Children's Mental Health Ontario
Santé mentale pour enfants Ontario

RESIDENTIAL TREATMENT:

WORKING TOWARDS A NEW SYSTEM FRAMEWORK FOR CHILDREN AND YOUTH WITH SEVERE MENTAL HEALTH NEEDS

February 2016

Children's Mental Health Ontario (CMHO) works to identify and develop solutions to important policy issues affecting the child and youth mental health sector. We represent close to 100 accredited children's mental health agencies that provide treatment and support to infants, children, youth and families. This includes targeted prevention, early intervention, short- and long-term counselling and therapy, and intensive services for those with complex and/or persistent mental health issues.

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Introduction

Residential treatment is an out-of-home intervention where children and youth with complex mental health needs receive intensive clinical treatment, careful 24-hour supervision, family therapy, and support for daily activities such as school, recreation and socializing. It is a crucial component in the continuum of mental health services for children and youth in Ontario and is identified as a component of intensive core services by the Ministry of Children and Youth Services.

Ontario's residential treatment system has evolved over decades in the absence of a provincial strategy or service plan. As a result, the residential treatment system is failing to meet the needs of children, youth and families. Rates of hospitalization are rising sharply, signalling that children and youth are not able to find the services that they require when they require them in their communities. And as hospital admission rates are rising across the province, the number of residential beds in the community sector is decreasing as a result of chronic underfunding and a lack of provincial planning to support them.

Over the past year, Children's Mental Health Ontario has led an in-depth policy initiative that has brought together service providers, system stakeholders, including associations, children, youth and families to consider solutions to the complex challenges facing the residential treatment sector. The government has also identified the need for change and in 2015 appointed a Residential Services Panel to conduct a review of residential services across the province. The Panel's important work, combined with the government's leadership, and the work of CMHO and our partners, presents a unique opportunity to come together to thoughtfully plan a system of care that produces much better outcomes for children and youth. With all parties aligned on the need for change, this report presents timely and solutions-oriented recommendations based on in-depth consultation across many groups of stakeholders. In particular, it examines the need to:

- differentiate services based on the needs of the children, youth and families with a proposed provincial system design framework for residential services;
- scale-up investment in existing community-based residential treatment programs for those with the most complex mental health issues, to meet the demand for services; and
- spread the development of new, intensive non-residential programs demonstrating strong outcomes through investment and removal of the barriers to re-purposing existing funding.

There is now an opportunity to harness the momentum for change by bringing service providers, partners and stakeholders together to work towards an improved system of care for the children, youth and families who need it most.

> "I lost a big part of my life to mental illness, almost three years, that's a long time when you are only 11. For kids with mental illness we need to be able to get the right kind of treatment when we need it."
>
> ***Youth who required intensive services for two years – including emergency room support, in-patient hospitalization, residential treatment and day treatment.***

Residential Treatment as Part of a Continuum of Care

One in four youth has a mental health issue and 12%[1] have a severe impairment. Research demonstrates that 70% of adult mental health disorders begin in adolescence. Suicide is the second leading cause of death for youth aged 10-24.

A well-functioning system of care for children and youth with complex mental health issues includes a range of supports – from interventions such as short- and long-term counselling and therapy, family capacity-building, and specialized consultation and assessment – to more intensive and/or crisis-driven approaches, including 24-hour crisis responses, in-home treatment, in-school treatment, residential treatment, respite services, emergency room interventions and in-patient stabilization. In order to contribute to improved outcomes for children and youth with complex mental health needs, it is essential that the appropriate resources are available throughout the continuum of need at the appropriate time. And while greater investments in alternatives to residential programs must be considered, there will always be a significant number of children and youth with severe mental health issues that require intensive around-the-clock therapy in residential treatment. Residential treatment offers intensive support when the needs of children and youth exceed the capacity within their home and family, or where there is a clinical need to closely monitor a child or youth's health and/or safety. For these young people, an effective residential treatment system is absolutely critical to their survival and recovery.

Residential Treatment at a Glance

In Ontario, community-based children's mental health centres are experienced providers of residential treatment – with some operators having delivered programs for more than 100 years. These programs provide mental health treatment around-the-clock in community out-of-home environments. Services in residential treatment programs tend to be less restrictive than hospital in-patient units and prioritize family engagement. Average length of stay varies, depending on the treatment plan for the child or youth, from several months to several years. The young people served generally range in age from 6 to 24 with the majority of youth served falling between 12 and 18.

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The Crisis in Residential Treatment

Residential service providers forced to close beds due to chronic underfunding

Residential treatment in Ontario has reached a tipping point. Service providers, front line workers, youth and families alike urge that the current residential treatment system is in crisis. Service providers note in particular that **residential treatment is chronically underfunded** and that **current funding models do not match the complex needs** of the children, youth and families who require these services. Service providers can no longer afford to keep up with increasing demand and many are being forced to reduce their treatment beds and/or **close their residential programs** altogether. Pressures in the residential treatment system are subsequently **increasing emergency department usage and in-patient hospital admissions**. Many families are also being forced to seek **high-cost treatment out-of-country** due to insufficient capacity in Ontario.

> "The number of adolescents accessing our emergency room for psychiatric help has skyrocketed in the past few years. In large part this reflects a limited access to community resources: this is a direct result of lack of understanding by families and health care providers of what is out there, long wait lists, and frankly, lack of services in common and disabling conditions (including concurrent disorders, borderline personality disperse and OCD, to name a few)."
>
> ***Dr. Anthony Levitt, Chief, Brain Sciences Program, Sunnybrook Health Sciences Centre***

Without access to specialized treatment delivered by inter-disciplinary teams in well-supervised settings, children and youth with complex needs are at risk of: receiving residential care (e.g., housing) when they require treatment, receiving a level of treatment that does not correspond to their need; or hospitalization (see below). These scenarios can result in undiagnosed/untreated mental illness or mental health issues which may persist and intensify, resulting in adverse outcomes in the short term and increased likelihood of individuals requiring more intrusive, more intensive and increasingly expensive supports as they transition to adulthood. This contributes to increasing strains on individuals, families and communities and deepens reliance on already challenged health and social services.

