

*Working Towards a  
Brighter Future*



# **CHILDREN'S MENTAL HEALTH SERVICES**

**Serving Children, Youth and Families in  
Hastings and Prince Edward Counties**

## **Community Services Program Description**

**September, 2014**

*An Accredited Children's Mental Health Agency*

## **Principles**

The Community Services staff provide mental health services to children, youth and their caregivers and families throughout Hastings & Prince Edward Counties.

We integrate best practice and evidence informed approaches into our practice and strive to facilitate knowledge transfer across our teams.

Our priority is to make sure that children's mental health is promoted by ensuring that the systems that surround children, primarily their families-are able to support their healthy growth and development and respond to their mental health issues.

We respect client values and capacities as we plan and implement service options. Services will be reflective and responsive to the needs of the child, youth and family. Planning with clients is sensitive to the social, linguistic and cultural diversity of families and the aboriginal community.

Services and support offered is based on the child, youth and families strengths, needs, preferences and availability of resources.

## **Definition and Functions of Community Services**

All functions of Community Services are offered through five community-based offices in Hastings and Prince Edward Counties (Belleville-main office, Picton, Trenton, Madoc and Bancroft).

While clinicians often see clients in their schools and homes, the services are primarily delivered through an office-based approach.

Therapy and other treatment services are provided by Community Mental Health Workers along with Child and Family Therapists. The staff are supported by an appropriately trained and experienced supervisor. Specialized supports, such a psychiatric and psychological consultation are available.

## **Access Intake Service Planning**

Our Centralized Intake process involved information gathering, determining service eligibility, orientation of clients to the services provided by the agency, discussing the benefits and risks of receiving service with the client/family, identification and assistance in accessing more appropriate services, assessment and consultation.

When the intake process is complete the case may proceed to assignment, may close or may be referred to more appropriate services. When clients are referred on, agency personnel will do

everything possible to assist them in accessing services elsewhere – as per “No Wrong Door” and “Warm Hand Off”.

### **Crisis Service**

Crisis support services are immediate, time-limited services, delivered in response to an identified child or youth who is experiencing an imminent mental health crisis, or an urgent or crisis situation that places the child/youth or others at serious risk. Crisis services work actively to stabilize situations, ensure urgent access to services, and may facilitate as required access to a range of longer-term resources and supports.

Community- based crisis service for children and youth (0-18 years) in a mental health crisis situation, including 24 hour telephone response, risk assessment, access to appropriate professional and clinical supports, including hospitalization where required.

Available twenty-four (24) hours a day, seven (7) days a week through the telephone and linked to trained professionals. Service is provided by Community Mental Health Workers and Child and Family Therapists supported by an Agency Manager.

Services are delivered primarily in the home, school and in the community during the day, by telephone outside normal business hours and on weekends.

### **Brief Service**

Brief Service is an effective and timely treatment option for many of the families who come to CMHS looking for help. This Service provides up to 5 sessions of Solution-Focused Brief Therapy (SFBT).

SFBT is an evidence-based approach to supporting families dealing with mental health and behavioural challenges.

Brief Service will be offered to families through our triage process.

The criteria for Brief Service include:

- Parents or youth are motivated to achieve their goals
- Family members are able to explore exceptions to their problems and build on what is already working
- Parents and youth are committed to creating a positive change in their situation
- Parents and youth are not in crisis

During Brief Services achievable goals and objectives are set building on what already works. Should a client decide Brief Service is not appropriate or they have completed Brief Services

further assistance the worker would discuss with supervisor what service to refer the family to or to terminate services.

### **Counselling/Therapy Services**

Counselling and therapy treatment services focus on reducing the severity of, and/or remedying, the emotional, social and behavioural problems of children and youth. Services include a series of planned, interrelated interventions based on an assessment of the child, youth and family's multiple risks, needs and strengths.

Counselling and therapy services can include a range of modalities (e.g., individual, group and, family) as well as clinical practices (e.g., cognitive-behaviour therapy).

Services are provided within the context of the family, culture and community, and can be provided in a range of settings and frequency.

Clinicians providing this service are individuals with the appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and families. The staff are supported by an appropriately trained and experienced supervisor. Specialized supports, such as psychiatric and psychological consultation are available.

### **Family/Caregiver Skill Building and Support Services**

Family/caregiver skill building and support services enhance parent, caregiver or guardian capacity to understand support and adaptively respond to the mental health needs of their children and youth.

Family/caregiver skill building and support services may include the provision of effective parenting strategies as well as access to peer supports to promote resilience and positive child/youth/family functioning.

Support services may be offered in a variety of settings, including agency settings, community settings and/or the family home. Examples include, but are not limited to, parenting programs such a Triple P or peer-to-peer support group such a Grandparent Parenting group, etc.

### **Specialized Consultation/Assessment Services**

Specialized consultation and assessments are clinical consultations and/or diagnostic assessment services designed to provide advice or direction in the diagnosis, prognosis and/or treatment of a child or youth with identified mental health needs.

