

Section 7

Update on the implementation of
recommendations from:

**The Child and Youth Mental Health Plan:
A Promising Start to an Urgent Need –**

June 2007

October 2008

Response from the Ministry of Children and Family Development

September 3, 2008

Ref: 176842

John Doyle
Auditor General
Office of the Auditor General
of British Columbia
8 Bastion Square
Victoria BC V8V 1X4

Dear Mr. Doyle:

I am pleased to provide the progress report on implementation of the recommendations within *The Child and Youth Mental Health Plan: A Promising Start to an Urgent Need*. The ministry continues to make progress on these recommendations, with many of them being substantially or fully completed.

The Ministry of Children and Family Development's *Strong, Safe and Supported: Operational Plan* which was developed in 2008 will guide increased effectiveness, efficiency and accountability for supports and services for children, youth and their families served by the ministry. In addition, the ministry has appointed an Assistant Deputy Minister for Quality Assurance who will lead regular internal and external evaluations to ensure that minimum standards are met and sustained. The ongoing delivery of evidence-based training, including Dual Diagnosis (mental disorder and developmental disorder) training, is moving us closer to ensuring that evidence-based practice is implemented across the regions. The FRIENDS program continues to be well received in school districts. Recent consultations with school districts will assist the ministry to better understand key factors that influence the uptake and sustainability of FRIENDS in school districts, and an action plan will be developed by September 30, 2008.

The Child and Youth Mental Health Plan for BC Progress Report was announced by the Minister on May 20, 2008, and this information is now available to the public. The ministry has recently completed the consultation on the review of the Child and Youth Mental Health (CYMH) Plan, and the report will be completed by Fall 2008. The review includes surveys, focus groups, and individual interviews with key stakeholders. This review will identify how the CYMH Plan has impacted the mental health service system in serving Aboriginal and non-Aboriginal children and youth and their families. It will also identify remaining gaps in mental health programs and services, and will recommend next steps in order to continue to build on the work already accomplished through the plan.

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Response from the Ministry of Children and Family Development

The ministry remains committed to working collaboratively with our partners to realize the common goal of improved mental health outcomes and optimum opportunities for healthy development for children and youth in British Columbia.

Sincerely,

ORIGINAL SIGNED BY

Lesley du Toit

Deputy Minister

Enclosures (2)

fc: Correspondence Management
ADM's Office, Integrated Policy and Legislation
Executive Director, Child, Youth and Family Policy
Director, Child and Youth Mental Health

SUMMARY OF STATUS OF IMPLEMENTATION BY RECOMMENDATION
The Child and Youth Mental Health Plan: A Promising Start to Meeting and Urgent Need
 As at June 2008

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Self-Assessed Implementation Status			
	Fully	Substantially	Partially	No Action
Child and Youth Mental Health Plan				
1. The ministry ensure that clinical staff clearly understands the ministry's policy on treating patients with both a mental disorder and a developmental or learning disorder to ensure a consistent approach across the province.	X			
Organization Changes to Integrate Services				
2. The ministry: <ul style="list-style-type: none"> • Ensure that adequate accountability mechanisms continue to exist between the ministry's regional operations and the provincial office so that plan objectives remain a priority, at least during the final year of implementation • Ensure that there continues to be a strong ministry leadership for child and youth mental health services; • Address stakeholder concerns about the reorganization; and • Begin forming new strategies that will build on the accomplishments achieved under the province's first Child and Youth Mental Health plan 	X			
Coordinated Approaches On All Levels to Address Deficiencies				
3. The ministry develop a clear strategy to bring about meaningful inter-sectoral collaboration, particularly with physicians.			X	

