



CHILDREN'S MENTAL HEALTH ONTARIO

Pre-Budget Submission 2012



Introduction

At Children's Mental Health Ontario,

Our *Mission* is to champion the right of every child and youth in Ontario to mental health and well-being.

Our *Vision* is an Ontario where every child and youth grows up mentally healthy.

Our *Vision* for Children's Mental Health Ontario is as the primary catalyst in both strengthening Ontario's child and youth mental health agencies and enhancing mental health services for children, youth and their families in Ontario.

Our membership includes 85 community-based mental health agencies which are the backbone of Ontario's mental health system for children and youth. These agencies provide support to families, and treatment to young people who present with a range of social, emotional and behavioural problems, including: bullying, violence, defiance, ADHD, eating disorders, depression, self-harm, anxiety and addictions. Many of these children and youth experience significant impairment in functioning within their families, schools and communities, and may also be involved with child welfare or the youth justice system.

Background

The provincial government announced unprecedented increases in funding for child and youth mental health in the 2011 Provincial Budget. A total of \$257 million over three years was provided beginning with an immediate investment of \$76 million, \$88 million in 2012/2013 and \$93 million in 2013/2014. On June 22, 2011, the provincial government announced its priority areas for this new funding, which was aimed directly at children and youth. Fast access to high quality service, early identification and support and better service to vulnerable kids with unique needs were announced as the priorities.

After more than two decades of chronic underfunding, child and youth serving mental health agencies were delighted with this news. The government listened to the requests for funds outlined in CMHO's 2011 Pre-Budget Submission, and further heard our plea that the new mental health dollars be specifically invested in services for children and youth. They also

heard us when we requested that the dollars be provided principally to accredited agencies (not to all of the 440 transfer payment recipients that were identified in the 2008 Auditor General's Report).

Given the brief amount of time that this new funding has been in place, there is not yet empirical data available about its benefits. However, our member agencies have provided considerable anecdotal evidence which indicates that they have:

- **reduced wait lists**; treated considerably more clients
- **enhanced collaboration with school boards**
- **improved transition services** going into and leaving residential care
- expanded services to include **walk-in clinics** and allow for better and efficient service for severe cases

It was also evident during the joint announcement on June 22 made by three Cabinet Ministers - Children and Youth Services, Health and Long-Term Care and Education - that our desire to see better coordination amongst these ministries is beginning to come to fruition.

It appears that considerable progress has been made in better coordinating service delivery with the Ministry of Education in particular. These changes are very much in keeping with the goals of "A Shared Responsibility – Ontario's Framework for Child and Youth Mental Health" which was released in 2005. Goal #1 in that document is "A child and youth mental health sector that is coordinated, collaborative and integrated at all community and government levels, creating a culture of shared responsibility." (page 12 – Framework) Children's Mental Health Ontario partnered with the province in the development of that document. We support its goals, and we reiterate our desire to work with the provincial government on system reform.

Agency Inspired Efficiencies

Children's Mental Health Ontario is aware of the significant impact the global economic recession has had on Ontario's economy. Economic downturn resulting in job losses has considerable impact on our agencies, as more young people and their families seek treatment to manage their stresses. We recognize that as we look to the future, increased

provincial debt and deficits coupled with a reduction in revenue have made Ontario's financial footing very tenuous. The Drummond Commission report is evidence of how our once sound economy must prepare for the years ahead through changes in service delivery.

For many years, due to chronic under-funding, the child and youth serving mental health agencies in Ontario became accustomed to doing more with less. Over the past two decades, accommodating the lack of funding increases has left no room to cut more front line clinical staff, decrease space or otherwise downsize operations. The demand for service was and is continually growing. As such, our agencies have changed the way they operate, and across Ontario, a variety of efficiencies have become commonplace. They include changes to **clinical services and operations**.

Operational efficiencies include changes to computer systems including software and database operations, the sharing of IT systems, changes in phone systems, and benefit packages (including the loss of benefits to many employees).