> "There have been no substantive increases to funding in the last twenty years which forces us to decrease the number of youth we serve every year – despite the fact that these kids desperately need our help and demand for residential treatment continues to rise."
>
> ***Service provider at a children's mental health centre***

In-patient hospitalization rates rising due to lack of residential treatment programs

The Canadian Institute for Health Information reports a 58% increase in in-patient admissions for youth with mental health disorders from 2006-2014 in Ontario[2]. Hospitals are an important component of a continuum of care for children and youth with mental health disorders, yet hospitals report that an increasing number of children and youth require 24/7 care for mental health disorders. In the absence of sufficient residential treatment programs, these children and youth are admitted to hospital at significant costs. Acute in-patient beds average $2,360[3] per day versus residential treatment beds which are significantly less expensive. Hospitals also report that many children and youth are being admitted and staying for longer than necessary due to the absence of space at community-based residential treatment centres. This results in reduced outcomes for children and youth as well as high costs to the government and, by extension, to taxpayers.

Children and youth access high-cost programs outside Canada due to insufficient capacity at home

When some families cannot access the required residential treatment for their children with complex mental health needs, they seek treatment in the United States. The cost for this is often borne by Ontario taxpayers through OHIP billing. This is particularly true in the case of youth with concurrent mental health and addictions issues, as it is widely known that there are insufficient residential treatment programs for youth with mental health and addictions co-morbidity in Ontario as well as other specialized programs for unique needs (e.g., Obsessive Compulsive Disorder, Borderline Personality Disorder, etc.). Outcomes for those who seek services out-of-country are generally poor as child and youth must be separated from their family and community. Research demonstrates that treatment occurring in communities together with families has stronger outcomes. Transitions back to family and community cannot be supported by a US operator. As a result, treatment gains are rarely sustained.

Northern children and youth required to access treatment too far from home

Due to the absence of a provincial plan for residential treatment, over the past 20 years there has been a substantial contraction in treatment programs in the North. Funding models do not support the financial challenges of serving a widely dispersed population over substantial geography. As a result, when children or youth from northern, rural and/or remote communities require residential treatment, they are typically sent out of community, often to Toronto, where they face long wait times. More often than not, these children cannot wait. Typically, the only option available to families is to seek treatment in a private residential setting. Without funding to access these services, families often turn to the child welfare system, where funding for treatment can be accessed. The risks associated with this approach are both dangerous and unacceptable.

> "Parents attempting to get treatment for their children in Ontario face... barriers. The first is that there is virtually no treatment available in Ontario for youth."
>
> ***Parent of 14 year old requiring specialized residential treatment***

The need for a provincial approach

Given the current crisis of our residential treatment system, some service providers are taking bold new steps to remodel the way intensive services are delivered. Many of these providers contend that new approaches must emphasize alternatives to residential treatment, such as intensive at-home and expanded day treatment models, as well as respite services. New research into brain development, trauma and attachment supports these efforts. Yet, with these changes taking place in an ad hoc way, there is a great risk of unevenness across the sector – resulting in a patchwork distribution of intensive and residential treatment services across provincial service areas. Lead agencies in particular face challenges when planning services along the continuum of care in each service area while ensuring a provincial standard is maintained.

A forward-thinking provincial approach to intensive treatment should ensure that treatment is available along a continuum of need – including access to residential and non-residential (e.g., home-based) intensive treatment, access to inter-disciplinary clinical teams, and access to respite services and integrated after-care. Planning to provide the right level of treatment at the right time will help to reduce costly, lengthy, and often unnecessary admissions and readmissions into residential care programs and will enhance outcomes over time – while ensuring provincial dollars are well spent.

Coming Together for Change — CMHO's Policy Work

Since the spring of 2015, Children's Mental Health Ontario (CMHO) has been leading a collaborative initiative to develop policy recommendations to the Ontario government on behalf of our members regarding residential treatment by children's mental health centres. This work has benefitted from the shared commitment of CMHO's almost 100 accredited member organizations to build an efficient, effective and accessible system of treatment that better meets the complex needs of the children, youth and families we serve.

Children's mental health centres are experienced providers of residential treatment. They understand that intensive services, including residential treatment, must be part of the continuum of care for children, youth and families with complex mental illness or mental health issues. They have unique perspectives as delivery agents, particularly with regard to program planning, staffing, implementation and evaluation. They are committed to safeguarding the experiences of children and youth and have a vested interest in delivering the appropriate level of treatment that children and youth with complex needs require. What's more, they are ready and willing to be active agents in a change process that yields improved results.

To guide the important work of residential service providers in this area, CMHO established a provincial Steering Committee comprised of experienced residential service providers (*for a full list of Steering Committee representatives, see Appendix*). Under the direction of the Steering Committee, CMHO embarked on a comprehensive consultation process with service providers and other important partners to align on a way forward. In addition, youth and caregivers were engaged to participate throughout the policy process. These efforts directly informed the results, recommendations and the system design model presented in this report.

Cross-sectoral environmental scan

The first phase of the initiative involved the development, execution and analysis of an extensive environmental scan. The scan consisted of in-depth research, one-on-one stakeholder interviews, focus group discussions, and a comprehensive survey reaching diverse parties – including children, youth and families with lived experience, service providers, and other partners who intersect with the system on a variety of levels. To date, our scan reached more than 120 participants, including more than 80 Executive Directors of children's mental health centres, 15 strategic stakeholder and partner organizations, 11 frontline workers, numerous parents and families, and 25 youth participants with lived experience in residential treatment programs. Results from the Environmental Scan were published in October 2015 in a report entitled, *Envisioning a Future Residential System of Care, A Summary of Key Feedback and Suggestions for System Improvement from Stakeholders Across Ontario*. This document was widely circulated and used as a basis for additional consultations held throughout the Fall, 2015.

October 2015 Residential Symposium

Symposium – New Models of Care in Residential Treatment

On October 26, CMHO partnered with Kinark Child and Family Services and the Ontario Hospital Association to deliver a Symposium on New Models of Care in Residential Treatment. Attendees included professionals from children's mental health, child welfare, private residential service providers, foster home providers, and hospitals. The Symposium provided participants with the opportunity to align their thinking about how residential treatment services can be remodelled. On behalf of our members, CMHO presented the results of the Environmental Scan as well as the proposed system design model – demonstrating a continuum of services for clients, including both a tiered system of residential treatment as well as a greater access to alternatives to residential treatment, such as intensive at-home therapy and expanded day treatment. Kinark Child and Family Services also presented its recently released report *Strengthening Children's Mental Health Residential Treatment through Evidence and Experience*, describing the critical success factors required for a successful residential treatment system as well as the benefits of a multi-tiered system of residential services.

