

Hamilton Community Service Plan

for

Children's Services (Executive Summary)

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For Submission To:

The Hamilton Niagara Regional Office of
*The Ministry of Community and Social Services &
The Ministry of Children and Youth Services*

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Hamilton Community Service Plan

CHILDREN'S SERVICES

Acknowledgment

The development of a community service plan was intended to be an inclusive process involving numerous stakeholders and members of the community at large. This is indeed how the process unfolded and the people who helped steer it to a conclusion are almost too numerous to name. Contact Hamilton, therefore wishes to express its deep appreciation to everyone who participated in this community-wide process.

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The work of consultants contributed to various phases of the project. Craig Shields, Human Services Consultants, assisted with the ground-breaking work of designing the community service plan process. Dr. David Sheridan, Nick Sidoruk and Deb Ballak of Shercon Inc. collected and analysed data on the community, the service system and perceptions of the service system. Ellis Katsof and Coletta McGrath of Compass Consulting Associates worked with the Reference Group to develop the vision, strategic directions, goals and priorities.

Special thanks goes to the individuals and family members who took the time to share their perspectives and experience with the service system. There can be no doubt that the system will be far stronger in the future as a result of their knowledgeable contribution and astute observations.

Members of the Reference Group not only demonstrated an incredible degree of commitment to the process, but also showed great vision. This group developed the recommendations that are being forwarded to the Regional Office. These recommendations outline the future vision, strategic directions, goals and priorities for the children's services system.

A sincere thank you also goes to the children's agencies that supported the process through input into the qualitative and quantitative data collection phase. Your contribution of staff and volunteer time during the visioning phase was critical and greatly appreciated.

The Board and staff of Contact Hamilton have been committed to this process from the start and have worked diligently to see it through to its completion. A special thank you is extended to Dayna Setzkorn who provided tremendous administrative support throughout the process.

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Executive Summary

This Community Service Plan is the result of a community-wide collaboration that has created a shared vision for children's services in Hamilton. The focus of this plan is on services funded by the Ministry of Community and Social Services (MCSS) and the Ministry of Children and Youth Services (MCYS) that provides support to children, youth and their families experiencing behavioural, emotional, psychiatric and social concerns. Mandatory services offered through the child welfare and young offender systems, are not directly included in the scope of this plan.

A wide-ranging planning process collected information on the community, the service system, and the experiences of people using the system, as well as those providing the services. It resulted in a series of strategic directions, goals and priorities that will help set the course for the future development of these services.

Background

The Community Service Plan was created in response to a request from the Hamilton Niagara Regional Office of the MCSS and the MCYS. The Regional Office and community organizations are committed to a systems approach to finding the best match between resources and needs. With this in mind a process was initiated for the development of community service plans for the children's and developmental services sectors in each of the four communities that comprise the Hamilton Niagara Region. The responsibility for leading this process was placed in the hands of the four Contact agencies – Contact Hamilton, Contact Brant, Contact Niagara and Contact Haldimand-Norfolk – that serve as a single point of access to developmental and children's mental health services in each community.

The plan is designed to provide advice on future resource allocation decisions with regard to children's services, delivered by 14 community agencies in Hamilton and directly funded by the two ministries. It is also anticipated that the plan will assist community agencies, boards of directors and future community planning processes.

The process for creating this community service plan was devised as a result of a comprehensive consultation involving input and participation from providers and users of services, as well as other key stakeholders. It was agreed that the process should involve the following five steps:

- Collecting information on patterns to provide an overview of the general population; the current service system; usage rates; and the broader context.
- Collecting information on experience to capture the perceptions and opinions of people requesting service; people receiving service; community groups and organizations; providers of ministry-funded children's and developmental services; and providers of related services.
- Collating and analyzing information in order to shed light upon perceived strengths or opportunities within the service system; perceived gaps or duplications; issues and/or barriers

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related to the availability or delivery of services; views regarding priorities for service; and potential trends in a variety of areas relevant to planning. A Technical Advisory Group comprised of a small number of external experts in information collection and analysis would be established to assist in accomplishing this step.

- Developing a shared vision and set of priorities for the children's and developmental services system for the next three years. This would be accomplished through a community consultation process guided by a reference group comprised of key stakeholders.
- Completing a community service plan containing the findings of all previous steps, as well as the agreed-upon vision, priorities and goals.