Auditor General's Recommendations	Self-Assessed Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
Planning and Monitoring Implementation					
The ministry:					
4. To improve implementation of the initiatives, we recommend the ministry: <ul style="list-style-type: none"> • Ensure that all clinicians receive core, evidence-based practices training, that clinical supervisors consistently review staff application of the concepts, and that evidence-based practice parameters be integrated into services; • Develop school-based FRIENDS champions in under-represented regions, develop strategies to mitigate key risks and establish mechanisms to monitor penetration of the program throughout the province; and • Take steps to increase staff acceptance of the Brief Child and Family Phone Interview clinical intake screening tool. 		X			
Reporting to the Legislative Assembly and the Public					
The ministry:					
5. To improve accountability for the Child and Youth Mental Health Plan, we recommend the ministry: <ul style="list-style-type: none"> • Report to the Legislative Assembly and the public on the plan's implementation progress; and • Develop an approved accountability framework capable of evaluating the plan's impact on patient outcomes 	X				X

PROGRESS ON IMPLEMENTING THE RECOMMENDATIONS ON

The Child and Youth Mental Health Plan: A Promising Start to Meeting and Urgent Need at July 2008

(Please provide the information noted below)

Cover Letter:

This should include a signed representation that the enclosed self-assessment has been reviewed and approved by the Deputy Minister or equivalent.

General comments about progress since the report release June 2007: (one to two paragraphs)

Progress on each Recommendation

OAG Key Recommendations	Actions Taken Since Report Issued	Results of Actions and Actions planned (with information on implementation)	Self-Assessed Status F/S/P/AA/NA ¹
The Child and Youth Mental Health Plan			
<p>Recommendation 1: The ministry ensures that clinical staff clearly understands the ministry's policy on treating patients with both a mental disorder and a developmental or learning disorder to ensure a consistent approach across the province.</p> <p><i>Actions taken at June 2007: The ministry's Expert Table on Dual Diagnosis (mental and developmental disorders) recommended providing training to better equip CYMH staff to work with children and youth with co-occurring mental illness and disabilities and their families, and to improve collaboration with other professionals. This training will contribute to clearer policy direction on providing services to this population and build capacity to do so. Curriculum is currently under development.</i></p> <p>Actions planned: Training in the area of dual diagnosis is planned for Spring of 2008.</p>	<ul style="list-style-type: none"> Dual Diagnosis (DD) training was delivered in March 2008. Group clinical consultation through videoconference is being planned for early 2009. 	<ul style="list-style-type: none"> Staff who participated in the DD training enhanced their knowledge and skills, which will be shared with local teams. Improved expertise in DD throughout the province has strengthened community capacity to work effectively with children and youth 	<p>F</p> <p>S</p>

¹ F or S – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
NA – No substantial action has been taken to address this recommendation

Response from the Ministry of Children and Family Development

OAG Key Recommendations	Actions Taken Since Report Issued	Results of Actions and Actions planned (with information on implementation)	Self-Assessed Status F/S/P/A/NA ¹
<p>Organization Changes to Integrate Services</p> <p>Recommendation 2.1: The ministry ensures that adequate accountability mechanisms continue to exist between the ministry's regional operations and the provincial office so that plan objectives remain a priority, at least during the final year of implementation.</p> <p><i>Actions taken at June 2007: Each region submits a monthly status report in any circumstance when the region has made a decision to vary or change the approved CYMH plan. Currently, these reports are reviewed by both the CYMH policy area and the Regional Support Secretariat.</i></p> <p><i>Actions planned:</i> The ministry is currently developing a Quality Assurance Framework which will be presented to the MCFD Leadership Team by the end of June 2007. Specific outcomes for children and youth receiving mental health services will be included.</p>	<ul style="list-style-type: none"> The Ministry of Children and Family Development (MCFD) <i>Strong, Safe and Supported: Operational Plan</i> was developed in 2008. A comprehensive strategy for monitoring and reporting on child and youth outcomes is being planned for early 2009 in conjunction with other ministry partners. Preliminary outcome data is available from the Brief Child and Family Phone Interview (BCFPI). An accountability framework for the Child and Youth Mental Health Plan, developed in the form of a program logic model, was approved by the Assistant Deputy Minister, Provincial Services, in February 2006. The framework identifies key implementation strategies, expected outputs and outcomes. Intended outcomes are specified at both the client and system level. On behalf of MCFD, CYMH, the Children's Health Policy Centre 	<ul style="list-style-type: none"> This document will guide increased effectiveness, efficiency and accountability for supports and services for children, youth and their families served by the ministry. Additional information will be available when the implementation of CARIS is completed and CARIS reports become available. Additional work is required to more fully implement the program logic model across all regions Much of this data has not yet been made available to CHPC and this is being addressed at a 	<p>P</p> <p>P</p> <p>P</p> <p>P</p>