October 2015 Residential Symposium

Compelling presentations were delivered by innovators in the sector taking steps to implement new approaches to intensive treatment, including: Dr. Anthony Levitt (Sunnybrook Hospital, Family Navigation Project) who presented on how our system of care must better align with the needs of children, youth and families, as well as CMHO members Mary Broga (Hotel Dieu Grace — Windsor) and Kathy Neff (Roberts/Smart Centre — Ottawa), who presented on Windsor's experience moving from residential to an intensive day treatment model and Ottawa's experience building a cross-sectoral system of care for youth with complex needs, respectively. The MCYS Residential Services Panel also presented their work and participated in the discussions that ensued. Participants then had the opportunity to engage in provocative roundtable discussions to consider key policy issues impacting the way forward. An important outcome from the Symposium was the recognition of the high degree of agreement amongst participants about the key elements needed to contribute to an effective redeveloped system of residential treatment in Ontario.

Service Provider Workshop – Residential treatment system of care

CMHO's 2015 conference provided the opportunity for more than 80 representatives from CMHO member organizations from across the province to come together to further discuss how the proposed system design framework could be implemented. Participants included Executive Directors, board chairs and directors, clinical leaders and front line staff from service delivery organizations. Participants were asked to consider the proposed tiered model of residential treatment to identify opportunities and implementation challenges in both urban and Northern, rural and remote settings. The session provided further clarity and direction – including a need to focus on planning to minimize the impacts of transitions within the system and to ensure that specific approaches can be developed to support specific groups of clients. Outcomes from this session, and from October's Symposium, have been incorporated into this report and the proposed next steps.

SYSTEM DESIGN FRAMEWORK FOR

CHILDREN & YOUTH WITH SEVERE MENTAL HEALTH NEEDS

CHILDREN, YOUTH & FAMILIES

STANDARDIZED ASSESSMENT

CHILD BENEFITS FROM TREATMENT *INSIDE THE HOME*

HOSPITAL
- Short-term/acute stabilization
- Psychiatric hospital

CHILD BENEFITS FROM TREATMENT *OUTSIDE THE HOME*

INTENSIVE NON-RESIDENTIAL SUPPORT
- In-home intensive
- Expanded day treatment

RESIDENTIAL TREATMENT

TIER 1 | TIER 2 | TIER 3 | TIER 4 | SECURE TREATMENT

Care

Treatment

Child not progressing or needs become more severe/acute

RESPITE PROGRAMS

AFTER CARE
- After non-residential treatment → transition to less intensive non-residential support
- After residential treatment → transition to family/ therapeutic foster care, group care, supportive housing, independent living

Reintegrating back into the community

CASE MANAGEMENT

OUTCOME MEASUREMENT

Guiding Principles

As we build a future system of care for intensive residential treatment in Ontario, we believe that the system must be guided by a set of common principles. In the course of our consultation with children and youth, families and caregivers, service providers and front-line workers, as well as partners in health, child welfare and youth justice, the principles identified below received unambiguous and enthusiastic endorsement.

Child, youth and family-centered treatment

An effective residential treatment system always puts the needs of children, youth and families first. Mental illness involves a complex interplay of health and social issues. Treatment approaches must provide support in both domains while keeping the best interests of children, youth and families at the forefront.

Youth and family engagement must occur at all stages of service design and delivery. Research demonstrates a positive correlation between family engagement and child and youth outcomes – particularly for children and youth with complex needs who are removed from their homes and placed in residential treatment, which can be traumatizing. This is true with respect to maintaining gains achieved during intensive treatment periods, and when transitioning back to home-based environments in order to facilitate after-care.

Youth in particular cited the need for service providers to work to support each child's strengths, ambitions and goals and to listen to them to help them feel empowered.

One youth noted: "I felt like a lot of treatment decisions were made for me. I would have liked to have a say instead of being considered 'defiant'." ***Youth Consultation August 2015***

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Treatment enables family engagement

Evidence shows that when supportive families are closely involved in treatment plans, outcomes are heightened and better sustained. For this reason, in cases where children and youth would benefit from family involvement, it is imperative that families are actively engaged in their child's treatment. Ensuring that treatment is provided close to home is an important way to facilitate this: Providing treatment close to home can ease trauma, enable greater involvement of families and support positive and sustainable outcomes over the long-term. In cases where it is not possible to provide treatment close to home, innovative approaches should be pursued to ensure families are kept engaged, even when geographic circumstances require them to be apart.

Youth stressed the need for families to be involved in their treatment. This was especially true for younger children. Youth noted that when families were not included in their treatment process, it led to mistrust and caused additional strains on their relationships, making it harder to transition back into family settings after receiving residential treatment.

Youth stressed this as being especially important when treatment takes place outside of their home community, with one youth noting: "[There should be] better support connecting with family members who live further away. There have times when I have not felt supported to connect with my extended family who do not live close." ***Youth Consultation August 2015***

Treatment follows the child and is tailored to meet individual needs

The treatment a child or youth receives should be shaped by their individual needs, as determined by a standardized assessment and subsequent treatment plan. An effective system of intensive treatment will not require children to fit into a particular program structure. Instead, a standardized assessment would ensure that the child is referred to the appropriate service to meet their unique needs. Ongoing assessments and review of treatmentplans would ensure that services are added or removed given the child's changing needs over time and throughout treatment. This will ensure the child has access to the right level of professional treatment, including access to an interdisciplinary team where warranted, and that the intensity and duration of that treatment they receive directly meets their needs, as driven by their treatment plan.

Transitions are as seamless as possible

Placing children and youth in programs based on bed availability rather than capacity to provide the required treatment may do more harm than good. This type of response reinforces a 'trial and error' approach and results in significantly more transitions for that child over the long-term, as they are shuffled from one program to the next. When treatment follows the child and is tailored to their individual needs, transitions will be minimized and may even be avoided.

However, given the complexity of children's changing needs, as well as the challenges in our province with regard to geography, it is unrealistic to expect that transitions will never occur. In a newly designed system of care, purposeful steps must be taken to better anticipate transitions and to ensure that when transitions happen, they are as seamless as possible. This includes ensuring a commitment to continuity of care, ongoing case management, better discharge planning and/or aftercare and a commitment on the part of service providers to reduce or eliminate unnecessary transitions where at all possible.