The process of gathering information and conducting community consultations began in the summer of 2003. A Technical Advisory Group was formed and consultants were hired to assist in gathering the quantitative and qualitative information to address the following questions:

1. What is the nature and magnitude of the demand for ministry-funded children's services and supports within a jurisdiction?
2. What resources are available to respond to that demand and how are they currently being used?
3. What are the identified strengths, weaknesses and pressures of the current service system?
4. What should be the priorities for enhancing the current service system over the next three years?
5. Where are the opportunities to address population well-being and achieve positive change within the current system?
6. What are the characteristics of the local community that need to be taken into account when planning?
7. What areas require further exploration?

The answers to these questions are provided in the following sections: a profile of the Hamilton community; a description of the service systems; a summary of perceptions about the service system; and a statement of the vision, strategic directions, goals and priorities that were established through the Reference Group and community consultation process.

Community Profile

The first step in creating this Community Service Plan involved collecting information on the community and the general population, in order to describe the social, political and economic context in which planning will take place.

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The City of Hamilton is a community in transition that is just coming to terms with one of the biggest upheavals in its history. On January 1, 2001, local government structures and services were transformed when the towns of Ancaster, Dundas, and Flamborough, the township of Glanbrook and the cities of Hamilton and Stoney Creek were amalgamated to become the new City of Hamilton. What were once seen as six distinct and different communities are now part of one large sprawling municipality that occupies an area of 1,117 square kilometres at the south-western end of Lake Ontario, approximately 70 kilometres west of Toronto.

Hamilton is a diverse community that is experiencing major changes. It has a new political structure that brings urban, suburban and rural areas under one city government. Its economic base is changing from a reliance on heavy industry to a more diversified mix in which the health sector is assuming increasing importance.

With a population of approximately 490,000, Hamilton is Ontario's fourth largest city and Canada's ninth largest city. Statistics Canada data shows that the Hamilton population increased by 4.8 percent between the 1996 census and the 2001 census. This growth rate was slower than that of the province as a whole. However, some suburban areas – notably Ancaster and Waterdown – underwent rapid growth during this period. These are factors that may well affect the future demand for services, while raising questions about where and how services can best be delivered to meet the needs of a changing population.

The population of children under the age of 18 is 114,620, with an anticipated decrease in the children's population in coming years. Between 1996-2001, the City experienced a 4.8 percent decline in the number of children under 5. A decrease of close to 5 percent in the number of children under 15 years of age is expected between 2001-2006.

Hamilton is also an aging community. It already has a slightly higher proportion of seniors than Ontario as a whole and the city's greatest future population growth is projected to be among 45-64 year olds and people over 75 years.

Almost one quarter of Hamilton's population are immigrants. There has been a significant increase in immigration to Hamilton over the last decade, making the population that will be accessing children's and developmental services more ethnically, culturally and linguistically diverse. Six percent of Hamilton's total population is now comprised of people who immigrated between 1991-2001. Consideration also has to be given to the fact that Hamilton is designated as a community for French language services.

The level of educational attainment of Hamilton residents is generally lower than in Ontario as a whole. This is an important consideration for planning, since educational attainment has been identified by Health Canada as a key determinant of health.

Family incomes of Hamilton residents tend to be lower than elsewhere in the province and there are proportionately more families living in straightened circumstances. There is a particularly high incidence of low income among single parent families, notably female-led families with children under 12 years old. The economic circumstances of these families is clearly a key element to be

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considered in planning services, as studies have shown people with low incomes have increased risk of illness and mortality, as well as increased utilization of health services. Low average income is an indicator of a socio-economically disadvantaged population and is associated with lower quality of life. Income can also impact on people's ability to access the service system.

There are significant differences among neighbourhoods and communities within the city of Hamilton, in terms of population growth, immigration, family income, and early learning indicators.

All these characteristics of the community -- its geography, economy, demographics and culture as well as the social circumstances of families and individuals -- must be considered in planning for children's services.

The Children's Service System

This planning process collected and analysed data available from existing sources and agency surveys, in order to provide a description of the Ministry-funded programs and how the programs are classified and funded. It identified the services provided, who receives them, what their needs are and what types of services are required. It also indicated the extent to which people have to wait to receive service and service gaps.

The ministry allocates funding to provide specialized services for children and youth experiencing social, behavioural, emotional and psychiatric problems. The program categories range from residential services to services provided in the home and crisis services. Contact Hamilton serves as the single point of access for children and families requiring these services.