Response from the Ministry of Children and Family Development

OAG Key Recommendations	Actions Taken Since Report Issued	Results of Actions and Actions planned (with information on implementation)	Self-Assessed Status F/S/P/A/NA ¹
	(CHPC) at Simon Fraser University is working on a monitoring project to measure trends in the mental health of children in British Columbia using data from MoH, MoEd, Pharmacare etc.	senior management level.	
<p>Recommendation 2.2: The ministry ensures that there continues to be a strong ministry leadership for child and youth mental health services.</p> <p><i>Actions taken at June 2007:</i> There will continue to be strong leadership for CYMH provincially and regionally. Although there may be structural differences between regions, each region has identified continued CYMH leadership as a priority. The hiring of additional CYMH Team Leaders as part of implementation of the CYMH Plan has increased leadership at the community level.</p> <p><i>Actions planned:</i> No further action is planned.</p>	<ul style="list-style-type: none"> Provincial leadership continues to be provided by the Leadership Team. Directors of Operations, Directors of Integrated Practice, and Community Service Managers continue to collaborate and play a pivotal role in the leadership and decision making regarding CYMH. 	<ul style="list-style-type: none"> All regions work to ensure CYMH leadership is a priority of the regional management team. 	<p>S</p> <p>P</p>
<p>Recommendation 2.3: The ministry addresses stakeholder concerns about the reorganization.</p> <p><i>Actions taken at June 2007:</i> Many key CYMH stakeholders are members of the CYMH Network, which continues to meet three times per year. The Network has provided a forum for these stakeholder representatives to air concerns and develop solutions. In many regions, regional CYMH Networks have provided a similar function.</p> <p><i>Actions planned:</i> MCFD will continue to consult with the network and other stakeholder groups as required.</p>	<ul style="list-style-type: none"> The CYMH Review has provided an opportunity for stakeholders to express any current concerns or recommendations they may have with regard to the delivery of child and youth mental health services. The CYMH Network continues to meet regularly 	<ul style="list-style-type: none"> Consultations were completed end of July 2008, and the report will be available in October 2008. The Network will meet in September 2008 to review priorities and develop a workplan. 	<p>S</p> <p>S</p>