Commitment to continuity of care

Continuity of care is incredibly important for children and youth with complex and changing needs. Just as children change and grow, so too do their mental health needs. For treatment plans to be effective, they must be re-evaluated regularly (using standardized assessments as appropriate), and evolve with the changing needs of the client and our growing understanding of those needs. Continuity of care must be prioritized throughout an individual's treatment plan – including a commitment to the consistency of professional staff – so that children feel supported and stable amidst changing conditions. Continuity of care benefits more than just the client. It is also more efficient from a system delivery perspective, resulting in greater information-sharing across participants and reducing costly duplication.

Cross-sectoral partners are included as active participants in the system of care

Mental health issues require a coordinated, multi-sectoral approach. To succeed in their treatment, children, youth and families require support not only from children's mental health centres, but also aligned involvement by schools, primary care providers, other health care practitioners, and other social and community supports. This is particularly important as children progress through their treatment plans and enter after-care within their communities.
For children and youth that do not have supportive families, it becomes increasingly important to ensure the right parties are included as partners to protect treatment gains. Children's mental health centres are well positioned to be leaders in this process to engage cross-sectoral partners as active participants in an overall system of care, including throughout the process of after-care.

Key Policy and Program Elements of a Future Residential Treatment System

The following policy and program elements were identified as being critical to the design and function of our future model of care for children, youth and families with highly complex needs.

Critical Components of Service Delivery

1. Using standardized mental health assessments to deliver stronger outcomes

There is broad agreement that standardized assessments, completed by highly trained specialists and delivered consistently across the province, are crucial. This would ensure that children and youth with complex needs receivethe level of care that they require, rather than taking a more reactive 'trial and error' approach to treatment, which has a profound negative affect on children and their families and can often result in multiple residential placements.

> "The psychiatrist at my daughter's residential treatment facility advised that an extensive psycho-educational assessment was important to figure out why she was so depressed and suicidal. I was shocked that funding did not cover this fundamental clinical tool. We paid $4,500 out of our own pockets – but not everyone could afford this huge cost."
>
> ***Parent of a child with severe mental illness***

In order to facilitate standardized assessments, there must be a commitment to the quality and consistency of the assessment. There should be consistent training for individuals conducting assessments and there must be broad agreement on the common language and key pillars that assessments must adhere to. Improving the quality of assessments and the training standards for those conducting the assessments would assist in building trust between service providers and could reduce the number of assessments being completed overall. Key commonalities amongst assessments would ensure that results can be compared provincially, regionally and even at an individual level – which will allow all parties in the system to measure outcomes over time. While having a common assessment tool would be one way to achieve a more standardized approach – it is by no means the only way to achieve standardized assessments. What is more important than a common tool is to obtain agreement on the commonalities between assessment tools that would allow information to be shared in a meaningful way.

When assessments are standardized and well-executed, children and youth with severe mental health needs will be referred for services at the right level of intensity. This will ensure they receive the level of treatment that corresponds to their unique needs, which will improve outcomes over time. Moving to a standardized assessment process does not mean that the assessment process should be static. Instead, the goal must be consistency while remaining fluid and responsive. Ongoing assessments of treatment plans are therefore needed to ensure the intensity of services provided continue to meet individual needs.

The need to ensure assessments capture the unique needs of children and youth, and place them in residential treatment accordingly was mirrored time and time again by youth. According to youth, the type of treatment program matters – as does the environment itself. One female youth noted: "I am only 14, I don't want to live with boys"! A youth who identifies as LGBTQ urged service providers to: "place me where I identify"! A youth struggling to overcome addictions said "to help me recover, I don't want roommates who are using when I have just started my journey to be clean"! ***Youth Consultation August 2015***

Complicating factors

For most children and youth with complex mental health needs, the treatment goal is typically a return to healthy functioning in a supportive family environment. However, there are several situations where this may not be possible. In such situations, assessments must consider the unique needs and goals of a residential placement to ensure that placements meet the specific long-term needs of the children and youth in question. These include:

- Children and youth with families that do not have the capacity to provide their children with a supportive home environment conducive to recovery, even with support (e.g., child protection, parents with serious addictions and/or mental health problems).
- Children with significant concurrent neuro-development disorders (e.g., Fetal Alcohol Spectrum Disorder, Autism Spectrum Disorder) that cannot be effectively supported by their families in a home environment, even with additional support. These children will likely need lifelong residential care.

For these children/youth, the assessment process must include collaboration with partners in child welfare and/or developmental services to identify a post-treatment plan early on. Otherwise, these children languish in residential treatment when they may really need residential care. As a next step, conversations with partners in child welfare, youth justice and developmental services should be convened to build solutions for this complex and highly vulnerable group of children and youth.

Similarly, separate approaches are required for transitional-aged youth who will soon be moving to services in the adult mental health system, which is inherently designed differently. The adult mental health system does not traditionally take a family-focussed approach in the same way as the child and youth sector. It also tends to be structured to provide treatment to those with severe and diagnosed needs and does not maintain the same fluidity in approach that young people may require in order to meet their changing needs. Transitional-aged youth therefore require specific consideration when assessments are conducted to ensure they are put on a path where there is continuity with regard to their care and experience.

Additionally, transitional-aged youth who are child-welfare involved face compounded challenges once they age out of the child welfare system. These youth cannot depend on the support of their families and often require a specialized set of services to provide treatment with life skill building, employment and supportive housing resources to help them make the transition to independent living.

Another group of youth that will require special pathways include young parents with mental health issues. These young people will require interventions that support both them and their infants, who are at an increased risk of developing mental health issues and/or becoming child welfare involved.

Next Steps

- Service providers must agree to a set of common pillars that are included in all assessments. Common pillars would ensure that assessment results can be shared and compared in a meaningful way.
- Consultations between child welfare and youth justice partners to build out implementation plans specific to children and youth where they cannot return to their families after treatment and/or they require residential care throughout their lives.
- Consultations between child welfare, youth justice, adult mental health and social services to build implementation plans for transitional aged youth.