The Hamilton children's services system receives approximately \$11.69 million in annual funding. This represents 55 percent of the Ministry funding available for services of this type in the Hamilton Niagara Region.

The system is comprised of 14 transfer payment agencies. Resources are concentrated amongst a few, as the Chedoke Child and Family Centre, Lynwood Hall Child and Family Centre and Child and Adolescent Services receive 64 percent of the children's services resources. (The remaining 36 percent of the resources are allocated amongst eleven agencies.)

This funding for children's services is provided in 11 different categories of programs, each of which is identified with a unique project code. The project codes are used by the province to classify the categories of services. The money designated for any one code cannot readily be transferred to another. Most of the funding is allocated between three project codes, including residential services (34 percent), child and family intervention non-residential services (27 percent) and child treatment non-residential services (24 percent).

Different agencies may receive funding for the same project code. Seven agencies provide residential treatment services. Nine agencies are involved in providing non-residential services.

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Looking at the allocation of funds from a different perspective, this planning process examined the allocation of resources to the following four categories of service:

- Highly Specialized services, including psychiatric support, acute care hospitalization and specialized crisis treatment.
- Residential services, including respite, associate family/parent model, group care/residential treatment, crisis and stabilization beds and specialized residential services.
- Core Services provided in the community, including prevention and early intervention, home/school based services, assessment/clinical services and crisis treatment.
- Access Services, including the functions of coordinated information, intake, referral, resource planning, resolution mechanism and the Residential Placement Advisory Committee.

Resources are allocated accordingly: Specialized (0 percent); Out-of-home (34.4 percent); Core services (62.1 percent) and Access (3.6 percent). Gaps were identified in the Hamilton community in specialized services, respite, associate family/parent model residential support and prevention and early intervention services.

In 2002/03, Contact Hamilton provided access services to 3,720 people seeking children's services. The service agencies report that they served 6,149 individuals, though agency statistics may include duplicate counts for an individual where different agencies served the same individual and/or where an agency provided a range of services to an individual.

The greatest number of people received support through non-residential services including: child and family intervention (36.3 percent), child treatment (17.9 percent) and preparation for independence (15.6 percent). While residential services received 34.4 percent of the 2002/03 annual funding, they served only 4.9 percent of the total number of individuals receiving services (not including access services).

In order to understand who is receiving these services, the planning process examined information and clinical data gathered during the intake process.

A study of the ages of the children receiving services revealed the following:

- Youth between the ages of 13 and 18 represent the largest group of service recipients, representing between 40 and 50 percent of all clients served. A closer look at this age range reveals a high concentration of youth 13 to 15 years of age. In fact, this age group represents 38 percent of all intakes completed by Contact Hamilton.
- Children from 6 to 12 years of age are the second largest age group of service recipients, representing 45 percent of all intakes completed at Contact Hamilton. Service provider data indicates that this group comprises between 21 and 24 percent of all service recipients.
- Children under the age of 6 represent less than 10 percent of children served in the service system.

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Over 1,000 individuals over the age of 18 are served by the children's service system. This age group represents over 20 percent of all individuals being served by the system.

Information about children's family background revealed:

- Close to half of the children/ youth accessing services are from single parent families.
- One third of families seeking services on behalf of their children report family incomes below \$20,000.
- One quarter of new intakes involve children from single parent families whose income is below \$20,000.
- A high number of children and youth seeking services reside in the north end and the east end of the lower city.

Using a standardized tool called the Brief Child and Family Phone Interview (BCFPI), the intake process gathers information on the strengths and concerns regarding a child's behavioural and emotional adjustment and the child and family's functioning. A study of this data revealed the following:

- Over 50 percent of children and youth are presenting with externalizing issues. Specifically, problems with cooperativeness and regulation of attention, impulsivity and activity are the most prevalent externalizing problems.
- Internalizing issues are present in 31 percent. The ability to manage mood is the most prevalent internalizing problem.
- Family adjustment issues are present in 57 percent of all situations. Two thirds of all children and youth present with two to six problem areas.

Referral data from Contact Hamilton indicated that:

- The majority of referrals to service provider agencies were for counselling (63 percent). This was followed by referrals for residential treatment (15 percent), assessment (12 percent) and intensive child and family services (9 percent).
- The majority (86 percent) of referrals for service were directed to three agencies. Half of all referrals were directed to Child and Adolescent Services, one quarter were directed to the Chedoke Child and Family Centre and 11 percent were directed to Lynwood Hall Child and Family Centre.