OAG Key Recommendations	Actions Taken Since Report Issued	Results of Actions and Actions planned (with information on implementation)	Self-Assessed Status F/S/P/A/NA ¹
<p>Recommendation 2.4: The ministry begins formulating new strategies that will build on the accomplishments achieved under the province's first Child and Youth Mental Health plan.</p> <p><i>Actions taken at June 2007: The CYMH Network and the External Advisory Committee on Child and Youth Mental Health continue to meet regularly.</i></p> <p><i>Actions planned (including timeframes): By the end of 2008, MCFD will conduct a systemic review of services for children and youth with, or at risk of developing, mental illness that examines accomplishments, progress to date, gaps in service, and next steps. New strategies will continue to be developed as MCFD continues to improve and integrate services.</i></p>	<ul style="list-style-type: none"> The CYMH Review has been completed and includes surveys, focus groups and individual interviews with key stakeholders in May, June and July 2008. The report will be completed by October 2008. 	<ul style="list-style-type: none"> New strategies will be developed following a review of the report by the ministry in collaboration with community partners. 	P
<p>Coordinated Approaches On All Levels to Address Deficiencies</p>			
<p>Recommendation 3: The ministry develops a clear strategy to bring about meaningful inter-sectoral collaboration, particularly with physicians.</p> <p><i>Actions taken at June 2007: Inter-sectoral collaboration across government ministries and offices is achieved through the Child and Youth Mental Health Network. Collaboration with physicians specifically has occurred in relation to individual projects such as the dissemination of self-help and other resources through the College of Family Physicians of BC, physician input on expert advisory tables, and Ministry participation in a BCMAI government committee to develop clinical practice guidelines for general practitioners. At the outset of the Child and Youth Mental Health Plan, more active involvement of the medical community was envisioned as a means of fostering linkages between primary health care and community-based child and youth mental health services. Ongoing engagement of professional medical organizations has proven very challenging, in part because most of the physician initiatives and incentives to improve mental health care in general practice are initiated and coordinated through the Ministry of Health. As yet, there is no formal channel for MCFD to collaborate in these endeavours.</i></p> <p><i>Actions planned: Senior executives from MCFD will continue to reinforce the importance of inclusion of CYMH in primary health care initiatives that influence how physicians practice in relation to children with mental illness and their families. In particular, effort will be made to ensure a focus on children's mental health is part of a new proposed physician fee incentive to encourage improved</i></p>	<ul style="list-style-type: none"> Physicians have been included through participation in Expert Tables as part of the CYMH Plan, contributions to training initiatives and participation in training opportunities. More action is required to engage physicians, for example, in relation to primary health care initiatives. 	<ul style="list-style-type: none"> With the conclusion of the expert tables, an ongoing vehicle for participation by physicians has not yet been determined. There is an ongoing challenge in engaging physicians and potential strategies need to be explored. MCFD will be meeting with the Ministry of Health to discuss issues including the physician fee structure. 	P

OAG Key Recommendations	Actions Taken Since Report Issued	Results of Actions and Actions planned (with information on implementation)	Self-Assessed Status F/S/P/A/A/NA ¹
<p><i>mental health care planning.</i></p>			
Planning and Monitoring Implementation			
<p>Recommendation 4.1: The ministry ensures that all clinicians receive core, evidence-based practices training, that clinical supervisors consistently review staff application of the concepts, and that evidence-based practice parameters be integrated into services.</p> <p><i>Actions taken at June 2007:</i> To date, over two-thirds of clinicians have taken at least one evidence-based clinical training course since inception of the CYMH Plan; one quarter of clinicians have taken two or more of the four core training components. A plan for continued training in fiscal year 2007/08 has been developed in conjunction with CYMH regional transition managers. To reinforce application of new evidence-based principles in practice, three training sessions on supervision skills were held for clinical supervisors in Fall of 2006 and will be repeated in Fall of 2007.</p> <p>Actions planned: A policy is currently under development that establishes evidence-based training as the standard in CYMH and that identifies training that is considered "core". A gap analysis will be carried out by April 2008 to determine additional needs for core training. On the basis of this analysis, a training plan for 2008/2009 will be prepared to address the additional evidence-based and other core training requirements. Further, new information systems will permit tracking of rates of evidence-based interventions in clinical practice will be routinely tracked beginning in 2008/2009.</p>	<ul style="list-style-type: none"> • The delivery of "core" evidence-based training has continued through 2008/2009, including cognitive behavioral therapy, dialectical behavior therapy, interpersonal psychotherapy, infant mental health, dual diagnosis, suicide, aboriginal cultural sensitivity, and clinical supervision. • An inventory of completed training has been completed in summer 2008 to assist in determining future training priorities. • The CYMH training plan for 2008/09 has been developed in conjunction with CYMH Regional Managers/Consultants and in consultation with MCFD Learning and Development and the Regional Support Council. • An issue paper related to ongoing 	<ul style="list-style-type: none"> • Evidence based practice is being more consistently implemented across the regions. • To further support the implementation of specialized clinical approaches, clinical supervisors will receive supervision training related to specific treatment modalities during 2008/2009. • Ongoing training is planned for this fiscal based on identified priorities in the training plan. 	<p style="text-align: center;">S</p> <p style="text-align: center;">S</p> <p style="text-align: center;">F</p>

