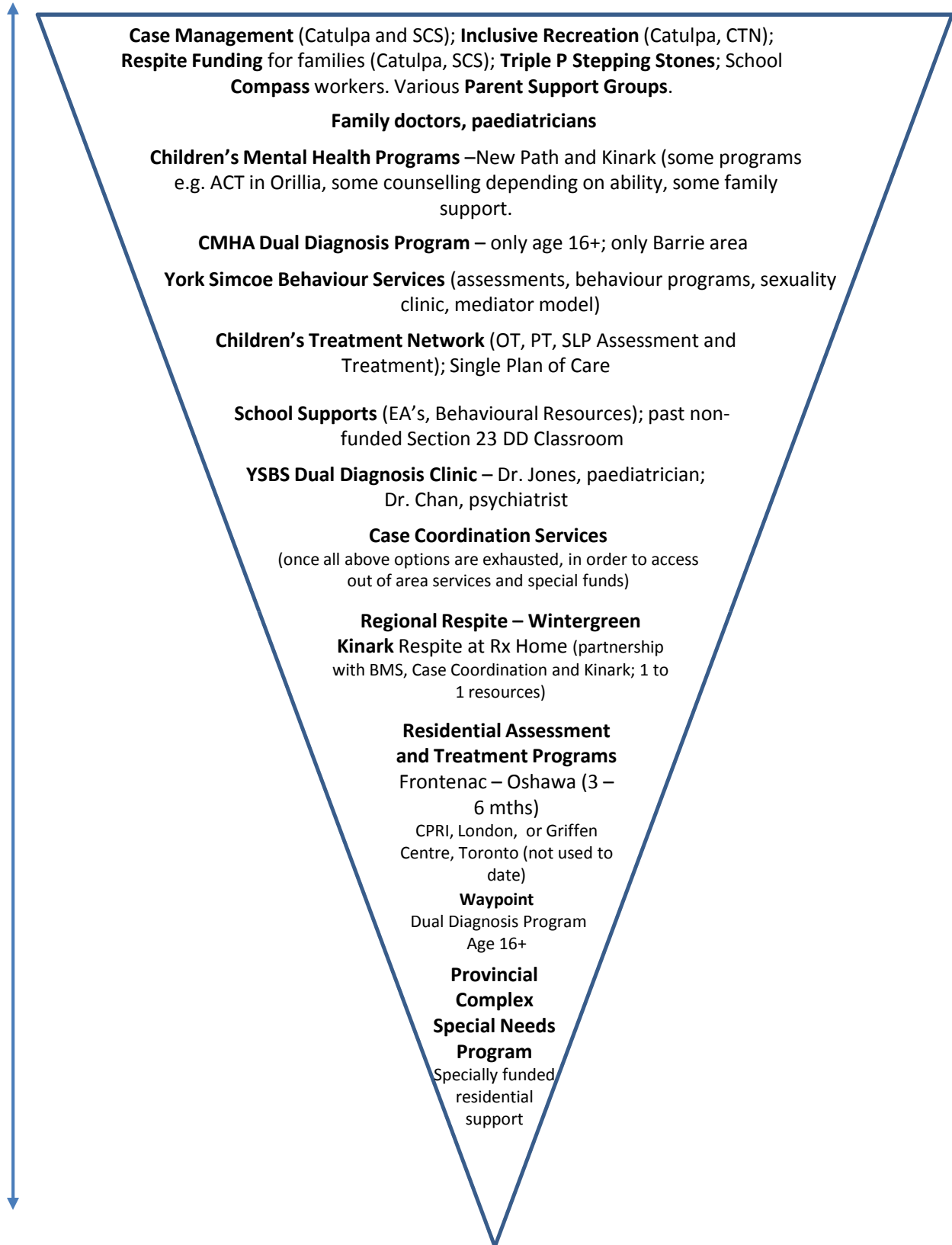


Current Opportunities for Addressing MH needs of Child and Adolescent DS clients

Broadly Available



Narrowly Available

Current Opportunities for Addressing MH needs of Child and Adolescent DS clients

Broadly Available

Case Management (Catulpa and SCS); **Inclusive Recreation** (Catulpa, CTN); **Respite Funding** for families (Catulpa, SCS); **Triple P Stepping Stones**; School **Compass** workers. Various **Parent Support Groups**.

