CHILD & YOUTH PLANNING TABLE

WORKPLAN SESSION HIGHLIGHTS

JUNE 1-2, 2022

REVISION O

Participants:
See participant list
In Association with:
Lockhart Facilitation and the
Queen's Executive Decision Centre
Facilitator: Erik Lockhart
Ph#: 613 533-6681
E-mail: Erik.Lockhart@queensu.ca

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Executive Summary Error! Bookmark not defined.

This document contains proceedings from the CYPT work planning session held on June 1-2, 2022. The purpose of the workshop was to agree on the key elements of a workplan for the next two years. On day 1, the session began with a briefing on progress against the last work plan (Appendix B-C). The group then conducted an environmental scan by identifying key issues, opportunities, risks and threats (section 1). Based on this, four priorities were agreed upon (section 2). Goals and preliminary initiatives were drafted for each priority. Working groups were established (section 3). On day 2 (conducted for those who could not participate in person), the group was given a progress review, and then the key priorities from day 1 were shared. The gropu brainstormed and prioritized initiatives. Expressions of interest for the working groups were also made. Below are the highlights.

Priorities in next two years

1. Infant-child mental health strategy
2. Referral Pathways and navigation improvements for youth ie agency awareness and pathway creation
3. Concurrent substance use and addictions services for youth under 16 including process addictions, technology, substances, violence and pornography
4. Implement a process to address recurring, complex situations that require multi-agency collaboration

Goals and Working Groups (by Priority)

Priority	Goal	Working Group
Infant-child mental health strategy	Identify kids at risk early so that trajectories are changed, downstream and universal cost savings	Nancy, Susan, Kelly, Johanne, Jessica check EY working group, Melanie, Margo
Referral Pathways and navigation improvements for youth	Better agency awareness so that we can more seamlessly help youth	Katie, Ted, Jessica, Susan, Shaun?, Tera, Susan B, Melanie D (ALCDSB), Margo (tbd), Susan (CSBD),
Concurrent substance use and addictions services for youth under 16	To create a sustainable, community-wide service that reduces harmful substance use	Shaun, Sheryl, Susan, Beth, Michelle, HPEDSB person, Stacey, Mary L, MBQ person (susan B tbd)
Implement a process to address recurring, complex situations that require multi-agency collaboration	More coordinated approach to complex and recurring problems	Ted, Susan, Johanne, Lynette, Jessica, Susan B, Margo, CSBD, ALCDSB (Melanie tbd)

Current State Assessment

Opportunities	**Threats & Risks**
• Partnerships between smaller groupings in the community • Highlighting of mental health during covid and some stability of funding • Awareness of DEI • Importance of data collection to be able identify gaps, who is impacted • New collaboration and better understanding of agencies and services: more awareness of who is doing what • Infant mental health pilot project.	• Disrupted normal development for children (isolation, socialization, lack access to playgroups etc) • Human resources (not able to find staffing) -> Vacant positions • Disengaged youth (and families) - seeking services ... school absenteeism ..Disruption in service • Increased waitlists (disparity between increased demand and available staff) • Significant increase in substance use, mental health concerns. Lack of access to supports. • Staffing burnout, challenges with recruitment for front line supports

Path Forward

Task **Resp/Date**

1. Virtual session June 2 (share new priorities, action plans, ask for other ideas, invite expressions of interest for committees)
2. Distribute results of June 1-2 sessions [Erik by June 10]
3. Finalize membership in working groups Bev June 30
4. Develop ToR with goals & action plans [Champions by July tbd]

Editor's Notes:

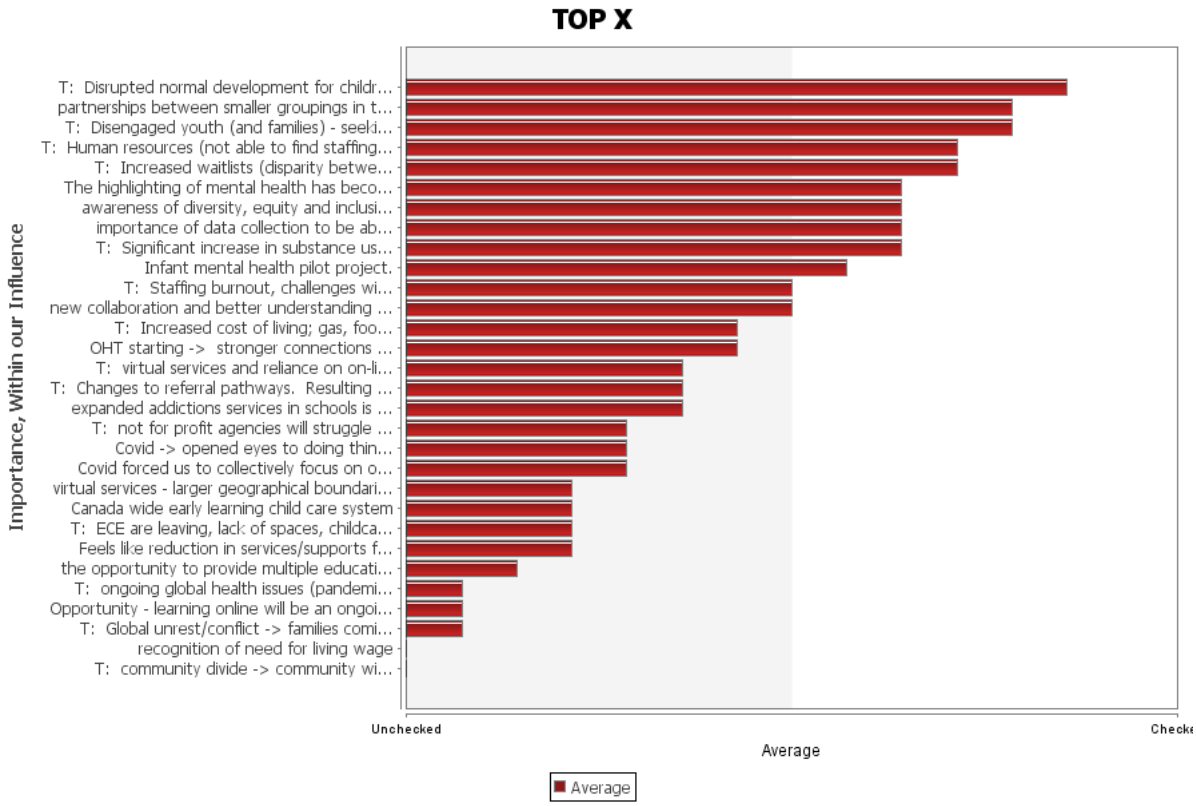
a. The symbol // or … indicates that two similar ideas have been merged together.
b. This document contains the meeting proceedings and is not intended as a "Final Report"

1.0 – Environmental Scan

- What are the FOUR important external opportunities that we should be pursuing?
- What are the FOUR most critical threats that we must consider in our future planning? (risk, challenges, threats, dangers)

