduction and capacity building should be reflected in this body of work.
- The current spectrum of services for all regions is not ‘balanced” given the relatively abundant availability of office based counselling services, the relative lack of intensive non-residential services (e.g. outreach, day programs) and community residential services for those with serious emotional problems. Strategies to balance the system of services must be established either through new/joint funding considerations or options for selective redistribution of current resources.
- Some key common indicators of emotional health should be established across sub-regions and communities in order to facilitate decision-making around community needs, resource development and distribution (e.g. Community Asset Mapping Project).

- Given the recognition in the *Child and Youth Mental Health Plan* of the children and youth who form "20%" of the population, a broad strategy must be established to begin addressing the needs of this broad hi-risk population through community program options.
- A clear understanding of where mental health-related services (those not formally part of CYMHS) exist in the various communities must be established in order to take advantage of potential service collaborations in the above-mentioned planning activity.
- There are a number of program proposals that have been developed in recent years. Some have been partially developed and others shelved due to lack of funding opportunities. The current report has described some of these programs. In order to take advantage of this body of work, it will be important to collate this information to consider its potential in helping to define some service options, particularly for the "20%" population described above.
- The importance of building family and community capacity has been addressed in the *Child and Youth Mental Health Plan*. Joint planning with the ECD sector should be undertaken to provide an action plan for the long-term development of community support programs for families throughout the region, especially those with young children and who are isolated. (Some program options in this area have been described in Section G of this report);
- Ways of increasing service flexibility and accessibility should be addressed through an examination of potential changes that could be introduced in the hours of operation for select programs. Options such as flexible work schedules or evening/ weekend program operations could be considered.
- The location of current mental health programs and services should be examined to determine whether there are programs that would be more accessible to the target population if situated in more user-friendly locations (e.g. locating in schools, drop-in centers, etc).
- There should be a review of the community crisis response system in each sub-region to establish directions in the development of community-based programs and community-hospital service relationships at local, sub-regional and regional levels as outlined in the provincial Joint Inter-Ministry Working Group Report that has included community planning worksheets.
- The existence of protocol agreements between CYMHS and other service sectors (e.g. schools) is variable across the Region. There are two critical areas that must be addressed in all sub-regions: Youth Transition Protocols and Crisis Response Protocols. The latter should address critical incident response provisions that include the involvement of mental health personnel as part of the community response.

Specific Services

The following service areas have been identified by internal and external stakeholders as priority services needing to be addressed:

- Establish sub-regional plans and agreements for increased access to MCFD therapeutic residential resources (or funding for wraparound services) by mental health staff, and increased clinical support by CYMHS to residential resources when they have mental health clients. (Options have already been identified in the Vancouver sub-region through the System of Care Planning. A pilot project with CART is underway.);
- Work with MCFD to establish designated mental health residential resources, and clinical support services for children in care;
- Establish more intensive non-residential mental health services including day treatment programs and outreach services, especially youth workers, some of whom can be attached to youth health clinics or hi-risk youth programs that currently have limited or no mental health personnel;
- Establish early childhood mental health service capacity equally across all sub-regions, especially infant mental health services that have been developed only in the Vancouver sub-region;
- Improve services to children with complex needs, especially those with concurrent disorders, especially addiction;
- Increase the availability of psychiatric and psychological services within CYMHS programs and teams in all sub-regions;
- Establish proven video-conferencing approaches, or other creative options (e.g. “shared care’ model of services involving community physicians), for extensive use in rural and remote communities (e.g. Central Coast) to improve access to assessment and consultation services from experts.

The development of programs and services for specific populations is largely dependent on the availability of additional funding or a re-distribution of current funding. The capacity to enhance services will likely be limited in the short term, however, the service needs should be reflected in a multi-year implementation plan that outlines a staged approach to service development based on urgency and funding availability.