Long waits for many of these programs.

Family doctors, paediatricians

Children's Mental Health Programs –New Path and Kinark (some programs e.g. ACT in Orillia, some counselling depending on ability, some family support.

Often limited knowledge and expertise

CMHA Dual Diagnosis Program – only age 16+; only Barrie area

York Simcoe Behaviour Services (assessments, behaviour programs, sexual clinic, mediator model)

Crisis response doesn't meet the needs of DD clients

Children's Treatment Network (OT, PT, SLP Assessment and Treatment); Single Plan of Care

School Supports (EA's, Behavioural Resources); past non-funded Section 23 DD Classroom

YSBS Dual Diagnosis Clinic – Dr. Jones, paediatrician; Dr. Chan, psychiatrist

(only after assessment by YSBS, which could take up to 2 years)

Case Coordination Services

(once all above options are exhausted, in order to access out of area services and special funds)

Regional Respite – Wintergreen

Kinark Respite at Rx Home (partnership with BMS, Case Coordination and Kinark; 1 to 1 resources)

One to one resources are "non-funded"

Residential Assessment and Treatment Programs

Frontenac – Oshawa (3 – 6 mths)

CPRI, London, or Griffen Centre, Toronto (not used to date)

Waypoint

Dual Diagnosis Program
Age 16+

Provincial Complex Special Needs Program

Specially funded residential support

Often an extreme intervention because of a lack of intermediate resources; presents a geographic barrier for families

Non-funded Section 23 DD Classroom was tried in the past

Two year wait; presents a bottle neck for medical DD clinic

Limited knowledge and expertise, no formal partnership for DD clients

Narrowly Available

Components of Central Network of Specialized Care

Pool of Specialized Clinical Resources (Central Region)

Video Conferencing Support (Central Region)

Education and Research (Central Region)

Network Coordinator (Central East)

Health Care Facilitator (Central East)

Mobile Resource Team (Central East)

Mobile Treatment Team (Central East)

Crisis Response Network (Central East)

Case Resolution (Central East)

Transitional Treatment Home (Central East)

Potential building blocks for Children's "Network of Specialized Care"

Can we expand the New Path Multi-disciplinary Clinic to include expertise on Dual Diagnosis (replicating the York Region Centralized Consultation and Assessment Service)? What can we do to make the Specialized DD clinic (Jones and Chan) more immediately available? How do we build up and pay for a pool of specialized resources that could be available for video consulting, mobile clinical outreach, mobile resource team etc.? Can we create more capacity with YSBM?

Can we build on New Path and Networks of Specialized Care capacity for educational and clinical purposes? Can we access specialized DD psychiatry consultations through New Path?

Can we ask the Simcoe County Coalition DD Task Group to assist with cross training strategies and best practice research?

Can we assign some points of leadership in the system to manage an overall strategy? Leadership assignments for different parts? Do we need a funded leadership position?

Not sure it fits in this box but needs to be highlighted: What can we do to build capacity in the Children's Mental Health system and develop formal partnership strategies similar to what CMHA has in adult system?

Can we create a community resource team from YSBM and a Mental Health partner to consultation and support to providers?

What resources can we assemble that will provide mobile clinical supports (similar to Kinark's Residential Response) to provide intermediate in-home treatment as an option to residential treatment?

What are the options for increasing crisis management expertise for DD clients? Can we build on the Kinark Mobile Crisis Response Service? Are there other system crisis response strategies required?

Does the existing Case Coordination process work for DD children?

Would mobile resource and mobile treatment teams meet many of our needs, diminishing our need for out of area placements? Do we need in-area residential rx capacity?