

# **Community Service Plan Children's Services**

*Niagara Region*

*Prepared by:*

**Contact Niagara for Children's and Developmental Services  
in collaboration with the Niagara Community**

*Prepared for:*

**The Ministry of Community and Social Services  
The Ministry of Children and Youth Services**

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# **Executive Summary**

## **PREAMBLE**

This Community Service Plan is the result of a community-wide collaboration that has created a shared vision for children's mental health services in Niagara. 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 provide support to children, youth and their families experiencing behavioural, emotional, psychiatric and social concerns. It does not include mandatory services offered through the child welfare and young offender systems.

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 vision and a series of strategic directions, goals and priorities that will help set the course for the future development of these services.

## **INTRODUCTION AND BACKGROUND**

The Community Service Plan was created at the request of the Hamilton Niagara Regional Office of MCSS/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 the 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 mental health services. It will also assist community agencies and boards of directors in collective goal setting and future community planning processes. The Ministry-funded children's mental health services in Niagara are delivered by five community agencies: Niagara Centre for Youth Care, Centre de santé communautaire, Niagara Child Development Centre, Hotel Dieu Hospital Health Sciences Centre, and Contact Niagara. In April 2004, the Niagara Centre for Youth Care and the Niagara Child Development were amalgamated to form a new single agency known as Niagara Child and Youth Services. However, they are treated as two separate entities in this report as a result of the data being acquired before the amalgamation.

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 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 service 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 Niagara community; a description of the service system; a summary of the perspectives of consumers, service providers and allied agencies 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.

## **NIAGARA 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.

With a population of 410,575, the Niagara Region occupies a 1,896 square kilometre peninsula bounded by the City of Hamilton to the west, Lake Ontario to the north, Lake Erie to the south and the Niagara River that marks the U.S. border to the east. Its two-tier local government structure is headed by a regional council comprised of representatives from twelve local municipalities: Grimsby, Lincoln, St. Catharines, Niagara-on-the-Lake, West Lincoln, Pelham, Thorold, Niagara Falls, Welland, Wainfleet, Port Colborne, and Fort Erie.

Niagara's most heavily populated cities of St. Catharines, Niagara Falls and Welland contain 62 percent of the region's population. Much of the remainder of the region is rural, though there are several other urban areas, widely dispersed around the peninsula,

including Fort Erie, Port Colborne, Grimsby, Thorold and Niagara-on-the-Lake. The widely-dispersed population and large geographic area make it difficult to provide services that are equally accessible to all.

The region attracts millions of visitors every year to Niagara Falls and other popular tourist attractions. The tourism, retail and service sectors therefore loom large in the region's diverse economy which also features transportation, manufacturing telecommunications and agriculture.

The population is growing more slowly than the rest of the province and has a higher concentration of older people, with proportionately fewer children and young people. The birth rate is higher than average, however, it has been projected that the population of children and youth will rise slowly but steadily in coming years.

The community is less ethnically, culturally and linguistically diverse than others in Ontario, though it receives a large influx of refugees at the border post in Fort Erie. Two urban centres – Welland and Port Colborne – have been designated under the French Language Services Act.

Education levels in Niagara are generally lower than elsewhere in the province– a factor that could influence public awareness of services and people's ability to take advantage of them.

Unemployment in Niagara is relatively low, though it fluctuates due to the seasonal nature of the tourist industry. Family incomes tend to be lower than elsewhere in the province. There are more low income people and more people receiving social assistance. These are factors to be considered in planning, not only because low income may contribute to the needs for which families seek help, but also because of its impact on people's ability to access the service system.

All of 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 MENTAL HEALTH 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 that are required. It also indicated the extent to which people have to wait to receive service and how urgent situations are addressed.

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

The planning process examined the service system by analyzing data from Contact Niagara's WEBTRACKER information system, information from the Ministry of Community and Social Services Detail and Transfer Payment Reports and an Agency Data Template that was completed by each agency for the fiscal year 2002/03.

The agency data templates revealed that 4,117 individuals entered services in 2002/03 and 3,849 received services. The largest age group beginning services was youths aged from 16 to 17 (39.3%), followed by youths 13 to 15 years old (35%).

The WEBTRACKER data, for the fiscal year beginning April 1, 2003 and ending March 31, 2004 showed that Contact Niagara initiated 1,809 referrals on behalf of 1,489 unique individuals. More than 64 percent of the referrals were for counselling services and more than 34 percent of them were for family intervention programs.