2. Providing intensive residential treatment that matches the needs of children and youth

Differentiating services based on the needs of children and youth to improve outcomes

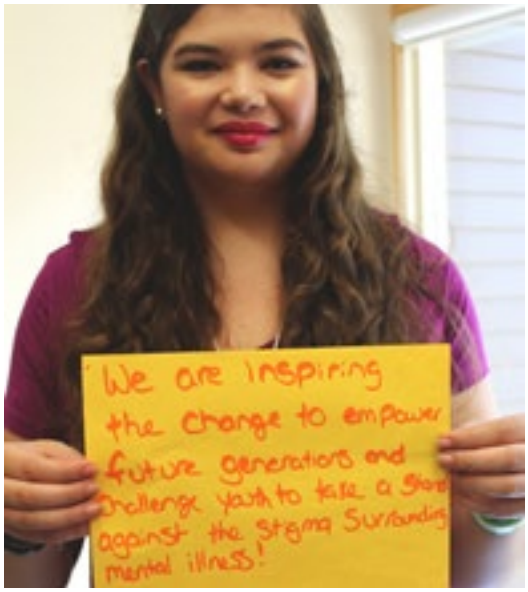
Residential treatment offers intensive support when the needs of children and youth far exceed the capacity within their home, or where there is a clinical requirement for close monitoring. **There is general agreement across our members and partners that, through licensing, a distinction must be made between residential care and residential treatment.**

In order to provide the right level of treatment for children and youth in residential settings, a common consensus is also emerging which purports that treatment levels must be differentiated. In previous policy work, *Envisioning a Future Residential System of Care*, CMHO reported that service providers and partners supported a move to a tiered system of residential treatment in order to operationalize this differentiation of service provision. This move is mirrored by Kinark's policy work, as outlined in their recent paper *Strengthening Children's Mental Health Residential Treatment Through Evidence and Experience*, which calls for a "multi-tiered residential system".

In consultations at a provincial level, service providers and partners were also in agreement that the notion of differentiating residential treatment to better match the needs of the children and youth was sound, and that the notion of a tiered system made sense. Service providers noted that moving to a tiered system of residential treatment would provide them an opportunity to identify their programmatic strengths and to focus on delivering specific levels of treatment along a continuum of care that are tailored to specific needs of children and youth. This concept would also allow for funding to be tied more closely to the needs of children and youth rather than the one size fits all approach that is now employed.

For a tiered system of residential treatment to function effectively, the following elements would need to be in place:

- A tiered system of residential treatment must minimize transitions for children and youth – levels of service intensity of service would be added and removed based on the needs of the child. The treatment approach would be regularly assessed to meet changing needs.
- A tiered system should build in standards regarding the clinical staff complement – both in composition and ratios. In lower tiers, with no dedicated clinical staff (as in Tier 1), clinicians could be contacted as required to support the needs of the children.
- Licensing and accreditation should reflect, enable and ensure adherence to the tiered approach.
- Resources should flow to service providers based on the true implementation costs of delivering programs at particular tiers of specialization.



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More work is now needed to investigate how a tiered system could be practically implemented, to ensure that children and youth are able to access the right level of treatment as their needs change throughout their treatment plan.

Youth have frequently cited the need to ensure specialized treatment programs are matched to the unique needs of kids, noting an overall lack of specialized treatment programs in the sector – with some youth not able to access the right type of treatment at all. "For Borderline Personality Disorder, a common treatment is Dialectical Behaviour Therapy, which is something the residential treatment centre I was at said they offered, but they never actually offered that programming. I was there for months and months and months not getting the treatment that is shown to be effective for the disorder that I have".

Front line workers echoed this sentiment, noting the need for the right level of clinical support in order to be effective:

"At the home where I worked, we did not have a therapist on staff. I think that if youth with intensive mental health issues are being put into treatment, there needs to be access to treatment... Staff were not trained to be therapists but ended up having to become a therapist for these young people". ***Environmental Scan May 2015***

Building capacity to serve children and youth with the most severe needs

Hospitals and community-based service providers agree that there are insufficient residential programs in Ontario to accommodate children and youth with severe needs being discharged from hospitals. Similarly, a shortage of residential treatment programs also puts pressure on the hospital system – when children and youth with severe needs cannot access residential services, they often seek admission into hospital units. Given their ongoing needs, these children and youth continue to occupy expensive in-patient hospital and secure treatment beds on a long-term basis.

Children's mental health centres are valuable assets in the community with expertise in the delivery of residential treatment. Where there is demand, their capacity to deliver residential treatment models can be scaled in order to build a province-wide system to support the intense needs of these populations. Models exist across the province that demonstrate the use of inter-professional teams, including psychiatry, psychology, nurse practitioners, nurses and occupational therapists can provide the right supports for this population in residential treatment settings, when properly resourced. Scaling residential treatment programs at community-based organizations will help to avoid unnecessary admissions to hospitals – and will help to ensure that children and youth who require hospital admissions can transition to a supportive intensive treatment environment that appropriately meets their clinical needs once they are ready to be discharged. Both scenarios will improve outcomes for children and youth over time by ensuring that the right services are available at the right treatment level when and where they are needed.

Addictions & Mental Health

There is wide agreement amongst stakeholders that a significant capacity gap in the system is treatment programs for co-morbid addiction and mental health disorders. Youth addictions and youth mental health service providers have historically developed treatment programs separately due to different treatment modalities. These differences are compounded by the fact that both funding and oversight are governed by two different ministries. A wide body of research demonstrates that better outcomes occur if treatment approaches are combined. Both sets of service providers have identified the need to work together on an aligned approach.

Next Steps

- Government must spearhead a new approach to licensing that differentiates between residential care and residential treatment and must work with sector leaders to develop an implementation plan for a tiered system of residential treatment.
- Government must work cross-ministerially to develop a provincial plan that scales capacity in the community sector to reduce hospital admissions and support hospital discharge planning by increasing the availability of intensive treatment programs at existing children's mental health centres.
- Service providers from across sectors must convene to provide recommendations on the implementation of the tiered system. The discussions must consider the need for regional hubs of specialized expertise that serve many service areas/communities, including joint approaches to youth with mental health and addictions.

3. Building intensive alternatives to residential treatment

> "My 11 year old needed residential treatment during an acute period. As she improved, we would have been able support her at home if in-home intensive treatment had been available. I believe that the outcomes for both our daughter and our family would have been much better if this service had been available."
>
> ***Parent of a child in residential treatment***

The provincial approach to intensive treatment must also emphasize **alternatives to residential treatment for children**. While there are many children and youth who are unable to access residential treatment when they need it, due to a lack of availability, there are also many children and youth who end up in residential programs when they do not require 24-hour supervision due to a lack of intensive treatment alternatives. As noted previously when addressing the need for standardized assessments, treatment plans should be strength-based and tailored to individual needs. Where children would benefit from remaining in a home environment, and where families can provide the right level of support, treatment can and should be made available at home and/or in the community. For a child experiencing severe mental health issues, it is traumatizing be removed from his/her home – particularly in the case of latency aged children. Where families are motivated and capable to support their child's recovery in a home environment – **every effort should be made to keep the child at home**. Treating children in a home environment can aide in their recovery process by preserving the family unit and ensuring that a strong family support network exists to support them throughout after care and in resuming normal functional life as they recover.