Centralized intake processes have been developed in agencies to allow for efficiencies. In Barrie, the New Path Youth and Family Counselling agency is involved in a "common roof" with other cross-sector government funded organizations operating in Simcoe County. The common roof has allowed for savings through shared back office services, as well as greater cross-sector collaboration, better program space for clients and a reduction in travel costs. In northern Ontario, our agencies use video-conferencing, regularly reduce travel, and take full advantage of tele-psychiatry services operated via The Hospital for Sick Children.

All of our agencies use every opportunity to seek out grants or otherwise raise non-government dollars to cover necessary supplies to run programs.

Clinical changes to increase efficiency include emphasis on brief therapies, the use of walk-in clinics and group work in lieu of one-on-one treatment. Kinark Child and Family Services, Ontario's largest child and youth mental health serving agency, employs evidence-based practices throughout its organization, resulting in considerable efficiencies. For example, two evidence-based practices were combined at client intake, which amount to a reduction in wait time from 50 days to less than 20 days on average, and reduced wait lists from 459 clients to 82. Other agencies have done an inventory of the services they offer and

developed an empirically-based selection of services that better target needs resulting in efficiency and better client service.

Triple P is an evidence-based parent training program that is widely used by children's mental health centres in Ontario as well as other jurisdictions. While clinical research in Triple P has long shown the effectiveness of this program, new impact studies indicate that Triple P has a social return on investment of 1:5. This means that \$1 invested in Triple P is returning a measurable result of \$5. The SNAP program for children with conduct problems was developed at Child Development Institute more than 30 years ago. SNAP has been subjected to rigorous research and evaluation, and because of its demonstrated clinical outcomes (e.g., emotional and behavioural regulation), has been expanded across Ontario, Canada and international jurisdictions with more than 100 licensed sites. New impact studies of SNAP implementation are showing a return on investment of 1:7 after the first year of implementation and after the third year, the rate rises to 1:16.

Core Budgets

The first priority for the leadership and staff of our agencies has and continues to be the mental health and well-being of the young people and their families that they serve. We fully support the government's intention of increasing the availability of service to the large number of young people waiting. CMHO believes we can work together to ensure that the very best and most efficient mental health services are provided to young people and their families. We will continue to work with government on accountability measures that we believe prove value for money in the manner in which we serve young people and their families.

Agencies are ever-mindful of staff retention, and we will continue to work with government to ensure that our sector retains the best and most dedicated staff to meet the mental health needs of young people across Ontario. Our agencies spend considerable time and money training staff only to lose them to other sectors in their own communities that offer higher salaries – health, child welfare and education. Government recognizes this issue, and we will continue to work together to ensure that we are able to retain staff appropriately.

Operational Imperatives

The success of any child and youth mental health intervention is based upon sound clinical **supervision**. Supervision is of paramount importance in ensuring that the most appropriate treatment is provided and that clinical staff resources are deployed efficiently. Supervisors undertake an ongoing process of continually updating and learning new skills. Every client is unique, and presents with individual needs. Our supervisors are charged with taking complicated treatment processes, helping to teach them to front-line staff and ensuring that the most appropriate service is utilized for every client's individual needs.

Child and youth mental health agency staff are trained to be knowledgeable about a wide variety of treatment modalities, determine which is best, and ensure that it's delivered appropriately to each client. This is in sharp contrast to other professions where skills may be upgraded with online testing or through professional development with only one proper solution and one method of application. Evidence-informed practices, on which the government rightly places heavy emphasis, cannot be delivered in the absence of clinical supervision. CMHO remains in complete agreement with government as they value supervision and recognize it is the key to ensuring successful treatment and efficient use of scarce resources.

Recommendation:

Children's Mental Health Ontario recommends that the \$12 million in new funding dollars allocated for the 2012-2013 fiscal year be designated to assist with needed flexibility in program delivery within agencies. This increase in funding will help to ensure that both child and youth serving mental health agencies and the Ministry of Children and Youth Services meet their shared goal of better serving children, young people and their families across Ontario and reducing wait times.