One way to understand system pressures is through a review of its wait lists. A survey of waiting lists as of September 30, 2003, revealed that a total of 363 children were waiting for service. Of these, 342 children were on wait lists for non-residential services and 21 children were on wait lists for residential services.

Further insight into the demand on the service system can be gleaned from the Case Resolution process which responds to urgent and complex situations that cannot be resolved through normal processes. Statistics from this process suggest that there are growing system gaps in residential

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treatment and residential placement for children and youth with complex needs. These gaps are resulting in significant financial pressures for the children's system.

Perceptions of the Children's Service System

The next step involved finding out about people's experience with the service system. This entailed gathering information about people's perceptions, observations and opinions. Several methods were used to capture the experience of users, providers and other stakeholders in the system. Telephone surveys as well as printed questionnaires were supplemented by focus groups and telephone interviews in order to ensure not only that a broad and representative range of views were elicited, but also that the responses were interpreted correctly in an unbiased manner.

An analysis of the input suggests the following:

The major strengths are: the range and quality of existing services; family satisfaction with the access process and services received; the existence of specific expertise in the Hamilton community; and the level of collaboration between agencies.

Weaknesses are: the strained system capacity due to funding levels within the system; gaps in services and supports including psychiatric services, counselling and intensive in-home supports; problems with the timeliness of services due to long wait lists; lack of expertise and/or capacity to deal with children with complex/special needs; difficulties in recruiting and retaining staff; and coordination and continuity of services within the system and with other systems.

Obstacles and barriers to accessing services include: having to take time off school or work; the hours that services are offered; financial costs and out-of-pocket expenses associated with receiving services; the geographic location of services; transportation; and language and cultural difficulties.

Priorities for enhancements over the next three years should be: psychiatric services, assessment and diagnostic services, intensive in-home support, respite, counselling services and service coordination/case management.

The opportunities identified for achieving positive change within the Hamilton children's system include: expanding partnerships, linkages and integration between services; utilization of best practices; looking at creative and different methods of service delivery; increased outreach to the community; and focusing on prevention and early detection.

Vision for the Children's Service System

The next step in the community planning process was to create a vision, strategic directions and priorities for the next three years. This process was guided by a Reference Group comprised of

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thirty-four people representing senior managers and board of members of MCSS/MCYS agencies, school boards and children's aid societies. The Reference Group participated in four workshops, reviewed the information from the community study and developed a vision, strategic directions and goals.

Once the Reference Group had developed a draft vision and strategic directions, two community consultation sessions were held, one for consumers and one for service providers. Service providers, families/consumers and other stakeholders attended both sessions. The Reference Group then reviewed the feedback from the consultation process, revised the vision, strategic directions and goals based on that input, and set priorities for three years.

First principles were established for children's service system as follows:

- Rethink the system - by building on identified strengths and developing solution-based services.
- The most complete range of children's services along the promotion/prevention amelioration/treatment continuum.

Once first principles had been established, the Children's Services Reference Group members completed the vision, strategic directions, goals and priorities. These are as follows.

The Reference Group adopted the following vision statement for the children's services system:

The optimal growth, health and well-being of all Hamilton's children, youth and families is promoted through an integrated, adequately funded consumer focused network of services and supports that are flexible and responsive to our diverse community.

A set of seven strategic directions was established and a series of goals developed in conjunction with each of these directions. The directions and goals are summarized in the table that follows, which also notes the priority of each goal in terms of the year in which it should be implemented.

Strategic Directions

1. Enhanced information to support informed system management, evaluation and planning
2. A children's services system that is evidence-based, informed by best practices and supported by research

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3. Inter-sectoral planning and service delivery approaches are adopted by provincial ministries and the service community
4. Funding flexibility is established on an interim basis while longer term funding issues are addressed
5. A full spectrum of mental health services for children, youth and families is developed
6. Culturally sensitive mental health services for children, youth and families are in place
7. Innovative use of technology is valued