1.1 - Key Opportunities

	TOP X	Avg.Score	#votes/14
11	partnerships between smaller groupings in the community ie. CAS partnership with Intersections	0.79	11
9	The highlighting of mental health has become a priority during covid and the stability of funding will assist supports ongoing	0.64	9
16	awareness of diversity, equity and inclusion (new efforts, new partners)	0.64	9
18	importance of data collection to be able identify gaps, who is impacted ...working group in HPE that is utilizing data and how we use to help inform planning	0.64	9
29	Infant mental health pilot project.	0.57	8
28	new collaboration and better understanding of agencies and services.. greater awareness of who is doing what	0.50	7
26	OHT starting -> stronger connections to primary care... service pathways becoming more clear.	0.43	6
19	expanded addictions services in schools is an opportunity to diminish barriers	0.36	5
5	Covid -> opened eyes to doing things differently, showed some gaps very clearly, some new funds available, reduced travel budgets	0.29	4
24	Covid forced us to collectively focus on one issue. Can use this experience to help us to prioritize community issues.	0.29	4
2	virtual services - larger geographical boundaries and easier access to services and IT funding has increased	0.21	3
12	Canada wide early learning child care system	0.21	3
30	Feels like reduction in services/supports for mental health and dual diagnosed children/families	0.21	3
21	the opportunity to provide multiple education opportunities - challenging status quo (virtual, alternative learning sites, new learning opportunities)	0.14	2
7	Opportunity - learning online will be an ongoing reality for our youth	0.07	1
14	recognition of need for living wage	0.00	0



Ideas merged before voting:

1. virtual services - larger geographical boundaries and easier access to services and IT funding has increased
    1.1. opportunity --virtual

4. The highlighting of mental health has become a priority during covid and the stability of funding will assist supports ongoing
    4.1. awareness or "normalization" that its ok to struggle (stigma partially removed)
    4.2. community safety and well-being plans in municipalities are identifying mental health and substance use as priorities -more partners
5. partnerships between smaller groupings in the community ie. CAS partnership with Intersections
    5.1. Strengthened partnerships between HPEPH and municipality, school boards, child care sector etc.

1.2 - Key Threats

	TOP X	Avg.Score	#votes/14
13	T: Disrupted normal development for children (isolation, socialization, lack access to playgroups etc)	0.86	12
15	T: Disengaged youth (and families) - seeking services ... school absenteeism ..Disruption in service (face to face)	0.79	11
1	T: Human resources (not able to find staffing) -> Vacant positions, lack of service providers; particularly in North Hastings.	0.71	10
23	T: Increased waitlists (disparity between increased demand and available staff)	0.71	10
27	T: Significant increase in substance use, mental health concerns. Lack of access to supports.	0.64	9
3	T: Staffing burnout, challenges with recruitment for front line supports	0.50	7
20	T: Increased cost of living; gas, food, housing. Family stressors. and Disproportionate impact of pandemic on low SES.	0.43	6
10	T: virtual services and reliance on on-line learning - not appropriate/available for all clients and services ...Disruption in service (face to face)	0.36	5
17	T: Changes to referral pathways. Resulting in reduced referrals. espec in north: new staff, awareness,	0.36	5
4	T: not for profit agencies will struggle to secure funding bc "threat/crisis" is over	0.29	4
25	T: ECE are leaving, lack of spaces, childcare system is very fragile	0.21	3
6	T: ongoing global health issues (pandemic, new viruses emerging) -> what is next?	0.07	1
8	T: Global unrest/conflict -> families coming from abroad, impacts in our schools (more stress in our community)	0.07	1
22	T: community divide -> community wide growing lack of empathy ... post pandemic normalcy, seems less patience with people impacted heavily ..trust in public institutions (perception)	0.00	0

Ideas merged before voting:

3. T: not for profit agencies will struggle to secure funding bc "threat/crisis" is over
   3.1. worried about reduction in funding
   3.2. Election and funding concerns - in limbo for 6 months, deficits.
7. T: Disrupted normal development for children (isolation, socialization, lack access to playgroups etc)
   7.1. haven't seen negative long lasting impact of COVID on children and families
8. T: Disengaged youth (and families) - seeking services ... school absenteeism ..Disruption in service (face to face) Challenge - school absenteeism
10. T: Increased cost of living; gas, food, housing. Family stressors. and Disproportionate impact of pandemic on low SES.
   10.1. challenge - housing
11. T: community divide -> community wide growing lack of empathy ... post pandemic normalcy, seems less patience with people impacted heavily ..trust in public institutions (perception)
   11.1. trust in public institutions (perception) eg. experts in science being questioned/doubted

2.0 - Priorities

What must be our big priorities over the next 18-24 months? What do we need to "get done"?
The group brainstormed ideas in small teams. Then each team selected its top 3 ideas to share with the plenary (2.1). Finally, individuals were asked to identify "if we could only address three of the priorities in the next two years…" (2.2)

2.1 - Formulation

Top THREE from each table

1. Infant-child mental health strategy
   1.1. Infant/Child mental health project as the focus for the Early Years committee
2. DEI and linking with what is already existing in the community and developing community wide plans
   2.1. re engaging youth and families from an equity, diversity and inclusion approach across sectors and community groups
3. Decisions based on data (access to common data to identify gaps) - Solidify the result for children we are looking for and identify population health measures that will be used beyond EDI (ex. MDI, COMPASS, graduation rates) to ensure CYPT uses evidence informed decision making. * need process to identify who is generating data, how to share data
   3.1. Gaps identification in service/data analysis ie.respite, service, HR, pressures and priorities
4. Create a community marketing strategy to recruit people to fill positions across the social services sector. note: partner with munis, County, WDB, Chamber
5. Referral Pathways and navigation improvements for youth ie agency awareness and pathway creation
   5.1. strengthen collaboration between community partners to address current needs/emerging issues of children, youth and families in community: ..Pathway and navigation improvements ie agency awareness and pathway creation
6. Concurrent substance use and addictions services for youth under 16 including process addictions, technology, substances, violence and pornography
7. ACES - increase service provider and community awareness. Develop ACES strategy.
8. Cross collaboration in the community for CRISIS -- immediate/same day response ie. mobile crisis team
   8.1. Awareness and alignment with Community Safety and Wellbeing strategies
9. Implement an case conferencing situation table for multi-agency collaboration & resource pooling -> Complex needs and system challenges work together to develop innovative solutions within our current systems by agencies coming together to problem solve

Ideas that did not make the 1st screening:

1. Table 1

1. Pathway and navigation improvements ie agency awareness and pathway creation leading from child and youth to adult

2. Table 2

1. Internet safety
2. high rate of screen addictions

3. Table 3

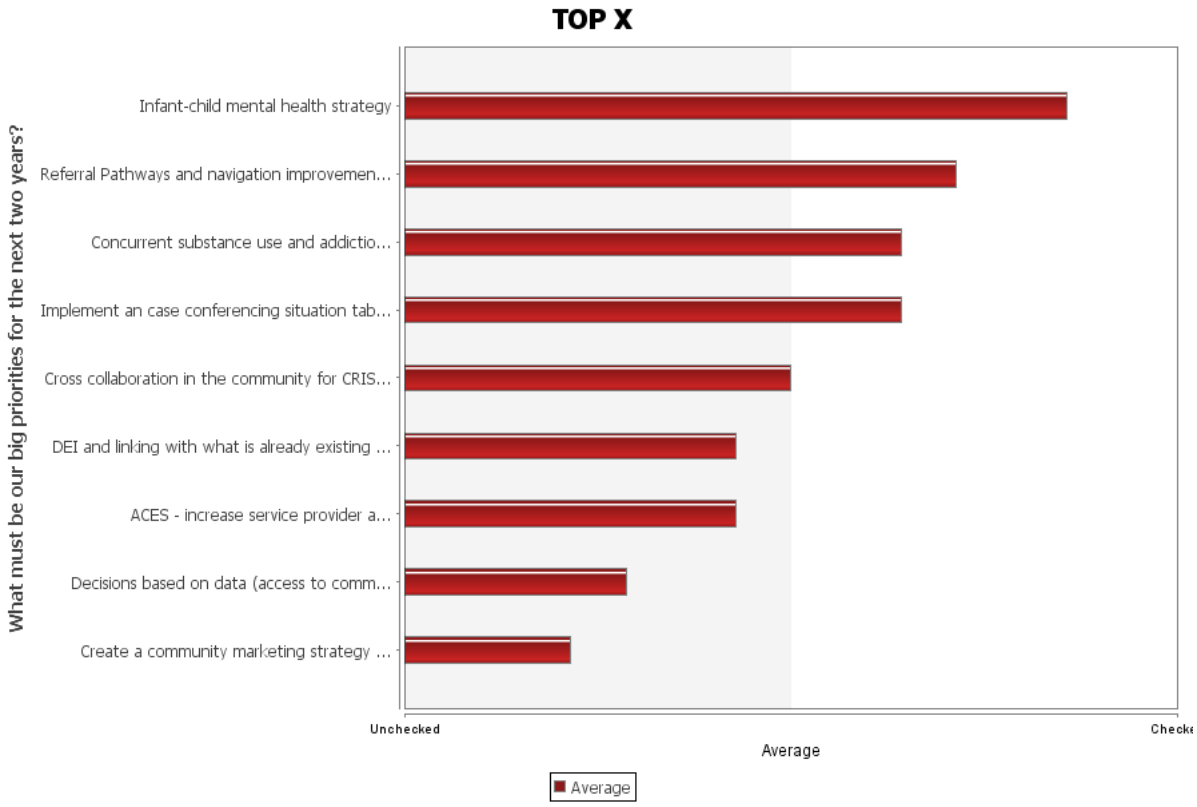
1. Addictions services for children and youth. Ex. schools. funding for current services expires March 2023

4. Table 4

1. Pathway and navigation improvements ie agency awareness and pathway creation:
2. Create a community HHR workforce attraction strategy to recruit people to fill positions across the social services sector

2.2 - Selection

	TOP FIVE	Avg.Score	#votes/14
1	Infant-child mental health strategy	0.86	12
5	Referral Pathways and navigation improvements for youth ie agency awareness and pathway creation	0.71	10
6	Concurrent substance use and addictions services for youth under 16 including process addictions, technology, substances, violence and pornography	0.64	9
9	Implement an case conferencing situation table for multi-agency collaboration & resource pooling -> Complex needs and system challenges work together to develop innovative solutions within our current systems by agencies coming together to problem solve	0.64	9
8	Cross collaboration in the community for CRISIS -- immediate/same day response ie. mobile crisis team	0.50	7
2	DEI and linking with what is already existing in the community and developing community wide plans	0.43	6
7	ACES - increase service provider and community awareness. Develop ACES strategy.	0.43	6
3	Decisions based on data (access to common data to identify gaps) - Solidify the result for children we are looking for and identify population health measures that will be used beyond EDI (ex. MDI, COMPASS, graduation rates) to ensure CYPT uses evidence informed decision making. * need process to identify who is generating data, how to share data	0.29	4
4	Create a community marketing strategy to recruit people to fill positions across the social services sector. note: partner with munis, County, WDB, Chamber	0.21	3



Word doodle of common concepts

3.0 – Action Plans

In this section, the group brainstorms potential strategies and actions for each priority. Then, working groups gather to do a preliminary prioritization of the initiatives for the next 12-18 months (highlighted with 2022)

3.1 – Infant Child mental health strategy

1. Infant-child mental health strategy

Key Initiatives in 2022-2023:

1. 2022: Active involvement in community planning day June 10th
2. 2022: Develop the pathway for each community for 0-3, 3.9 - 6
3. 2022: Measure ASQ and DSP implementation and referrals.

4. Working Group: Nancy, Susan, Kelly, Johanne, Jessica check EY working group

Ideas that are redundant, or beyond scope of next two years:

5. only focus for the prenatal to 6 working group
6. Promotion to all agencies to develop awareness and education about program and services
7. Determine gaps for ASQ training
8. linking in SmartStart Hub Strategy being lead by Quinte Children's Treatment Centre
9. sharing of best practices for implementation.

3.2 – Referral pathways and navigation improvements

2. Referral Pathways and navigation improvements for youth ie agency awareness and pathway creation

Key Initiatives in 2022-2023:

1. 2022: Review what has been developed in last two years (update chart with pathways)
2. 2022: Front line training on pathways and navigation (anyone dealing with youth)
3. Working Group: Katie, Ted, Jessica, Susan, Shaun?, Tera

Ideas that are redundant, or beyond scope of next two years:

4. Have adult systems at the table (Addictions and Mental Health, Developmental services
5. more transitional age youth workers
6. Tier 1- education of grade 7-12 students in classes (targeted grade?) to promote pathways to refer-self or other and promote agencies and their mandates in our communities. Need youth voice in this. After in class promotion, promotion should be media driven based on student voice. Ensure ALT Ed sites are included. Families need the same information- through social media, school messenger services.
7. Creation of MOU to develop warm handoff
8. Create a sub committee to address age 7-18.
9. start with strengthening referral pathways and system navigation between children and youth program providers.
10. Bring Service Pathway doc from OHT and adapt to our needs.

3.3 – Concurrent substance use and addictions services for youth under 16

3. Concurrent substance use and addictions services for youth under 16 including process addictions, technology, substances, violence and pornography

Key Initiatives in 2022-2023:

1. 2022: Identify population based measures to demonstrate the issues. (to build the funding case)
2. 2022: Advocate for sustainable funding for addictions services for youth under age 16.
3. 2023: Identify evidence based strategies for prevention.
4. 2022: Standardize training for all clinical staff at schools, CMHS, youthab.
   4.1. Common assessment tool
   4.2. in the absence of new funding Cross-training and/or re-training of existing staff
   4.3. Working group to create resources that are consistent for school use to educate students and families. Gap analysis with community partners.
   4.4. Revisit work on this topic and re-train and recommit to process.