WEBTRACKER data also indicated that the waiting list as of March 31, 2004, contained a total of 260 referrals waitlisted, representing 250 unique individuals, 45.8 percent of them waiting for child and family counselling.

Contact Niagara uses a standardized tool called the Brief Child and Family Phone Interview (BCFPI) at the point of intake. Information is gathered on strengths and concerns regarding a child's behavioural and emotional adjustment and the child and family's functioning. The BCFPI measures a number of problem areas where a child may be in need of help. A score above 70 in these problem areas indicates that the child has a high enough risk that he/she is likely in need of mental health services. A study of BCFPI data revealed the following:

- 75 percent of those interviewed had problems in two to six problem areas, while only 7 percent did not have any scores above 70.
- Family adjustment issues were present in 71 percent of the interviews while problems with cooperativeness were present in 69 percent of the interviews.
- About 30 percent of the families come from households with an annual income of less than \$20,000 and 21 percent come from low income single parent families.

Niagara's children's services system received approximately \$5.7 million in annual funding in 2003/04 from MCSS/MCYS. Within Niagara, five transfer payment agencies received funding for children's services. 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. The majority of the funding was allocated between three project codes:

- Child and Family Intervention Operating (Non-residential) - 48.5 percent
- Child and Family Intervention Operating (Residential) -16.9 percent
- Children's Mental Health 0-6 Initiative -10.5 percent

To help explain how this system is structured, a service framework was developed to describe how services are differentiated from one another and organized within the community. It describes services in the following four categories.

- *Highly Specialized Services* include psychiatric support, acute care hospitalization and crisis treatment. These services address the most severe and complex needs of children and youth. They may be located in the community or regionally. Currently, none of these services are being funded through MCSS/MCYS. These services, when required, are primarily funded through the Ministry of Health and Long-term Care.
- *Residential Services* are provided to children in group care or residential settings where the child is receiving care and treatment outside of his/her own home. The intent is to provide these services as close to the child's home as possible. This accounts for 16.9 percent of all resources allocated for children's mental health services in Niagara.
- *Core Services* refers to services such as assessment and clinical services, crisis treatment and home-or-school based services. These represent a broad range of service options, provided in the community. This accounts for 74.8 percent of the resources allocated.
- *Access Services* provide children and their families with information about the system, referral to services and case resolution which involves processes for addressing the complex needs of children in very difficult and challenging circumstances. This accounts for 7.3 percent of the resources allocated.

Two agencies received 88.8 percent of the children's resources. The largest percentage of funding was allocated to the Niagara Centre for Youth Care (45.3%) and Niagara Child Development Centre (43.5%).

Ministry data indicates that the system served 5,917 individuals in 2002/03. However, this statistic does not in fact record the total number of individuals served, but the number

of instances where services are provided. This figure also includes the access statistics. Thus anyone going through the access and referral process (Contact Niagara) would be counted both at the access point and also again when they receive service at the agency. If the access statistics are excluded, the system served 3,731 individuals in 2002/03.

An analysis by project code shows that 54.6 percent of individuals received services in the category of Child and Family Intervention, while 30.26 percent received Mobile Crisis services. While residential services received 16.9 percent of the 2002/03 annual funding, they served only 2.3 percent of total individuals served (or 3.7% if access statistics are excluded).

## **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 and key informants 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. The following nine major themes emerged:

### ***Resources***

Lack of funding is a major area of concern, exacerbated by competition with mandated services such as child welfare. Additional funding is necessary to enhance services.

### ***Collaboration***

Increased linkages between agencies, Ministries, and service sectors are needed to improve service coordination and continuity. Transitional planning between children's and adult mental health services was specifically identified as an area that needs improvement.

### ***Psychiatric Services (Inpatient and Outpatient)***

Psychiatric services are the most frequently identified future priority. Additional psychiatrists need to be recruited to Niagara. Likewise, psychiatric and mental health beds need to be available within Niagara's hospitals.

### ***Residential Treatment***

There is a lack of regionally based residential resources in Niagara. Enhancing residential services is seen as a future priority and suggestion for system improvement.

### ***Access to Services***

Transportation and the geographic location of services were perceived as the two greatest barriers to service. Consumers have difficulty accessing services, as Niagara lacks a regional public transportation system.

### ***Service Gaps***

The supply of children's mental health/counselling services in general is outstripped by the demand, resulting in substantial waitlists. Further, there is a need for more specialized supports, e.g., dual diagnosis, autism.