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Parents Cite Need for In-Home Services

When asked what supports would be required to help families to support children with intensive needs at home, parents reported: frequent or full-time in-home staff support – particularly to support difficult transition points during the day, appropriate clinical support – including home visits from a psychiatrist, nurse or medical professional (for medication monitoring), access to extended-day respite or weekend respite programs to provide everyone with a 'break', and intensive individual and family counselling.

Bolstering alternatives to residential treatment may create a new demand for **respite services** – particularly where families are taking on additional responsibilities when it comes to their child's treatment and care and where the child's needs are extremely complex. Respite programs can help to reduce stress and pressure on families on a short-term basis and can ensure that children can continue to receive intensive treatment at home with the valued support of their families over the long-term. Providing access to short-term respite program, for example, may be enough to support struggling families during periods of intensity and can eliminate the need for children and youth to enter into unwarranted longer-term residential placements – which can be valuable both from a recovery and cost-savings perspective. In a new system of care, respite programs will be a critical component of a well-developed approach that emphasizes alternatives to residential treatment. Availability of respite programs may also help to effectively transition children and youth out of residential treatment – as these programs can complement the approach to after-care and provide temporary respite as children, youth and families re-adjust to new (or return to former) living arrangements and support structures.

Respite is Crucial

Families reported that access to **respite** made it possible for them to continue to parent their child at home for as long as possible. Without access to these programs, families noted that their children would have ended up in residential treatment much sooner, and likely for a much longer duration. Access to respite was also noted as a key ingredient to a successful after-care approach.

Alternatives to Residential Treatment for Children, Youth and Families with Complex Needs:

- **In-home intensive treatment** provides services to help both the families and children improve functioning directly in the home. Services are home-based and involve the participation of the family. This model can effectively help children and their families learn to manage mental illness in everyday and real life situations – which makes the transition to less-intensive programming easier.

- **Expanded day treatment** supports children and youth in community-based settings well beyond the hours of traditional day treatment, which is typically matched to regular school hours. Programs may be offered, for example, from 7am–9pm, with the child or youth transitioning home their families to sleep at night. As functioning improves in the home, the time reduces.

- **A combination of expanded day treatment and intensive in-home treatment** might involve a mix of out-of-home day treatment in the community and family-centered intensive supports at home during key daily transitions. Clinical supports are provided at home during key daily events that can be stressful for families, such as meal time, bed and wake time and transitions to and from school or day treatment.

Northern and rural communities

Service providers in northern and rural communities have significant challenges in providing the right kind of programs for children and youth. It is very expensive to deliver programs and services to a small population widely dispersed over vast geography. Service providers identify that many children, youth and families would benefit from intensive in-home treatment models right now and pilots must include appropriate funding that reflect the service delivery requirements.

What does it mean to provide the right care at the right time?

Children, youth and families must be supported as they cope with the changes that come with mental illness. Children and youth may need residential treatment for a period of time followed by in-home intensive treatment to help ready the family for the child's return home. After returning home the child and family may need after-care and expanded day treatment, as well as access to respite services. A crisis may occur that requires emergency room and/or inpatient hospital services. Subsequently there may be a period when more intensive in-home support is needed.

The child and youth mental health system must offer variety of evidence-informed intensive treatment options to children, youth and families that are backed by careful assessments and driven by clinical expertise. Ensuring that children and youth with severe mental health needs get the right services at the right time will lead to much better outcomes.

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Next Steps

- Government must identify and remove the barriers that prevent service providers from moving away from traditional residential approaches and provide greater flexibility to allow them to move to new models of treatment.
- Government must fund and spread the scale of successful pilots that offer alternatives to residential treatment and invest in evaluation of their outcomes.

4. Building after-care programs as a key component of intensive programs – residential and non-residential

After-care supports are integral to maintaining the gains achieved during intensive treatment. This is true for all forms of intensive treatment – but it is particularly true for children and youth who are leaving residential treatment and transitioning back to less restrictive or home-based environments. Transitioning out of residential treatment can be an incredibly difficult experience and without continued professional support and monitoring, children and youth can relapse quickly – resulting in lost progress and wasted investments.

In cases where families have exceptional needs (e.g., children protection issues, for example) approaches to after-care are particularly important. In these cases, after-case supports may also entail in-depth support to those who are experiencing a "new" family, or who are transitioning to a group home environment. A separate approach is also needed for transitional-aged youth and for young parents – who may not be returning to a family home at all – but who may need increased support with skill-building, education, employment and housing.

In all cases, treatment approaches that provide gradual transitions with part-time residential options or access to respite would help to minimize risks during this transitional period and would help to protect treatment gains.

After-care is an important priority for families. Their reported after-care needs include: immediate access to counselling and therapy services for both the family and the child, ongoing medical support such as immediate access to a psychiatrist and other professionals for medication management, as well as immediate access to respite programs, on weekends, for example, so that transitions are gradual and easier to manage. These sentiments were also mirrored by youth, who stated that trial periods at home and other after-care programs would help to ensure a smooth transition to less intensive programs after exiting residential and other intensive programs.

Front-line staff of residential treatment programs also cited the importance of aftercare, noting that when transitioning back home, staff should be installed at the home for a period of time to help youth and families adjust. This also ensures greater continuity of care.

Youth also noted the need for integrated after-care. One youth described her own experience: "when I got discharged, I just...did. There were zero plans put in place, which seems so silly to me. All of this money was just spent on my care and there were no plans to sustain it".
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Next Steps

- Service providers and government must work together to develop an evidence-informed program framework and funding structures to support the provision of integrated after-care.

Key Foundational Commitments

In order to ensure that the objectives of the preceding policy and program elements can be realized, several key foundational commitments must be adhered to at all times. These include:

- ongoing case management
- access to qualified inter-disciplinary teams
- providing staff access to quality and consistent training
- ensuring that all parties contribute to quality improvement.