Ideas that are redundant, or beyond scope of next two years:

5. Working Group: Shaun, Sheryl, Susan, Beth, Michelle, HPEDSB person
6. Parent engagement strategy and community awareness.
7. make connection with Public Health, Addictions nurses,

3.4 – Process to address recurring, complex situations requiring multi-agencies

Priority:

4. Implement a process to address recurring, complex situations that require multi-agency collaboration -> Complex needs and system challenges work together to develop innovative solutions within our current systems by agencies coming together to problem solve

Key Initiatives in 2022-2023:

1. 2022: Implement a process to address recurring, complex situations that require multi-agency collaboration
2. 2022: see what has worked elsewhere!!! waterloo, KFLA
3. Working Group: Ted, Susan, Johanne, Lynette

Ideas that are redundant, or beyond scope of next two years:

4. Cross collaboration in the community for CRISIS -- immediate/same day response ie. mobile crisis team
5. Develop a central access point and process to activate community partners response for complex cases.
6. Develop innovative solutions within our current systems by agencies coming together to problem solve.
7. Attend June 22 Network Partnership Committee Coordinated Service Planning meeting

Word doodle of common concepts

4.0 – Action Plans (Day 2)

In this section, the group brainstorms potential strategies and actions for each priority. Then, initial working groups gather to do a preliminary prioritization of the initiatives for the next 12-18 months (highlighted with an XXX)

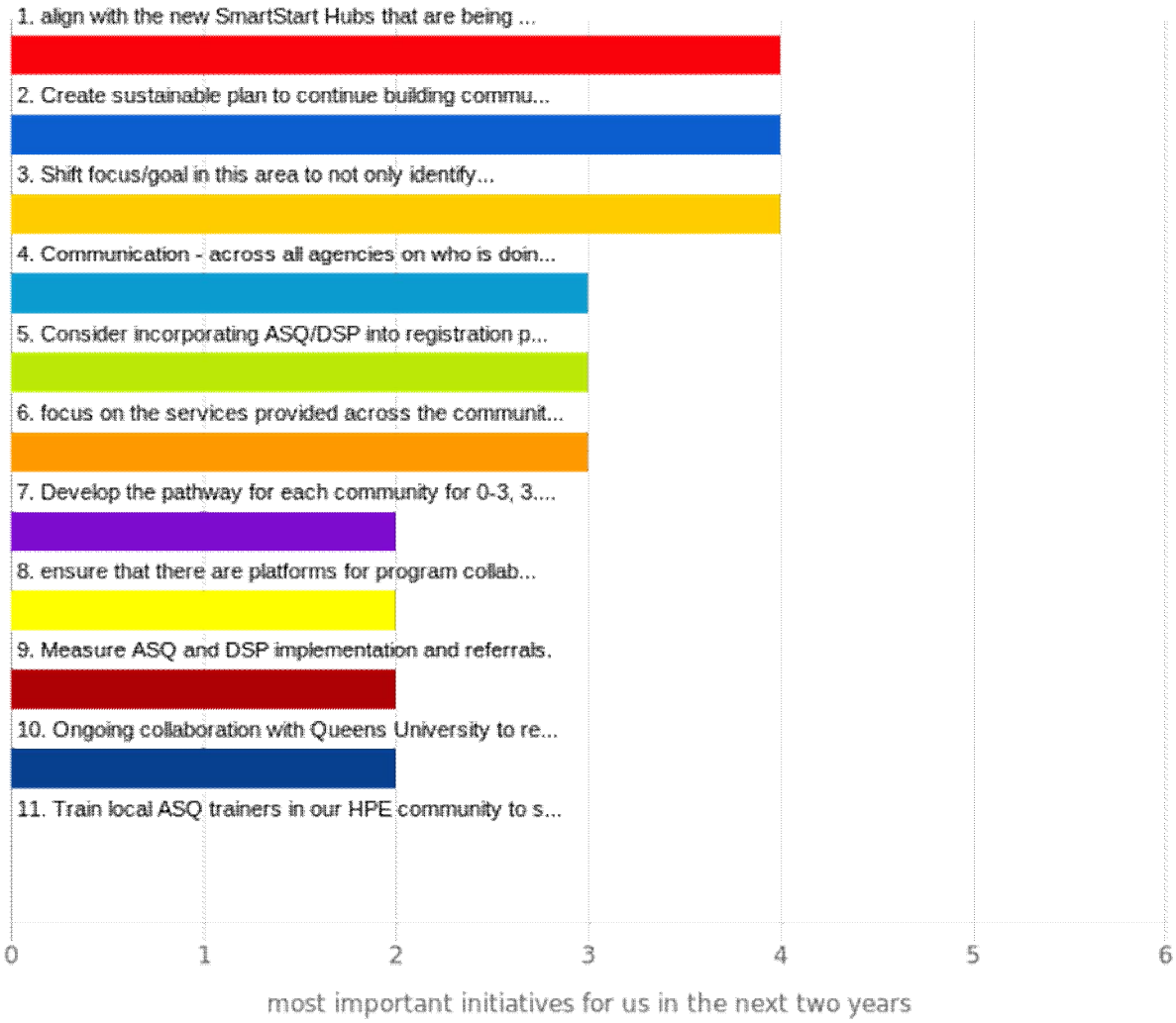
Margo
Mary LaBine
Melanie Dunlop
Stacey Egan- St.Leonards Community
Susan Barberstock
Susan seeman

4.1 – Infant Child mental health strategy

Priority 1: Infant - Child Mental Health Strategy GOAL: Identify kids at risk early so that trajectories are changed, downstream and universal cost savings Select your items by checking in the boxes. When finished, click on the blue circle with the check mark at the bottom of the column of boxes

Criterion "most important initiatives for us in the next two years" sorted by sum 5 selections of 11 items. Ratings submitted: 6. Total selections 29. Abstentions permitted.		
Nr	**Item**	**↓Selections**
1	align with the new SmartStart Hubs that are being developed at CTC to also identify kids early	4
2	Create sustainable plan to continue building community staff's capacity and implementation of ASQ and DSP for member agencies serving and supporting children 0-6 and their families	4
3	Shift focus/goal in this area to not only identify chidlren at risk of delay but also up stream focus, facilitating health 0-6 child development (supporting caregivers to faciltiate healthy development, attachment, relationship to be preventative)	4
4	Communication - across all agencies on who is doing what, what is being offered, what is changing, specific new programs,	3
5	Consider incorporating ASQ/DSP into registration process for Kindergarten children in HPE with collaborating Boards of Ed	3