Strategic Directions And Goals (Summary)	
STRATEGIC DIRECTION: ENHANCED INFORMATION TO SUPPORT INFORMED SYSTEM MANAGEMENT, EVALUATION AND PLANNING	
Ministry project codes are redefined to ensure consistency and promote agency ability to provide/understand/reflect services in a way that is sufficiently flexible to meet client needs	
Goals: Revised Project Codes	
<ul style="list-style-type: none"> ▪ Hamilton-Niagara Regional Office of the Ministry of Children and Youth Services (MCYS) and Hamilton children's services system work together to develop classification and information management systems, that accurately capture the array of services available within each project code. 	Year 1
<ul style="list-style-type: none"> ▪ Review and document the array of services currently being provided and their respective outcomes, to help inform a revised funding structure/revised Project Codes. 	Year 3
<ul style="list-style-type: none"> ▪ Formally request that the MCYS Hamilton-Niagara Regional office advocates for change in project codes at the provincial level and implement changes that the regional office has control over. 	Year 3
A consistent province-wide information system	
Goals: Information Systems	
<ul style="list-style-type: none"> ▪ In the interim, prior to the development of a province-wide data system, and following a review of other sectors and system's best practices, Hamilton children's services develops a region-wide data system that helps to inform the province-wide data system. 	Year 1
<ul style="list-style-type: none"> ▪ Advocate for a consistent, province-wide data system with unique identifiers and specific project codes/service descriptions that incorporates process, outcome and utilization measures. 	Year 3

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Strategic direction: meaningful accountability tools that inform agency and system planning and ministry system management.	
Goals: Accountability Tools	
<ul style="list-style-type: none"> ▪ Develop more meaningful accountability tools that support informed agency/system planning and Ministry system management. 	Year 1
<ul style="list-style-type: none"> ▪ Improve our use of current outcome measurement tools, such as the Brief Child and Family Phone Interview (BCFPI) and the Child and Adolescent Functional Assessment Scale (CAFAS) and evaluate their effectiveness. 	Year 1
<ul style="list-style-type: none"> ▪ Undertake benchmarking specific to programs to enable comparisons to be made against: <ul style="list-style-type: none"> ○ Prevalence statistics ○ Programs within the community ○ Programs in other communities or regions 	Year 3
Strategic direction: information supportive of successful planning is generated/available	
Goals: Planning Information	
<ul style="list-style-type: none"> ▪ Generate information that ensures an understanding of the Hamilton children's mental health system as a whole. 	Year 1
<ul style="list-style-type: none"> ▪ Conduct a utilization review of Hamilton's residential treatment beds that support children and youth from Hamilton and the Hamilton-Niagara Region 	Year 1
<ul style="list-style-type: none"> ▪ Generate information that provides an understanding of the impact of, and interface between, the Child Welfare system and the Children's Mental Health system in Hamilton. 	Year 1
Strategic direction: single point access/single point of information is clarified	
Goals: Single Point Access	
<ul style="list-style-type: none"> ▪ Review and clarify Contact Hamilton's various mandates/roles in order to maximize this resource in the Hamilton community. 	Year 1
<ul style="list-style-type: none"> ▪ Contact Hamilton and the children's agencies develop reporting practices for individuals in service with agencies/programs that do not go through Contact Hamilton's access process. 	Year 1
STRATEGIC DIRECTION: A CHILDREN'S SERVICES SYSTEM THAT IS EVIDENCE-BASED, INFORMED BY BEST PRACTICES AND SUPPORTED BY RESEARCH	
Goals: Best Practices/Innovation	
<ul style="list-style-type: none"> ▪ Establish an infrastructure which allows for sharing of information/innovations within the Children's Services sector and across sectors. <ul style="list-style-type: none"> ○ Develop a forum and/or infrastructure for inter-agency communication, partnerships and collaboration. (year 1) ○ Create opportunities to talk about innovative things being done in Hamilton/Ontario/Canada/around the world (year 1) ○ Research existing service models ○ Review and analyze policy documents that are critical to Hamilton's system planning. e.g. CMHO Policy Document, British Columbia mental health policies. ○ Share existing information re. evidenced-based counseling services/approaches and achieve a commitment by service providers to move services towards the successful counseling models/approaches where evidence warrants it. 	Year 1
<ul style="list-style-type: none"> ▪ Confirm MCYS's support for best practice/research activities. 	Year 1