Ongoing case management supports treatment gains

Providing standardized assessments as children, youth and families first encounter the residential treatment system does not remove the need for ongoing case management. For many children, youth and families, consistent ongoing case management is fundamental to their ability to progress effectively through system pathways and maintain treatment gains. Ongoing case management is also critical to ensure that the changing needs of children and youth, together with their families, are well accounted for and that treatment plans are adjusted regularly to ensure the right level of treatment is in place when and where it is needed.

Providing access to well qualified inter-disciplinary teams, where they are warranted by treatment plans

For children, youth and families with complex needs, it is critical that inter-disciplinary teams be in place to develop, guide and support effective treatment. The system must be designed to respond to the individual treatment needs of each child and youth rather than trying to make the individual fit into a program where a bed is available. Depending on the individual's unique level of need and treatment plan, these teams may involve support from psychiatry, psychology, social work, child and youth work, and other providers including addictions, occupational therapy, speech therapy, recreation therapy and more. An interdisciplinary approach is important for residential treatment, but it is equally important where intensive services are delivered as alternatives to residential care, as well as throughout the provision of after care. Access to the right level of clinical support can reduce the length of stay in residential treatment, increase the likelihood that treatment gains will be maintained, and decrease the chances of re-admission into residential treatment.

> "All of my daughter's clinical team agreed that she needed to see a therapist with experience in treating OCD. The funding at her day treatment program did not include any specialized therapy. As a result, despite the intensity of services she was receiving, they weren't the right ones for her. We had to pay for an OCD specialist from our own resources and take her for treatment every week, a 3 hour round trip for all of us."
>
> ***Parent of a child with severe OCD***

As the availability of highly trained specialists such as child psychiatrists can be a significant challenge, particularly in Northern, rural and remote regions, it is important to consider ways to expand scopes of practice to build required competencies amongst providers that are more easily accessible. For example, ongoing medical needs and medication adjustments/monitoring may be effectively managed by building competencies of family physicians, nurse practitioners or other professionals. As the shortage of specialists in many communities is not limited to the child and youth mental health sector, there are many examples of similarly successful models that could be adapted from other areas of health care.

The need for children and youth to have access to **specialized clinical staff** as part of their intensive treatment was cited as crucial to positive long-term outcomes by all of the families and caregivers consulted. Without specialized clinicians to support children and youth with severe mental illness, families and caregivers noted that residential treatment would fail to assist their children in overcoming and/or managing their illness. Families further noted that access to specialized clinicians is also extremely important during after-care, to ensure that treatment gains are maintained.

Youth reported that a lack of funding for specialized staff resulted in ineffective treatment approaches – often with children receiving care and structure, but not individualized treatment to support their recovery. In the words of one youth "there needs to be access to TREATMENT, not just stabilization" in residential programs.
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Providing staff with access to quality, consistent and ongoing training

Access to high-quality and ongoing training that is delivered consistently across the province is an important enabler of an effective system of care for children, youth and families with complex needs. High training standards would ensure higher levels of professional service in the child and youth mental health system. It would also improve the consistency and quality of the treatment provided to clients with more severe needs. Funding to back-fill positions while staff participate in training is also important.

In instances where access to qualified interdisciplinary teams is challenging – and where service providers work to enable expanding scope of practices, staff training becomes even more critical to ensure expanding responsibilities are handled safely. Ongoing opportunities for training also contribute to staff satisfaction. Professionals in the community-based child and youth sector can be transient and are often quick to transition to opportunities in other sectors, such as health and education, which offer substantially higher remuneration. Ongoing training opportunities can help agencies to retain valued staff, which contributes to the continuity of care that we know is so important for vulnerable young people.

Ensuring that all participants actively contribute to quality improvement

To enable evidence-informed practice and continuous improvement in the system, all service providers must commit to ongoing outcome measurement, and be resourced and trained to build the data infrastructure required. Mechanisms to collect, evaluate and report on data must be in place to enable this process. Without mechanisms to monitor and compare treatment success and progress, and with no mechanism to incorporate learnings into new approaches, treatment approaches will continue to be uninformed by experiential evidence. As a result, many children and youth will continue to receive the wrong kind of care, which can contribute to poor outcomes over time – including longer length of stay and a greater likelihood of relapse once they leave treatment.

Individual agencies must be supported, financially and otherwise, to establish the capacity to collect data at the program-level in order to optimize clinical outcomes, and lead agencies must have access to this data to fund programs that are effective and efficient. Similarly, data is required at a provincial level to measure system performance overall.

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The **quality improvement** needs frequently cited by youth include:

- The need for provincial standards of care and greater accountability
- The need to measure outcomes and progress
- The need to ensure greater consistency across agencies and to reduce variations in approaches

Youth with lived experience also reinforced the need for service providers to share information with each other, citing the need for increased transparency and communication between counsellors, specialized clinical staff like psychiatrists and psychologists, and front line workers from children's aid societies and children's mental health centres.

One former youth in residential treatment summed up the problem with regard to poor data collection by stating: "I don't know where they get data about the efficacy of the programming when they don't do follow ups to see how a former patient is actually doing. It seems like such a poor use of funds to me."

Youth also noted that better information-sharing was also needed between residential treatment and schools. One youth in particular queried: "When I live in residential care who goes to my parent teacher nights? How can I get that communication consistency that non-residential kids get?" ***Environmental Scan July 2015***

Meeting the Needs of Ontario's Diverse Populations

Implementing a new system framework for intensive residential treatment (including intensive non-residential alternatives) across Ontario will not be easy. More work is needed to ensure the proposed model demonstrates commitment to cultural diversity and can be applied given challenging geographic dispersity.

- First Nations, Metis and Inuit people have unique needs that must be considered when implementing a new system design framework for children and youth with complex mental health needs. It will be important to work closely with First Nations, Metis and Inuit communities to ensure that any planning related to the intensive treatment of children and youth with severe or complex needs is culturally safe, congruent with community traditions and teachings, and mindful of historical realities.

- Francophone people have unique language and cultural needs that must be considered as a new system design framework is applied. A much deeper investigation into the needs of French-speaking communities will be crucial going forward.

- Children and youth from Northern, rural and remote areas also have unique needs to consider. These youth are frequently placed in residential programs many kilometers away from home. In these cases, programs must emphasize greater family and community engagement opportunities through innovative telecommunication means. Community reintegration strategies must address the challenges associated with being isolated from one's home and community for long periods of time. More work to ensure the needs and realities of Northern populations are reflected in the model must be undertaken.