Criterion "most important initiatives for us in the next two years" sorted by sum 5 selections of 11 items. Ratings submitted: 6. Total selections 29. Abstentions permitted.		
Nr	**Item**	**↓Selections**
6	focus on the services provided across the communities that don't need specialized referrals-ie early on centres, better understanding by all of us on what they are offering that would be universal supports to address infant mental health issues-much can be addressed through other avenues-breast feeding programs-making eye contact with the baby helps wiht attachment and mental health	3
7	Develop the pathway for each community for 0-3, 3.9 - 6	2
8	ensure that there are platforms for program collaboration, case management sharing	2
9	Measure ASQ and DSP implementation and referrals.	2
10	Ongoing collaboration with Queens University to receive our ASQ data in order for anonymous community data or neighbourhood data (if possible) to be access for community planning table to inform responsive programming for this population	2
11	Train local ASQ trainers in our HPE community to support ongoing training plan.	0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8. ensure that there are platforms for program collab...
9. Measure ASQ and DSP implementation and referrals.
10. Ongoing collaboration with Queens University to re...
11. Train local ASQ trainers in our HPE community to s...
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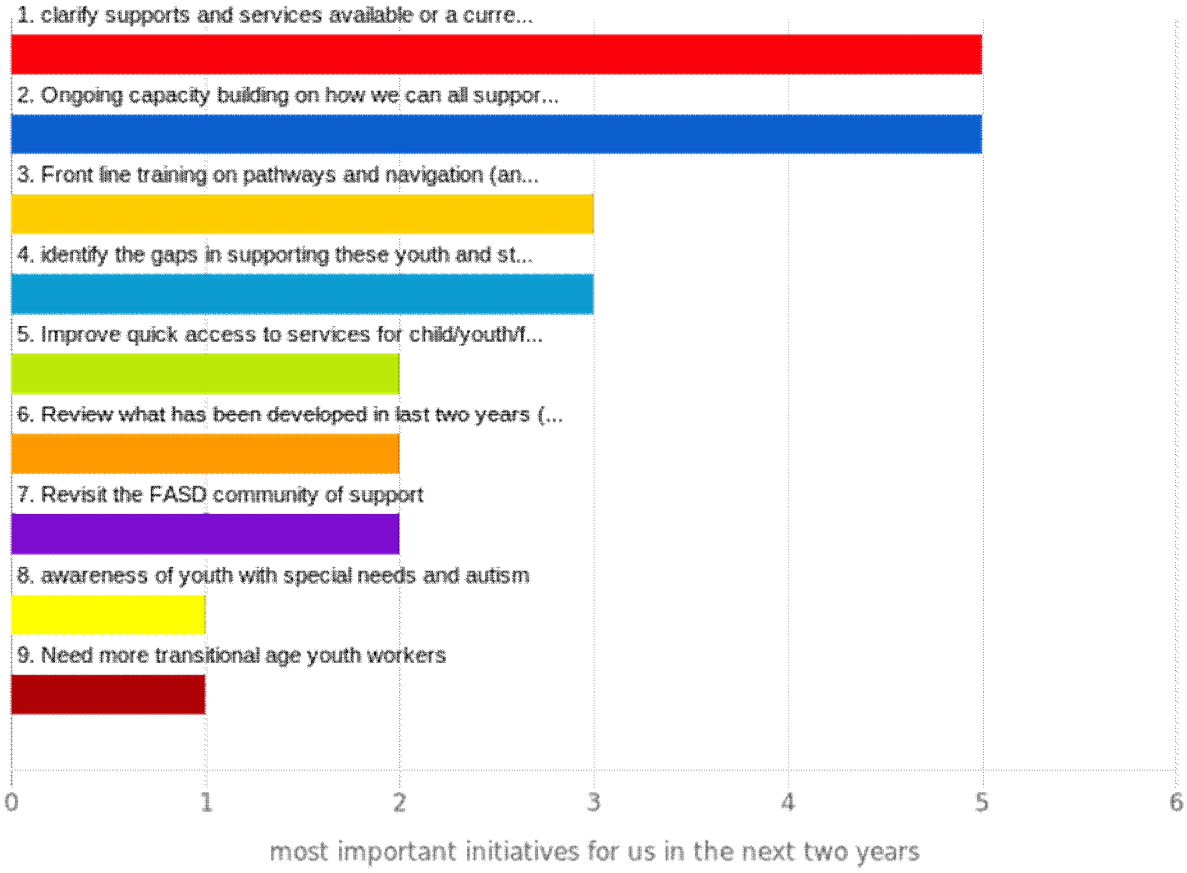
most important initiatives for us in the next two years

4.2 – Referral pathways and navigation improvements

Rating question or instruction:
Please select the most important initiatives for Priority 2: Referral Pathways and navigation improvements for youth
GOAL: better agency awareness so that we can more seamlessly help youth Select your items by checking in the boxes. When finished, click on the blue circle with the check mark at the bottom of the