### ***Human Resource Shortages***

Recruitment and retention of qualified, trained staff is a problematic issue, due in part to lower salaries. In addition, elevated caseloads lead to staff burnout.

### ***Early Intervention and Prevention***

Increased early intervention and prevention programs are needed.

### ***Duplication***

Greater clarity is required between Niagara Child and Youth Services and Contact Niagara regarding access and planning functions.

The input from families, service providers and key informants pointed to the following conclusions with regard to the strengths, weaknesses and pressures of the current service system:

- The major strengths are: the quality of existing services and staff; the dedication, flexibility and responsiveness of service providers; families' satisfaction with the access process and with the appropriateness of referrals; the positive impact of services; collaborative service delivery; and strong partnerships.
- Weaknesses include: inadequate levels of service; service gaps and restrictions; inadequate financial and human resources; problems with the timeliness of services due to long wait lists; and fragmentation in the service system.
- Gaps in residential services, counselling, assessment/diagnosis and psychiatric services were identified.
- Obstacles and barriers to accessing services include: the geographical location of services and/or lack of transportation; consumers' out-of-pocket expenses; and problems with taking time off work or school because of the hours that services are offered.

- Insufficient financial resources, competition between agencies and sectors for funding, and a shortage of human resources were seen as key pressures or threats on the system.

It was suggested that priorities for enhancements over the next three years should be: psychiatric services, residential services, assessment and diagnostic services, and counselling.

The opportunities identified for achieving positive change within the Niagara children's system include: increased collaboration; expanding services to meet needs; the potential for more funding and policy initiatives under a new government; and greater coordination of services at the local, regional and provincial levels.

## **VISION FOR NIAGARA'S CHILDREN'S MENTAL HEALTH SERVICES**

The next step in the community planning process was to create a vision, strategic directions, goals and priorities for the next three years. This process was guided by a Reference Group comprised of 16 people, including one consumer, together with senior managers and board members of MCSS/MCYS and related agencies.

After reviewing the information gathered in the community planning process and considering the issues in a series of workshops, the Reference Group developed a draft vision and strategic directions. Feedback was provided through community consultation sessions and a revised vision, strategic directions, goals and priorities were formulated on the basis of this input.

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

*Strengthen the status quo – Enhance positive outcomes for children and families by envisioning a system of children and youth mental health services within an integrated sector; reviewing available data; strengthening and augmenting existing services and developing and implementing new services.*

*In the allocation of Children's Services Resources in Niagara region we will seek to provide the most complete range of services along the promotion/prevention – treatment continuum.*

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

*Niagara Region's Children, Youth, and Families are provided with timely and effective mental health services that reflect a coordinated, inter-*

*ministerial approach, use best practices, and respond to current and emerging needs in the context of the broader community.*

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

<b>Strategic Directions and Goals Niagara CHILDREN'S MENTAL Health Services</b>	
<b>STRATEGIC DIRECTION: A FULL SPECTRUM OF MENTAL HEALTH SERVICES FOR CHILDREN, YOUTH AND FAMILIES</b>	
<b>Goal Area: Residential Services</b>	
Work with other communities within Hamilton-Niagara region to develop specialized residential services.	<b>Year One</b>
Increase Niagara's local residential capacity to meet the needs of the children of Niagara	<b>Year One</b>
Explore the feasibility of establishing permanent residential treatment beds in Niagara using fee for service residential dollars	<b>Year Two</b>
<b>Goal Area: Counselling</b>	
Increase the capacity of counselling services in Niagara.	<b>Year One</b>
<b>Goal Area: Psychiatric Services</b>	
Increase the level of psychiatric services so that it meets at the least, the minimum provincial benchmark for a community the size of Niagara.	<b>Year One</b>
<b>Goal Area: Cross Sectoral Supports/Services</b>	
Ensure cross sectoral supports/services are in place to address the mental health needs of families and caregivers.	<b>Year One</b>