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<ul style="list-style-type: none"> ▪ Explore the potential for McMaster Children's Hospital: Chedoke site to provide a facilitative role with respect to research/best practice review and dissemination. 	Year 1
<ul style="list-style-type: none"> ▪ Identify barriers to the implementation of best practices and the required supports to overcome the barriers. 	Year 1
<ul style="list-style-type: none"> ▪ Promote the consistent use of established best practices. 	Year 2
<ul style="list-style-type: none"> ▪ Encourage the implementation of innovative programs with the use of the following selection criteria: relative advantage; compatibility; complexity; trialability; and observability. 	Year 3
STRATEGIC DIRECTION: INTER-SECTORAL PLANNING AND SERVICE DELIVERY APPROACHES ARE ADOPTED BY PROVINCIAL MINISTRIES AND THE SERVICE COMMUNITY	
Goals: Inter-Sectoral Collaboration	
<ul style="list-style-type: none"> ▪ Hamilton children's system, with MCYS' support, develop proactive approaches to bring all sectors together to: <ul style="list-style-type: none"> ○ develop inter-sectoral policy and planning processes ○ develop inter-sectoral service delivery approaches 	Year 1
<ul style="list-style-type: none"> ▪ Hamilton community agencies work within and across sectors to yield outcomes that are realizable, positive and over which they have some measure of control by: <ul style="list-style-type: none"> ○ Understanding each other's programs, goals, needs, limitations, principles, aspirations ○ Ensuring compatible outcomes ○ Developing mechanisms to monitor outcomes and share evidence 	Year 1
<ul style="list-style-type: none"> ▪ Organize issue/service specific groups of stakeholders for relevant planning discussions. 	Year 1
Goal: Collaboration with the Child Welfare System	
<ul style="list-style-type: none"> ▪ Establish a working group with representatives from child welfare agencies and children's agencies to identify and collect data identified in Strategic Direction A4, which will inform their respective planning processes 	Year 1
<ul style="list-style-type: none"> ▪ Develop the most appropriate services and supports for children and youth who are in the care of the child welfare system. 	Year 1
Goal: Collaboration with the Youth Justice System	
<ul style="list-style-type: none"> ▪ Establish a working group with representatives from youth justice agencies and children's agencies to identify and collect data that would inform their respective planning processes. 	Year 1
Goal: Collaboration with the Education System	
<ul style="list-style-type: none"> ▪ Establish a working group with representatives from the education sector and children's agencies to identify and collect data that would inform their respective planning processes. 	Year 1
Goal: Collaboration with the Health System	
<ul style="list-style-type: none"> ▪ Establish a working group with representatives from the health system and children's agencies to identify and collect data that would inform their respective planning processes. 	Year 1
Goal: Collaboration with the Addictions System	
<ul style="list-style-type: none"> ▪ Establish a working group with representatives from the addictions system and children's agencies to identify and collect data that would inform their respective planning processes. 	Year 1
STRATEGIC DIRECTION: FUNDING FLEXIBILITY IS ESTABLISHED ON AN INTERIM BASIS WHILE LONGER TERM FUNDING ISSUES ARE ADDRESSED.	
Goals: Stabilization Funding	
<ul style="list-style-type: none"> ▪ Request that the MCYS provide stabilization funding to the children's mental health sector. 	Year 1

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Goal Bridging Strategies	
<ul style="list-style-type: none"> ▪ Request that the MCYS Hamilton Niagara Regional Office, on an interim basis (18 months) and in lieu of longer term solutions to funding issues, develop bridging strategies with agencies 	Year 1
Goal: Flexible Funding	
<ul style="list-style-type: none"> ▪ MCYS Hamilton-Niagara Regional Office and Hamilton children's services system work together to develop a local policy agreement that flexibly negotiates differential use of resources within project codes. 	Year 1
STRATEGIC DIRECTION: A FULL SPECTRUM OF MENTAL HEALTH SERVICES FOR CHILDREN, YOUTH AND FAMILIES IS DEVELOPED	
Goal: Respite Services	
<ul style="list-style-type: none"> ▪ Develop models of respite, in consultation with families and drawing from best practices. <ul style="list-style-type: none"> ○ MCYS and Hamilton's children's services explore opportunities to allocate resources to develop planned and crisis respite supports for children, youth and their families. 	Year 1
Goal: Children & Youth with Complex Needs	
<ul style="list-style-type: none"> ▪ Identify and develop local community supports, processes and partnerships to respond the needs of children and youth with complex needs and their families. Process to address, but not be limited to: <ul style="list-style-type: none"> ○ Case management needs and resource implications ○ Resource requirements ○ Community commitment to the process ○ Multi-sectoral partnerships ○ Inter-ministry level collaboration and partnerships ○ Development and establishment of a multi-sectoral planning team/process for providing services to children and youth with complex needs ○ A review of current and best practices-- build on current processes and supports 	Year 1
Goal: Services for Individuals Over 18	
<ul style="list-style-type: none"> ▪ Further analyze the statistics associated with current support to individuals over 18, to determine: <ul style="list-style-type: none"> ○ Which children's agencies are serving them ○ Consistency with their formal mandate ○ Rationale for service continuation 	Year 1
Goal Psychiatric & Diagnostic Services	
<ul style="list-style-type: none"> ▪ Increase appropriate access to a spectrum of specialized psychiatric and diagnostic services 	Year 1
Goal: Information Packages for Families	
<ul style="list-style-type: none"> ▪ Develop specific information packages outlining coping strategies related to particular problems, for distribution to families at intake that may assist, at the very least, provide interim support while on wait list. 	Year 1
Goal: Community Education	
<ul style="list-style-type: none"> ▪ Develop a wide spectrum of community education courses that are evidence-based and deal with the full spectrum of problems that children, youth and families experience. 	Year 1
Goal: Addiction Issues	
<ul style="list-style-type: none"> ▪ Consult with resources in the Hamilton community that deal with addiction issues in order to gain an understanding of the needs of this population. 	Year 1