Criterion "most important initiatives for us in the next two years" sorted by sum 4 selections of 9 items. Ratings submitted: 6. Total selections 24. Abstentions permitted.		
Nr	**Item**	**↓Selections**
1	clarify supports and services available or a current Pathway for children/youth dual diagnosis (neurodevelopmental disorder and MH/Addiction concern)	5
2	Ongoing capacity building on how we can all support neurodevelopmental disorders -> FASD-people say there are no services for kids with FASD when in fact they can benefit from all services that are out there-teachers, social workers, CYW, early years, child care etc IF these providers could move from the belief that there are no services or they don't service them to better understanding their strengths and needs through an FASD lens	5
3	Front line training on pathways and navigation (anyone dealing with youth)	3
4	identify the gaps in supporting these youth and start creatively thinking about how we fill those gaps across the community-not specifically waitlists for service but where no services exist .. Step 1: identify gaps to address the needs	3
5	Improve quick access to services for child/youth/families in crisis to receive support. Triage to prevent them from sitting on a waitlist	2
6	Review what has been developed in last two years (update chart with pathways)	2
7	Revisit the FASD community of support	2
8	awareness of youth with special needs and autism	1
9	Need more transitional age youth workers	1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9. Need more transitional age youth workers
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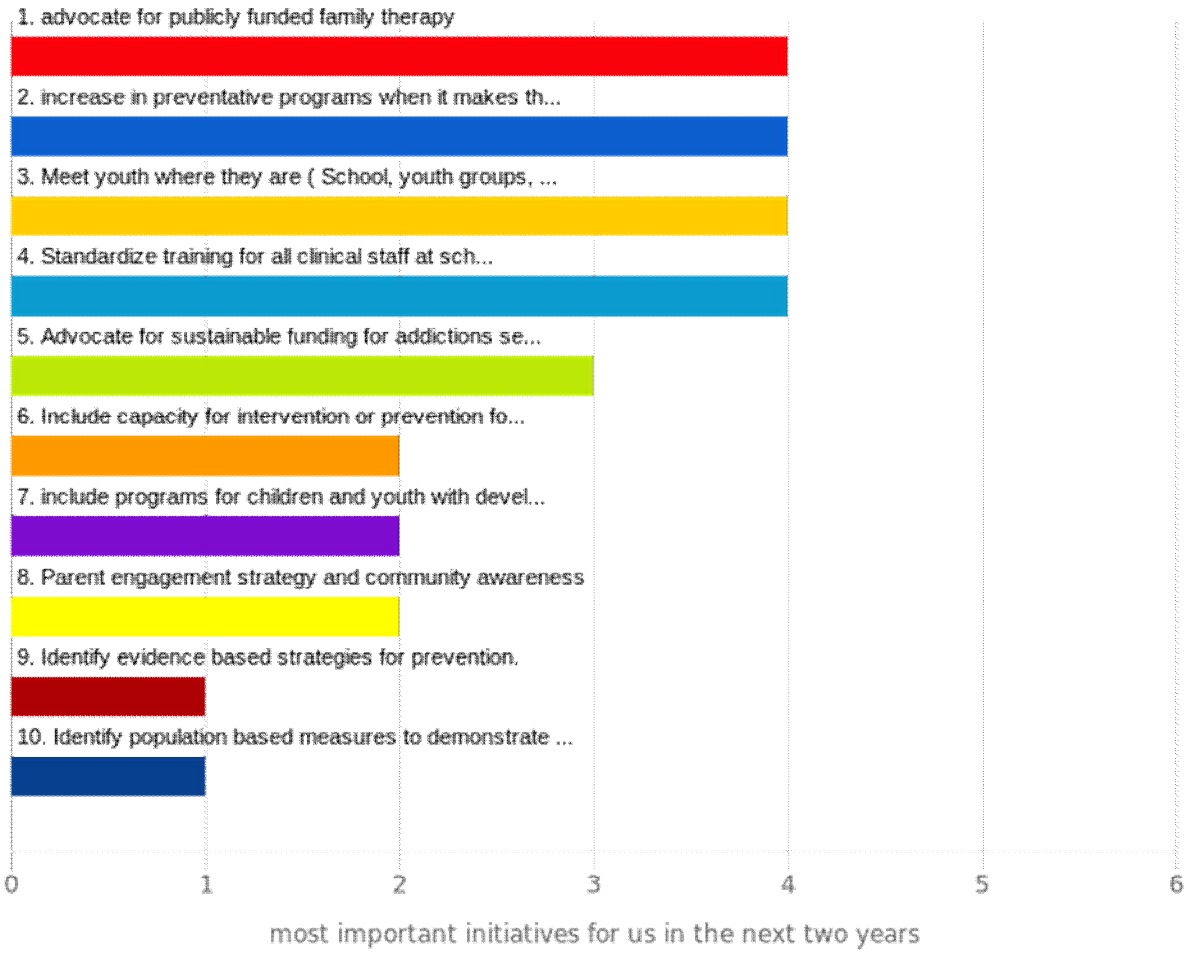
most important initiatives for us in the next two years

4.3 – Concurrent substance use and addictions services for youth under 16

GOAL: to create a sustainable, community-wide service that reduces harmful substance use Select your items by checking in the boxes. When finished, click on the blue circle with the check mark at the bottom of the column of boxes

Criterion "most important initiatives for us in the next two years" sorted by sum 5 selections of 10 items. Ratings submitted: 6. Total selections 27. Abstentions permitted.		
Nr	**Item**	**↓Selections**
1	advocate for publicly funded family therapy	4
2	increase in preventative programs when it makes the most sense-once kids are 12 the mental health world requires them to consent to services and they are not in the space of understanding the immediate or long term impact of substance use	4
3	Meet youth where they are (School, youth groups, community and youth centers) provide evidence based information sessions to youth and provide youth with tools and services they can access	4
4	Standardize training for all clinical staff at schools, CMHS, youthab. e.g. Common assessment tool	4
5	Advocate for sustainable funding for addictions services for youth under age 16.	3
6	Include capacity for intervention or prevention for children middle aged and families for substance use and process addiction (video/gaming	2
7	include programs for children and youth with developmental disabilities as well	2
8	Parent engagement strategy and community awareness	2
9	Identify evidence based strategies for prevention.	1
10	Identify population based measures to demonstrate the issues. (to build the funding case)	1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9. Identify evidence based strategies for prevention.
10. Identify population based measures to demonstrate ...
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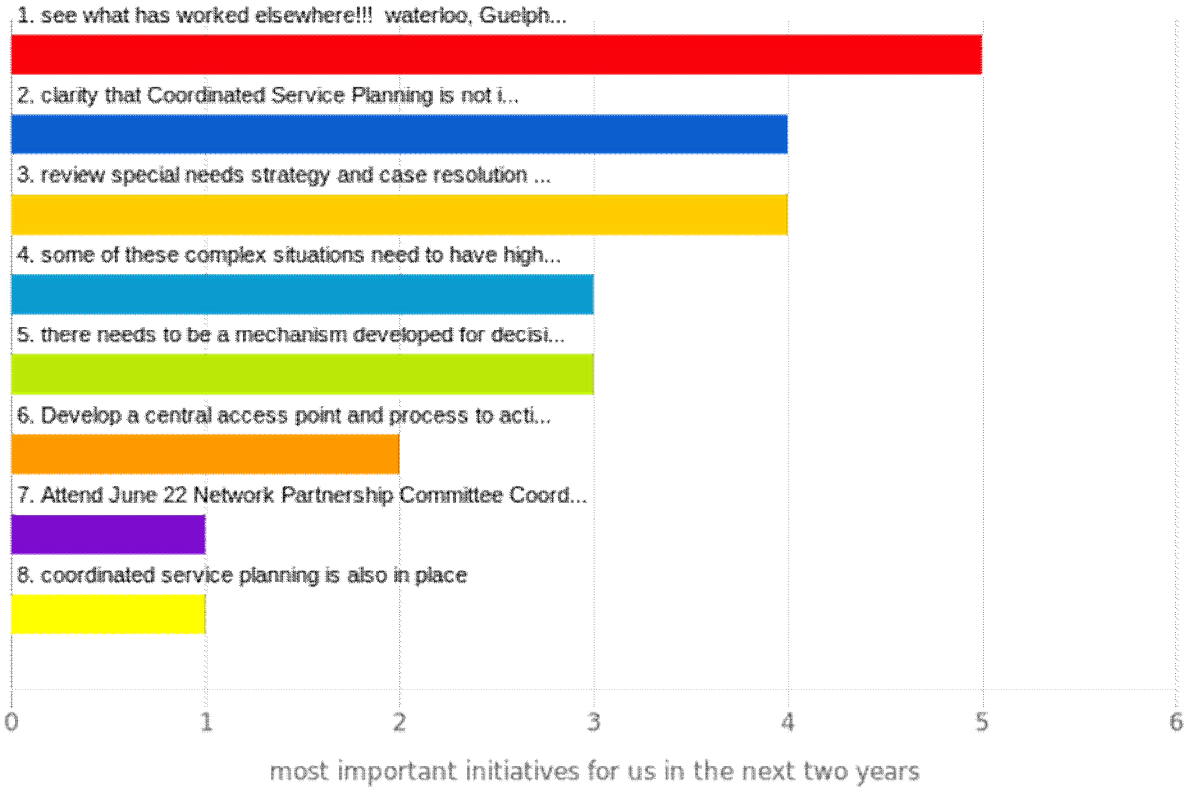
most important initiatives for us in the next two years