CMHS ensures access to qualified and credentialed professionals to provide specialized assessments and/or consultations for clients of this Agency. Approval is required by the appropriate Manager.

Examples of specialized consultations and assessments include, but are not limited to, psychological consultation/assessments and psychiatric consultation/assessments.

### **Service Coordination**

Service coordination begins at the moment a client contacts our agency. The intake worker will complete an Intake Assessment and will use of BCFPI to determine the most appropriate pathway for service for the child or youth and their families.

The Intake Worker will then present their findings at a weekly triage meeting involving the other intake workers, brief service worker and Clinical Services Manager. The triage team will discuss the most appropriate pathway for service for each individual referral. The Intake Worker will then discuss the triage team's recommendations with the child or youth and their families who can either agree with the recommendation or can request an alternative pathway.

Once a child or youth and their families have been assigned to a Community Services clinician, this worker will assume case management functions and will develop an individualized treatment plan in consultation with the client, parent/guardian as appropriate and with other service providers who may be involved.

CMHS typically assumes the case management functions in cases unless there is significant child welfare involvement.

Planning for case closure is an ongoing process that actually begins at the first contact with the clients. At case closure, consideration is given to the length of time needed to achieve desired outcomes and what supports will be necessary after discharge. Decision for discharge will be made collaboratively with the clients, parent/guardian as appropriate and necessary service providers.

### **Targeted Prevention**

Prevention programs empower children, youth and/or parents to better address children's mental health issues by changing attitudes and behaviours, building skills and competencies and/or creating awareness and resiliency.

Programs such as Triple P (Positive Parenting Program) provide parents with education, support, advice, classes and resources etc.

Babies and Beyond program for teen parents and moms-to-be offer opportunities to get high school credits and learn about prenatal health, personal wellbeing, child development, parenting, nutrition and breast feeding.

Daddy 'N Me program provides Dads the opportunity to spend positive time with their children and interact with other Dads.

Admissions occur either through a referral or a parent and/or their children joining the program. Some groups have a set number of meetings, such as Triple P, with others being available to join and exit at their discretion, such as Daddy 'N Me.

All the above noted programs are provided in partnership with the municipalities, Ministry of Health, Child Welfare, Early Years Centre and Board of Education

### **Community Collaboration**

In order to most effectively serve our clients, children and youth and their families often require the support and/or intervention of other service providers or informal supports. Clinicians are committed to working collaboratively with others involved with the children and youth and their families. Once consent is secured to talk with other service providers, clinicians include them in the treatment planning process, throughout intervention and at the conclusion of treatment. Clinicians may work collaboratively to achieve treatment goals; they may educate others on the treatment process, mental health issues and specific modalities. Clinicians, with consent, provide community partners with copies of the assessment /treatment plans and closing summaries.

### **After Hours On-Call Service**

An after hours clinician on-call system is offered by CMHS to the communities we serve.

A community clinician (either a Community Mental Health Worker or a Child and Family Therapist) is on-call evenings and weekends to answer all client related calls that come in to the agency that require immediate follow-up (via the agency answering service).

The on-call clinician is supported by a Manager on-call who is available to offer support, direction and problem solving as needed.

The on call manager also supports any clinical staff working after hours in office or in community. The on-call manager is also responsible for providing support both clinically and administratively to the Residential Service outside of normal business hours.

Clinicians after hour support to clients is documented and available to the assigned clinician for follow-up as required on the next working day.

### **Team Meetings**

The Community Services staff meet monthly within their geographic office. Each meeting is designed to allow for clinical discussion of challenging and successful cases, provides an opportunity for sharing clinical skills and knowledge and for review and discussion of issues pertinent and specific to the community services team.

Community Services staff take part in monthly agency staff meetings which allows for all agency staff to meet regularly to discuss educational and administrative topics relevant to the agency.

### **Learning and Professional Development**

CMHS supports ongoing learning and development. The Community Services teams are supported through various organizational and team structures to facilitate learning opportunities. Each team member is empowered to act and make independent decisions while also having available supervision and peer consultation when necessary. Learning is integrated into the clinician's work. Debriefing, peer consultation and communities of practice provide opportunities for reflection on their work. Learning is also supported to build capacity across the team. Clinicians may consult with peers, attend formal training or shadow a colleague while learning new skills. Clinicians are encouraged to pursue individual as well as team agency learning objectives as per the Agency Staff Training and Development Plan.

### **Evaluation of Services**

Knowing that what we are doing is making a positive difference in our clients' lives is important in our work, and is accomplished in the following ways:

- Every client receives an initial Child and Adolescent Functional Assessment Scale (CAFAS) that is recorded in the Psychosocial Assessment/Treatment Plan
- Every client seen longer than a month receives a closing CAFAS that is recorded in the Closing Summary.
- Upon closing, clients are given/sent a Client Satisfaction Questionnaire.
- Services will be evaluated on an annual basis as per our Continuous Quality Improvement Plan.