<b>Strategic Directions and Goals Niagara CHILDREN'S MENTAL Health Services</b>	
<b>Goal Area: Transitional Age Youth</b>	
Identify and implement best practices related to cross-sectoral transitional age services.	<b>Year Two</b>
<b>STRATEGIC DIRECTION: INFORMATION SUPPORTIVE OF SUCCESSFUL PLANNING AND PROGRAM DEVELOPMENT</b>	
<b>Goal Area: Informed Picture of Services and Gaps</b>	
Develop an informed picture of service gaps and priorities to access and influence new funding, and influence its direction. This includes determining geographical location of needs and preparing an inventory of all current services (including French Language Services), identifying gaps and overlaps in current services.	<b>Year One</b>
Using data from common assessment/baseline tools, undertake research to further understand needs and enhance community planning.	<b>Year Three</b>
<b>Goal Area: Coordinated Service Access</b>	
Assess the location of services, location of clients, service delivery models and transportation needs, and explore alternative methods of providing interagency coordination across Niagara.	<b>Year Two</b>
<b>Goal Area: Community Service Plan Impact</b>	
The MCSS/MCYS Hamilton-Niagara Regional office will take into account Niagara children's mental health community service plan to inform funding decisions.	<b>Year One</b>
<b>Goal Area: Youth Justice Legislation Impact</b>	
Examine the impact of youth justice legislation on other programs (e.g. residential services).	<b>Year One</b>
<b>STRATEGIC DIRECTION: EFFECTIVE USE OF TECHNOLOGY IN MANAGEMENT AND SERVICE DELIVERY</b>	
<b>Goal Area: Information and Technology /Systems</b>	

<b>Strategic Directions and Goals Niagara CHILDREN'S MENTAL Health Services</b>	
Identify what is required from a technology perspective to generate child specific information that can be shared across sectors.	<b>Year Three</b>
Identify opportunities to link the current information systems to enhance individualized planning.	<b>Year Three</b>
Promote the need for a common information system for all children's services with the provincial government.	<b>Year Three</b>
<b>STRATEGIC DIRECTION: CONTINUOUS IMPROVEMENT THROUGH INTER-AGENCY COLLABORATION</b>	
<b>Goal Area: Common Assessment/Baseline Tools</b>	
Reach agreement across all children's service providers on the use of common assessment/baseline tools for children's mental health.	<b>Year Three</b>
<b>Goal Area: Mutually Supported Planning and Decision Making</b>	
Develop an inter-agency approved and provincially sanctioned process/mechanism to facilitate efficient, collaborative, mutually supportive planning and decision making on an ongoing basis.	<b>Year One</b>
<b>Goal Area: Increased Psychiatric and Psychological Supports and Services</b>	
Work together to develop a recruitment strategy that results in increased psychiatric and psychological supports and services in Niagara Region	<b>Year Two</b>
<b>Goal Area: Coordinated Services to Address Pervasive Developmental Disorders</b>	
Coordinate across service sectors to meet the needs of children and youth with pervasive developmental disorders (autism spectrum disorders).	<b>Year One</b>
<b>Goal Area: Coordination of French Language Services</b>	
Increase capacity of children's mental health services to the French community through collaborative work between Centre de sante communautaire and other children's agencies.	<b>Year One</b>
Develop protocols to ensure coordination of French language services in Niagara.	<b>Year One</b>
<b>Goal Area: Ongoing Learning</b>	
Develop formal and informal linkages between children's mental health agencies and centres of research and learning.	<b>Year Two</b>

<b>Strategic Directions and Goals Niagara CHILDREN'S MENTAL Health Services</b>	
<b>Goal Area: Maximize Best Practices</b>	
Collaborate across agencies and sectors to identify/share strategies, results and related outcome measures used by each agency, to maximize best practices.	<b>Year One</b>
<b>STRATEGIC DIRECTION: ACCESSING INFORMATION ABOUT CHILDREN'S MENTAL HEALTH SERVICES</b>	
<b>Goal Area: Informed Client /Families</b>	
Develop communication tools that provide an integrated perspective to clients regarding children's mental health services in Niagara	<b>Year One</b>
Develop and implement public awareness strategies to better inform parents about transitional issues.	<b>Year Two</b>
<b>STRATEGIC DIRECTION: SUSTAINABLE FUNDING</b>	
<b>Goal Area: Multi-Year Funding</b>	
Develop a strategy to influence government policy toward multi-year funding.	<b>Year One</b>
<b>Goal Area: Increased Funding</b>	
Advocate for increased funding to base budgets to address identified mental health needs in Niagara	<b>Year One</b>
Advocate for increased funding to meet the needs of the Youth Justice Act.	<b>Year One</b>
<b>Goal Area: Funding Reflective of Niagara's Determinants of Health</b>	
Advocate for planning and allocations that take into account Niagara Region's determinants of health in addition to child population statistics.	<b>Year One</b>

## **CONCLUSIONS**

The completion of this community service plan 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.

It was always envisaged that this plan would be a starting point. The information collected and the conclusions 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.