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<p>Recommendation 4.2: The ministry develops school-based FRIENDS champions in under-represented regions, develops strategies to mitigate key risks and establishes mechanisms to monitor penetration of the program throughout the province.</p> <p><i>Actions taken at June 2007:</i> A FRIENDS liaison in each school district has been appointed. In addition to assistance with program communications and coordination of local training events, these individuals help to promote the program with teachers in their district. Given the limited uptake in Greater Victoria school districts, the FRIENDS Consultant/trainer has met with the three CYMH teams in Victoria so that clinicians within these teams may also act as champions for the program and be available to teachers as a local resource. In addition, communication was sent to all British Columbia Superintendents and elementary school principals emphasizing the value of FRIENDS in the classroom and reiterating that FRIENDS addresses Ministry of Education prescribed learning outcomes for social responsibility. It is hoped that these efforts will result in district level commitment to the program.</p> <p><i>Actions planned:</i> The FRIENDS Consultant/trainer will meet FRIENDS liaison personnel from large urban districts, such as Surrey, Vancouver and Victoria by November 2007 to identify strategies to improve elementary school participation in the program in urban centres for the 2007/2008 school year. In school districts that have mandated FRIENDS delivery in all elementary schools, Ministry staff will explore the factors responsible for greater program support and work with other districts to promote factors which facilitate uptake. This will also be completed in fall of the 2007/2008 school year.</p> <p><i>Actions taken at June 2007:</i> The FRIENDS program has included funding in the 2007/2008 budget to cover costs of all program materials (Leaders Manual and Student Workbooks) for teachers and students. MCFD has covered these costs since the program was launched in 2004 and recognizes that this is a key component to the success of the program.</p>	<p>CYMH training needs has been developed to facilitate training planning and implementation in the regions.</p> <ul style="list-style-type: none"> FRIENDS liaisons continue to represent and champion the program in each district. Consultations with urban districts and focus groups were conducted to better understand key factors that influence the uptake and sustainability of FRIENDS in school districts. Review of the focus groups results will be completed by July 31, 2008 and an action plan will be developed. Joint communications with the Ministry of Education are sent to Superintendents, Principals and Special Education Coordinators at the beginning and end of each school year. 	<ul style="list-style-type: none"> Parent liaisons are becoming more involved in the FRIENDS program through the parent training component and they are working with schools to champion and support the program. Focus Group process is complete. Due to challenges of connecting with school personnel at the end of the school year and also holidays, the review of the focus group results and an action plan will occur by September 30, 2008. Joint communications were sent out in June 2008 with more to follow in September, 2008. 	<p>F</p> <p>P</p> <p>F</p>

Response from the Ministry of Children and Family Development

OAG Key Recommendations	Actions Taken Since Report Issued	Results of Actions and Actions planned (with information on implementation)	Self-Assessed Status F/S/P/AA/NA ¹
<p>Actions planned: MCFD will continue to cover the costs of all program materials for schools participating in the program. Regarding the risk of an increase in teacher coverage costs, the FRIENDS program will work with each FRIENDS school district liaison to deliver the one-day FRIENDS training during district professional development days, when possible, and offer late afternoon/evening trainings upon request, thereby avoiding the need for the district to incur salary replacement costs.</p> <p>Actions taken at June 2007: To date, program penetration throughout the province has been roughly tracked on the basis of teacher participation in training events and the number of manuals and workbooks ordered by schools. Recognizing the limitations of this, the Ministry, in collaboration with academic research partners and BC Stats, created a program evaluation team to design a valid approach to monitoring program implementation and program impact.</p> <p>Actions planned (including timeframes): By the end of this school year, BC Stats will conduct a survey of teachers who participated in FRIENDS training to ascertain where the program is being delivered. This implementation mapping exercise will be completed by August 31, 2007.</p>	<ul style="list-style-type: none"> Over 90% of school districts have participated in the FRIENDS program to date, including many independent schools and the First Nations Schools Association schools. Program materials have been translated into French and will be available for use in September 2008. The FRIENDS Youth program, targeted at grade 7, will be introduced in 2008/2009, and will be reviewed at the end of school year. The FRIENDS Aboriginal research project will be completed by June 30, 2008, with a related plan by July 31, 2008. 	<ul style="list-style-type: none"> A plan will be developed to establish a formal partnership with Ministry of Education regarding mental health promotion and supporting school-based prevention programs such as FRIENDS. A French trainer from School District #93 has joined the FRIENDS training team and will deliver the FRIENDS training in the French language to French teachers/school personnel from SD#93 and French immersion schools, thus increasing the reach of the program to French speaking elementary students. To date, 24 youth trainings have been scheduled province-wide in the 2008/2009 school year. MCFD will provide resources for up to 30 trainings during the first year of rolling out the Youth version. There was a delay in the completion of the research report due to staffing challenges and therefore an extension was 	<p>AA</p> <p>F</p> <p>S</p> <p>P</p>