Performance and Accountability

- New information systems are being introduced in North Vancouver (SYNAPSE) and Vancouver/Richmond (PARIS) through the VCHA. These systems will benefit CYMHS with the VCHA. However, the current CPIM information system is inadequate. Serious effort will be needed to coordinate a usable information system for CYMHS staff working out of MCFD offices and those working out of VCHA offices across the Vancouver Coastal Region.

- With some exceptions, (e.g. Balanced Score Card in Richmond, Child Behaviour Checklist in Howe Sound), there are few consistently applied tools available to measure outcomes for the children and youth served across the sub-regions. Some tools have been identified provincially (CAFA and BCFPI) for this purpose. As a matter of priority, these or similar purpose tools should be reviewed and introduced for use by CYMHS throughout the Region.
- It appears that clinical supervision across the sub-regions is accomplished through a mix of formal (structured supervision arrangements) and informal (peer consultation with senior staff or colleagues, case conferences) approaches. It will be important to undertake a program-by-program review of existing job descriptions to confirm whether supervisory roles are delineated for relevant positions and if so, what is the degree of compliance with these expectations (e.g. regular performance appraisals, supervisory meetings etc.).

  In addition, it will be important to review, and redevelop as necessary, regional clinical policies and procedural guidelines as they relate to the delivery of comprehensive and accountable services (e.g. case management practices, case reviews, best practices, etc.). This activity will serve to prepare each of the sub-regions for any accreditation activity that will be undertaken by the CFD Authority in the future.

Education and Training

- It is apparent that there has been limited employer supported clinical training activity in the sub-regions in the past year. It was frequently noted that there is no training plan that guides activity in this area. It was also noted that staff have not seen guidelines on best practices. While the assumption has been that staff members are usually hired with the necessary skills to perform their job, it is apparent that child and youth mental health clinicians are being called upon to provide increasingly specialized services for which they have not been specifically trained.

  It will be essential for the Child and Youth Network to use the regional connections Provincial Training and Education Strategy (PETS) to forge a training program for the region and to advocate for the necessary funding to implement such training, based on the provincial best-practice guidelines being developed.
- Stakeholders have commented on the limited capacity of CYMHS to adapt to the growing cultural diversity in the Vancouver Coastal Region. The concerns relate to limited employment of clinicians with differing cultural backgrounds or to the development of specific services for targeted cultural groups (e.g. groups for Indo-Canadian parents). There is equal concern about the training needs of current staff members in their work with diverse groups. This issue should receive special attention in the development of training programs taking into account the changes in the composition of the population in each sub-region.

I – List of Appendices

APPENDIX 1

1. Terms of Reference for the CYMH Planning Group
2. Membership of the CYMH Planning Group

APPENDIX 2

1. Percentage Distribution of Ethnic Groups in the VCR
2. First Nations Demographics Profile of Reserve Communities
3. Percentage Distribution of Various Socio-Economic Variables in the VCR
4. Children at Risk Indices Sorted from Worst to Best by Regional District
5. Youth at Risk Indices Sorted from Worst to Best by Regional District

APPENDIX 3

1. Sub-Regional Charts

APPENDIX 4

1. Description of Services by Sub-Region
2. Location of Programs/Teams and Resource Distribution

APPENDIX 5

1. Spectrum of Services by Program for Each Sub-Region
2. Definitions for the Spectrum of Care Chart
3. Graphs of the Percentage Availability of FTE's to Perform Services in Relation to the Primary and Secondary Mandates Across the Spectrum of Services

APPENDIX 6

1. Current and Developing Protocol Agreements for Each Sub –Region

APPENDIX 7

1. Annual Cases Seen by Program

APPENDIX 8

1. Focus Group Questionnaire
2. Key Considerations for Current Service Delivery Models, Provision of Services and Performance Accountability for Each Sub-Region

APPENDIX 9

1. Survey on Child and Youth Mental Health Services for the VCR
2. Survey Results of Closed-Response Questions
3. Key Considerations for Current Service Delivery Models, Provision of Services and Performance Accountability Across Sub-Regions