4.4 – Process to address recurring, complex situations requiring multi-agencies

Rating question or instruction:
Please select the most important initiatives for us in the next two years
Goal: Implement a process to address recurring, complex situations that require multi-agency collaboration Select your items by checking in the boxes. When finished, click on the blue circle with

Criterion "most important initiatives for us in the next two years" sorted by sum 5 selections of 8 items. Ratings submitted: 6. Total selections 23. Abstentions permitted.		
Nr	**Item**	**↓Selections**
1	see what has worked elsewhere!!! waterloo, Guelph, Kingston (Shaun)	5
2	clarity that Coordinated Service Planning is not intended to be 'Case management'	4
3	review special needs strategy and case resolution process	4
4	some of these complex situations need to have higher level discussions BEFORE CSP can do what they are tasked to do	3
5	there needs to be a mechanism developed for decision makers from agencies to come together to review these complex cases and how unique solutions across the community can be provided	3
6	Develop a central access point and process to activate community partners response for complex cases.	2
7	Attend June 22 Network Partnership Committee Coordinated Service Planning meeting	1
8	coordinated service planning is also in place	1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7. Attend June 22 Network Partnership Committee Coord...
8. coordinated service planning is also in place
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most important initiatives for us in the next two years

4.4 – Formation of Working Groups

1. Infant-child mental health strategy [Goal: Identify kids at risk early so that trajectories are changed, downstream and universal cost savings)

- 1.1. Year1: Create sustainable plan to continue building community staff's capacity and implementation of ASQ and DSP for member agencies serving and supporting children 0-6 and their families
- 1.2. Year1: Shift focus/goal in this area to not only identify chidlren at risk of delay but also up stream focus, facilitating health 0-6 child development (supporting caregivers to faciltiate healthy development, attachment, relationship to be preventative)
- 1.3. Year1: align with the new SmartStart Hubs that are being developed at CTC to also identify kids early
- 1.4. * Working Group: Nancy, Susan, Kelly, Johanne, Jessica check EY working group, Melanie, Margo
- 1.5. Develop the pathway for each community for 0-3, 3.9 - 6
  - 1.5.1. build on the 18 month well baby visit pathway adding in infant mental health areas
  - 1.5.2. there is a well baby 0-18 months pathway previously developed, so use what is already done
- 1.6. Measure ASQ and DSP implementation and referrals.
- 1.7. Ongoing collaboration with Queens University to receive our ASQ data in order for anonymous community data or neighbourhood data (if possible) to be access for community planning table to inform responsive programming for this population
- 1.8. ensure that there are platforms for program collaboration, case management sharing
- 1.9. Consider incorporating ASQ/DSP into registration process for Kindergarten children in HPE with collaborating Boards of Ed
- 1.10. focus on the services provided across the communities that don't need specialized referrals-ie early on centres, better understanding by all of us on what they are offering that would be universal supports to address infant mental health issues-much can be addressed through other avenues-breast feeding programs-making eye contact with the baby helps wiht attachment and mental health
- 1.11. Communication - across all agencies on who is doing what, what is being offered, what is changing, specific new programs,
- 1.12. Train local ASQ trainers in our HPE community to support ongoing training plan.
- 1.13. someone from CSBD will participate
- 1.14. Added note: Tiered service model

2. Referral Pathways and navigation improvements for youth ie agency awareness and pathway creation [GOAL: better agency awareness so that we can more seamlessly help youth]

- 2.1. Working Group: Katie, Ted, Jessica, Susan, Shaun?, Tera, Susan B, Melanie D (ALCDSB), Margo (tbd), Susan (CSBD),
- 2.2. Year 1: clarify supports and services available or a current Pathway for children/youth dual diagnosis (neurodevelopmental disorder and MH/Addiction concern)
- 2.3. Year 1: Ongoing capacity building on how we can all support neurodevelopmental disorders -> FASD-people say there are no services for kids with FASD when in fact they can benefit from all services that are out there-teachers, social workers, CYW, early years, child care etc IF these

providers could move from the belief that there are no services or they don't service them to better understanding their strengths and needs through an FASD lens
- 2.4. Year 1: Front line training on pathways and navigation (anyone dealing with youth)
- 2.5. identify the gaps in supporting these youth and start creatively thinking about how we fill those gaps across the community-not specifically waitlists for service but where no services exist .. Step 1: identify gaps to address the needs
- 2.6. Improve quick access to services for child/youth/families in crisis to receive support. Triage to prevent them from sitting on a waitlist
- 2.7. Review what has been developed in last two years (update chart with pathways)
- 2.8. Revisit the FASD community of support
- 2.9. awareness of youth with special needs and autism
- 2.10. Need more transitional age youth workers

3. Concurrent substance use and addictions services for youth under 16 including process addictions, technology, substances, violence and pornography [GOAL: to create a sustainable, community-wide service that reduces harmful substance use]

- 3.1. Working Group: Shaun, Sheryl, Susan, Beth, Michelle, HPEDSB person, Stacey, Mary L, MBQ person (susan B tbd)
- 3.2. Year 1: advocate for publicly funded family therapy
- 3.3. Year 1: increase in preventative programs when it makes the most sense-once kids are 12 the mental health world requires them to consent to services and they are not in the space of understanding the immediate or long term impact of substance use
- 3.4. Year 1: Standardize training for all clinical staff at schools, CMHS, youthab. e.g. Common assessment tool
- 3.5. Year 1: Meet youth where they are (School, youth groups, community and youth centers) provide evidence based information sessions to youth and provide youth with tools and services they can access
  - 3.5.1. create resource kit tailored for school use to educate students and families (lots available in school boards e.g. CAMH) note: see MH&A strategy within each board
- 3.6. Identify population based measures to demonstrate the issues. (to build the funding case)
- 3.7. Advocate for sustainable funding for addictions services for youth under age 16.
- 3.8. include programs for children and youth with developmental disabilities as well
- 3.9. Identify evidence based strategies for prevention.
- 3.10. Parent engagement strategy and community awareness
- 3.11. Include capacity for intervention or prevention for children middle aged and families for substance use and process addiction (video/gaming

4. Implement a process to address recurring, complex situations that require multi-agency collaboration

- 4.1. Working Group: Ted, Susan, Johanne, Lynette, Jessica, Susan B, Margo, CSBD, ALCDSB (Melanie tbd)
- 4.2. see what has worked elsewhere!!! waterloo, Guelph, Kingston (Shaun)
- 4.3. Develop a central access point and process to activate community partners response for complex cases.
- 4.4. review special needs strategy and case resolution process
- 4.5. coordinated service planning is also in place
- 4.6. Attend June 22 Network Partnership Committee Coordinated Service Planning meeting

- 4.7. there needs to be a mechanism developed for decision makers from agencies to come together to review these complex cases and how unique solutions across the community can be provided
- 4.8. clarity that Coordinated Service Planning is not intended to be 'Case management'
- 4.9. some of these complex situations need to have higher level discussions BEFORE CSP can do what they are tasked to do

5. Other priorities and stuff the CYPT should do

Appendices

A – Session Overview

Our **purpose** is to agree on the key elements of a workplan for the next two years.
The specific **objectives** for today are to:

1. Review progress against our work since January 2018;
2. Identify what has changed in our environment in the last year;
3. Align on a few foundational priorities;
4. Agree on critical deliverables and actions for each priority;
5. Discuss how we will work together to achieve the above;
6. Share next steps (what needs to happen in the next 30 days based on our work here).