Response from the Ministry of Children and Family Development

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	<ul style="list-style-type: none"> An effectiveness evaluation of the FRIENDS program with British Columbia students will begin in 2008/2009. Meetings will be held with CYMH Regional Managers and Consultants in summer and fall 2008 to develop a plan to increase involvement of CYMH staff with the FRIENDS program in school settings. MCFD is continuing to cover the cost of all program materials for schools participating in the program. Additionally this year, the FRIENDS program will cover the costs for a maximum of 30 FRIENDS Youth trainings (Grade 7) as well as program materials for those trained teachers and their students. To reduce teacher coverage costs, the FRIENDS program will continue to work with each FRIENDS school district liaison 	<p>provided. A plan will be completed by September 30, 2008</p> <ul style="list-style-type: none"> In addition to an effectiveness evaluation, implementation of a program monitoring system will be considered. Meetings will be set up with key evaluators in the Fall. A meeting in July took place and another will follow in the Fall. MCFD is providing FRIENDS program materials to CYMH clinical teams who are using the program individually or in groups. This will increase the use of FRIENDS by clinicians who can thereby support teachers/school personnel who are using the program in the school setting. Cooperation between the FRIENDS program and school district liaisons continues. 	<p>P</p> <p>P</p> <p>S</p> <p>F</p>

Response from the Ministry of Children and Family Development

OAG Key Recommendations	Actions Taken Since Report Issued	Results of Actions and Actions planned (with information on implementation)	Self-Assessed Status F/S/P/A/NA ¹
<p>Recommendation 4.3: The ministry take steps to increase staff acceptance of the Brief Child and Family Phone Interview clinical intake screening tool.</p> <p><i>Actions taken at June 2007:</i> Consistent with best practice, MCFD has established use of the Brief Child and Family Phone Interview (BCFPI) as the standard screening tool for CYMH. The ministry acknowledges there have been some growing pains as practice shifts to incorporate use of the BCFPI, and has taken steps to solve immediate problems and establish processes for addressing future ones. Specific measures have included holding a forum, attended by all CYMH Clinical Supervisors, was held in February 2006 to review field experience with the BCFPI and address any emerging issues. Individual consultation with regional staff including intake workers is currently underway. From these consultations, a BCFPI Reference group is being created as a problem solving resource for BCFPI users.</p> <p>Actions planned: Consultation with regional staff regarding BCFPI implementation will be</p>	<p>to deliver the training during district professional development days, when possible, and will offer late afternoon/evening trainings upon request.</p> <ul style="list-style-type: none"> In 2006/2007 the Ministry, in collaboration with academic research partners and BC Stats, conducted a Feedback Survey designed to measure FRIENDS training levels, teacher satisfaction and program uptake with 551 teachers/counselors who received FRIENDS training during the 2006/2007 year. 	<ul style="list-style-type: none"> Among the 228 teachers (44%) who responded, 80% had offered FRIENDS in the classroom. 88% of those teachers who were delivering the program felt FRIENDS had benefitted their students. This survey, in addition to the results of the Focus Groups, will contribute to the framework for future monitoring and planning. 	F
<p>Recommendation 4.3: The ministry take steps to increase staff acceptance of the Brief Child and Family Phone Interview clinical intake screening tool.</p> <p><i>Actions taken at June 2007:</i> Consistent with best practice, MCFD has established use of the Brief Child and Family Phone Interview (BCFPI) as the standard screening tool for CYMH. The ministry acknowledges there have been some growing pains as practice shifts to incorporate use of the BCFPI, and has taken steps to solve immediate problems and establish processes for addressing future ones. Specific measures have included holding a forum, attended by all CYMH Clinical Supervisors, was held in February 2006 to review field experience with the BCFPI and address any emerging issues. Individual consultation with regional staff including intake workers is currently underway. From these consultations, a BCFPI Reference group is being created as a problem solving resource for BCFPI users.</p> <p>Actions planned: Consultation with regional staff regarding BCFPI implementation will be</p>	<ul style="list-style-type: none"> Implementation consultations with Regional Managers/Consultants, clinical supervisors, and intake staff completed in all five regions, in fiscal year 2007/2008. Feedback and recommendations were incorporated into policy development and local procedural recommendations, and will be considered in the next software upgrade (BCFPI 4.0--Aug. 2008). An Intake Policy Reference Group 	<ul style="list-style-type: none"> Regional feedback and recommendations regarding software performance and user satisfaction were communicated to BCFPI, Inc. The BCFPI 4.0 software upgrade release slated for July 2008 was delayed due to lack of compatibility within the CARIS application. The new projected release of BCFPI 4.0 is early spring 2009. The provincial policy team is in 	P