Next Steps

- Work must be undertaken to ensure that the perspectives of diverse populations across diverse geographies are included and represented in the new approach.

Conclusion

Developing a model of intensive services for children and youth with complex needs and their families requires a comprehensive and sustained approach. The work must be supported by service providers and partners from across the many sectors that comprise our provincial system of care for children and youth. The model and supporting policy and program elements presented here represent the views and advice of the many experts who participated in this work. But the work is not done. More work is needed, in particular, to ensure that the needs of specific groups of children, youth and families are met and that these individuals are given an equitable opportunity to succeed. And while change takes time, the children who need treatment today do not have the luxury of waiting. In the words of one youth, "3 years and closed waitlists are pretty unacceptable when you really, really need treatment".

Leadership is needed now to improve our system. Leadership is needed both within our sector and at all levels of government. Service providers must lead by letting go of historical approaches, embracing new ways of thinking and incorporating outcome measurement into their practices. The Ministry must lead by building the legislative framework needed to sustain a new system and by removing barriers that prevent service providers from moving to new models of treatment. Finally, government as a whole must lead by investing in the true costs associated with these changes. Together we have an immediate and important opportunity to engage in a collective process of change that will yield real improvement in the lives of those who need it most.

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Appendix A: Children's Mental Health Ontario's Residential Steering Committee

Josée Belanger	NEOFACS
Mary Broga	Hôtel-Dieu Grace Healthcare
Cathy Paul (Chair)	Kinark Child and Family Services
Kathy Neff	Roberts/Smart Centre
Debbie Schatia	Turning Point Youth Services
Deb Young	Haldimand-Norfolk REACH

Appendix B: Definitions

Complex/Severe Mental Health Needs: Children and youth with complex mental health needs generally have a diagnosable mental illness or demonstrate significant mental health impairment, often manifested by highly aggressive and/or self-harming behaviour, high suicide risk and/or significant symptoms requiring 24-hour supervision. Complex mental health needs may also be compounded by a lack of constructive family support in cases where families have exceptional needs. These cohorts of clients are typically those who require treatment at levels 3 and 4, as outlined by the continuum of need in presented in MCYS's *Core Services and Key Processes* document.

Residential Care: An out-of-home placement that provides safety, care and/or protection to children and youth who are unable to remain in a home environment. Although care-oriented placements may offer access to mental health treatment, treatment is not the primary focus of the placement.

Residential Treatment: An out-of-home placement that provides intensive mental health treatment to those with severe and/or complex mental health needs – including 24-hour supervision, as well as clearly defined levels of clinical supports and structures. Treatment and recovery are the primary reasons for the placement.

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Intensive Non-Residential Treatment: Intensive mental health treatment for children and youth with severe and/or complex mental health needs that is delivered in home-based environments. This could involve in-home intensive interventions, expanded day-treatment, or a mixed-model approach. Interventions typically prioritize the involvement of the family in the child's recovery (see section on Alternatives to Residential Treatment).

System of Care for Child and Youth Mental Health: A continuum of mental health and other support services that meet the needs of children, youth and families in a coordinated and systematic way.

Family: Traditional and/or non-traditional units that provide care and support to children and youth in home-based environments, includes caregivers who may be birth parents, adoptive parents, foster parents and other kinship arrangements.

Appendix C: What Would a Tiered System of Residential Treatment Look Like?

A tiered system of residential services would be organized based on the level and intensity of programs delivered by service providers. The first tier would consist of residential group homes that meet the pressing needs of children and youth who cannot live at with their families, but where therapeutic treatment is not a focus. The support provided at a tier 1 group home meets their basic needs (e.g., food, shelter, safety), but is not treatment focused. The tiers that follow (tiers 2, 3, 4, and 5, for example) could provide increasingly specialized treatment for a range of children and youth with complex mental health issues or illness along a continuum. The staffing ratios, composition of interdisciplinary teams, and intensity of treatment programs would differ from one level to the next. Intensity of services would be added or removed based on the needs of the child at each stage during the treatment process – ensuring that service providers are equipped to deliver treatment at more than one level or tier to ensure transitions between physical locations are not required.

Geographical Considerations

A provincial model of care must be built to ensure that the right services are available for families equitably across the province. As the population of children and youth needing the most specialized services is estimated to be smaller, it makes sense that the lower tiers would serve more children and the higher tiers would serve fewer children. It may be more efficient for some tiers to be provided provincially or regionally rather than in each community. The availability of specialized staff will play an important role in the location of the regional hubs. It is important to note that the GTA is already serving as an undesignated regional hub as rural and northern communities advise that children and youth are regularly sent to residential programs in the south. This has planning implications for the lead agency in Toronto. In addition, service area population, needs and characteristics are substantially different and should be considered during planning.

Licensing Considerations

Standards of treatment for each tier should be developed along with appropriate clinical staffing complements (including the composition of the clinical staff as well as appropriate staff ratios). This would be the basis for both a licensing system and a system of tiered accreditation to ensure that levels of service, once established, are maintained.

Funding Considerations

To effectively support a tiered system of residential treatment, funding would flow based on the actual costs incurred by service providers to deliver the appropriate levels of service for each individual.

As costs are driven largely by the number of staff in a residential program, a more precise calculation of the costs to provide the services can be driven in a tiered system. The tiers serving the most complex children and youth will need lower staff ratios, greater clinical oversight and specialized staff. Therefore staffing costs at higher tiers would be higher per client. Lower tiers would have higher staff ratios and fewer clinical staff, therefore funding streams would be lower per client. In a tiered system, changes to the physical structure and layouts of residential buildings would also need to be incorporated.

A tiered system would not necessarily result in higher costs to government, though further modelling is needed. If the status quo is maintained, resources will continue to be wasted by taking a trial and error approach, and by providing long-term care where intensive treatment is warranted – resulting in relapse or worsening conditions. Instead, resources should be reinvested using a more systematic approach to provide the right kind of treatment to complex children and youth from the outset.

1 New England Journal of Medicine – Trends in Mental health Care among Children & Adolescents – May 2015
2 CIHI, Care for Children and Youth with Mental Health Disorders, May 2015 – Ontario figures provided by CIHI
3 MOHLTC, 2015