Agenda

9.00 Overview/Agenda Susan / Erik
9.10 Review progress
9.30 What has changed in the last year?
10.25 Foundational priorities
12.15 Lunch
12.45 Working Groups: action plans, composition, mandate
1.30 Next Steps Erik
2:00 Session close Susan

B – 2nd workshop summary (January 2020)

This document contains proceedings from the Provider Group work planning session held on January 8, 2020. The purpose of the workshop was to agree on the key elements of a workplan for the next two years. The session began with a briefing on progress against the last work plan (Appendix C). The group then conducted an environmental scan by identifying key issues, opportunities, risks and threats (section 1). Based on this, four priorities were agreed upon (section 2). Goals and preliminary initiatives were drafted for each priority. Working groups were established (section 3). Below are the highlights.

Priorities in next two years

1. Collaborative governance
2. Develop Evaluation process and tools
3. Prioritization of early years (0-6) and families as a focus
4. System navigation process

Goals and Working Groups (by Priority)

Priority	Goal	Members (with Chair)
Collaborative governance	Ensure seamless service, reduce silos and improve knowledge transfer	Susan Sweetman, Cathie, Margo, Jessica, Dwayne, Susan, Brandi, Kelly, Janet, Shelly B, Michele, Ken,
Develop Evaluation process and tools	Formalize a way to measure our impact & effectiveness	Dwayne, HPEPH tbd, Hastings County, PELASS (CMSMs), United Way (Brandi ?), Melanie,
Early years (0-6) and families as a focus	Enhance prevention, promotion, early intervention and treatment to the 0-6 population	Kelly, Margo, Susan Sweet, Jessica, CSBD, CLPE, CLBA, ALCDSB, HPEDSB, plus existing members
System navigation process	Build understanding of the overall system and improve service to targeted groups	Megan, Dwayne, Lilly, Susan Seaman, Margo, Debbie, Deborah, Melanie

Current State Assessment

Opportunities	**Threats & Risks**
• Evidence based tools available to **evaluate** work. • Climate that supports **collaboration** -> there are less silo's and desire to work collaboratively • Recognition of importance of **early years mental health and development**. • Increase **youth voice** in our supports and initiatives • appetite to increase **addictions services** for our children & youth • Increased community engagement from **Public Health**. • Development of **OHTs**	• **Sustainability** of collaborative partnerships -> **People driven** (not agency): pending retirements, loss of sector memory and knowledge transfer • **Complex system** with barriers for working together. must break down silos • Representation from **geographical regions** need to be represented for all sectors • **OHT** emerging but not clear of structures, or C&Y < 16 get lost? • Sectors and services are struggling to **respond timely** to changes • Planning that **is initiative driven**: need an overall community based children's plan • We need to recognize **inequitable services** across the **geographical region**, lack internet, decisions made in Toronto • **Gap in system navigation** related to a single plan of care

C – 1st workshop summary (January 2018)

Vision of Success

The Committee has been successful when the following is in place:

1. A **collaborative and shared service model** where there is clear understanding of roles and responsibilities;
2. A **common understanding of the services that we provide with clear pathways** to service for our clients and families (referrals are appropriately triaged- the right person for the right service);
3. **More flexible service delivery models** ie wellness hubs, WIC, expanded hours
4. Better and more family and youth **engagement;**
5. No (or a **manageable) wait list** for children and youth for access to service;
6. **Services are delivered in a seamless fashion** without legislative barriers .. and all C&Y MH services, schools, CAS, hospitals etc are working together to provide seamless services to children youth and families.

Foundational Priorities for 2018

1. **High Risk Youth – hospitalization/suicide**
2. **Early Identification & assessment**
3. **Addiction Services under 16**
4. Supporting Parents who have their own MH&A issues.... High Conflict Family Dynamics
5. Residential Programs & Services (do we expand providing services locally?)
6. FASD Diagnosis and ongoing support

Objectives and Deliverables (by Priority)

Priority	Objectives (what are we trying to achieve?)	Working Groups
High Risk Youth – hospitalization / suicide	1. Service pathway is clearly identified and communicated 2. Triage process is effective 3. Crisis & MH services are easily accessible 4. Primary care providers are better informed & educated	Megan, Cathie, Alex, Janet
Early Identification & assessment	1. More consistency & standardization re: tools, processes 2. Increased ability to identify children with high needs early on (so that fewer kids fall through cracks) 3. Family self reports that they have a go to person 4. Increased resources for early assessments	Margo, Deanna, Theresa,
Addiction Services under 18	1. Education & training for front line workers and parents 2. More services available to kids with better outreach approaches 3. Clearly identified pathways	Shawn, Mike, Susan, Alex

D – Process Overview

The planning session was conducted using an electronic meeting system (EMS), an innovative facilitation process developed from research at the Queen's School of Business. The Queen's EMS, called "the Decision Centre", combines expert facilitation with a state of the art group decision support system to enable groups to rapidly accelerate idea generation and consensus building. This facility consists of a network of laptops accessing software designed to support idea generation, idea consolidation, idea evaluation and planning. The tool supports, but does not replace, verbal interaction; typically 25% of interaction takes place on the computers. Feedback from groups who have used the Executive Decision Centre process includes: meeting times can be cut in half; participation goes way up; better idea generation and alternative evaluation; a more structured process; and automatic documentation of deliberations.

Over 500 organizations around North America use the Centre for meetings such as: strategic planning, visioning, annual planning, focus groups, team building, budgeting, program review, project planning, risk assessment, job profiling, 360 degree feedback, alternative evaluation, new product development and a variety of other meeting types.

In the session, participants were asked, for example, "What are our make or break issues in the next 2 years?" Participants typed in ideas on the laptops all of which appeared on a public screen at the front of the room. These ideas were then discussed and categorized into common themes. The group was then asked "if we could only address five of these in the next year, which ones are most critical?" Individuals selected his/her top 5 and the overall results were then displayed to the group and further discussed.

For more information on this process, please contact:
Erik Lockhart
lockhare@queensu.ca
ph# 613 533-6681