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Goals: Prevention Activities	
<ul style="list-style-type: none"> ▪ Review and develop a plan to ensure that appropriate and adequate prevention activities are in place in the community. <ul style="list-style-type: none"> ○ Identify primary/secondary/tertiary prevention interventions currently in place across all sectors. ○ Evaluate current prevention activities and identify new activities using evidence-based criteria. ○ Promote partnerships and new prevention activities by broadcasting evaluation information/successes. ▪ Hamilton's children's services looks "inside" the system for reallocation of current dollars and/or requests new dollars to develop additional prevention capacity. 	Year 2
STRATEGIC DIRECTION: CULTURALLY SENSITIVE MENTAL HEALTH SERVICES FOR CHILDREN, YOUTH AND FAMILIES ARE IN PLACE.	
Goals: Cultural Diversity	
<ul style="list-style-type: none"> ▪ Complete a demographic analysis to identify issues related to diversity and the development of culturally sensitive services. 	Year 1
<ul style="list-style-type: none"> ▪ Ensure that all planning forums have culturally diverse input and/or membership. 	Year 1
<ul style="list-style-type: none"> ▪ Develop operating strategies/practices that improve Hamilton's children's services capacity to respond to cultural diversity. 	Year 2
Goal: Recent Immigrants	
<ul style="list-style-type: none"> ▪ Engage with community stakeholders/leaders to better understand the mental health issues impacting recent immigrants, both from a parent and child perspective. 	Year 2
Goal: French Language Services	
<ul style="list-style-type: none"> ▪ Evaluate the Children's systems current ability to meet requirements associated with Hamilton's French Language Services designation. - 	Year 2
STRATEGIC DIRECTION: INNOVATIVE USE OF TECHNOLOGY IS VALUED	
Goals: Information Technology	
<ul style="list-style-type: none"> ▪ Improve agency capacity to use and manage technology and information to better inform agency decision-making, planning, research and communication. 	Year 3
<ul style="list-style-type: none"> ▪ Use technology such as tele-psychiatry, multi-media for education, etc. in treatment modalities. 	Year 3

Conclusions

The completion of this community service plan report represents the fifth and final step in an extensive and inclusive process that involved fact finding, community consultations, analysis of information from multiple sources and the far-sighted deliberations of Reference Group members who brought all this together by creating a vision, strategic directions and goals. This report will be submitted to the Regional Office of the Ministry of Community and Social Services and the Ministry of Children and Youth services for review and consideration.

Hamilton Community Service Plan CHILDREN'S SERVICES

It was always envisaged that this plan would be a starting point. The information collected and the conclusion reached will not only serve to guide the service system over the next three years, but also provide a baseline for future planning endeavours. The process as a whole can also serve as a learning experience, as the community looks for ways of improving upon the information gathering, consultation and consensual decision-making approach that went into developing this plan.

The vision and strategic directions that were created through this planning process are comprehensive and inclusive. They involve extending the reach of the service system to respond to a wide range of community needs. They are also designed to build the capacity of the service system with better data, improved practices, enhanced opportunities for collaboration, and stronger links with the broader community and other service sectors.

The task that lies ahead for all involved is to continue working together to make this vision a reality. The completion of this plan is not the end, but only a beginning.