OAG Key Recommendations	Actions Taken Since Report Issued	Results of Actions and Actions planned (with information on implementation)	Self-Assessed Status F/S/P/A/NA ¹
<p>completed by September 2007 resulting in recommendations to the Ministry. BCFPI Aggregate Reports are currently under development. Access to these reports will substantially improve the ability to understand current CYMH usage and to plan future services at the local, regional and provincial level. These reports will be available July 2007.</p>	<p>was formed to develop intake policy and clarify the role of the BCFPI in the context of intake.</p> <ul style="list-style-type: none"> All BCFPI single-case, comparative, and aggregate reports are fully functional allowing all levels of the organization, from policy and management to supervisors and line staff, access to all levels of data for outcome & service delivery analysis. Additionally, reports will allow analysis of shifts in intake prevalence rates, local and regional differences in presenting problems, trends, and specific gaps in service delivery. Full implementation of the BCFPI has been negatively impacted by technical infrastructure difficulties related to the implementation of the new Community and Residential Information System (CARIS). These problems have interfered with clinician access to the BCFPI and the consistent use of the follow-up survey and use of reports. 	<p>the final stages of revision of the Intake Policy.</p> <ul style="list-style-type: none"> CYMH continues to test all reports within BCFPI for functionality and accuracy of data. Implementation targets were communicated to operational staff by provincial office and regional CYMH managers and consultants. Communications have occurred with operational staff regarding completion of Follow-Up Surveys to inform service outcome studies. A recent BCFPI provincial survey, as part of the CYMH Review, provided an opportunity for Team Leaders and provincial office to collaborate in the Follow-Up Survey process. Technical problems ranging from server and bandwidth issues, to security and software issues have negatively affected the performance of CARIS and BCFPI. Problems continue to occur, though the frequency has dropped considerably. Because of these challenges the number of BCFPI screening interviews 	<p style="text-align: center;">S</p> <p style="text-align: center;">P</p> <p style="text-align: center;">P</p>

OAG Key Recommendations	Actions Taken Since Report Issued	Results of Actions and Actions planned (with information on implementation)	Self-Assessed Status F/S/P/AA/NA ¹
	<ul style="list-style-type: none"> Further consultation sessions are being planned in each region to improve the use of aggregate reports and implementation of the follow-up survey to measure service outcomes. 	<p>has fallen significantly in some areas. Provincial BCFPI reports were sent to regional CYMH managers/ consultants for review and planning.</p> <ul style="list-style-type: none"> In 2008/2009 regions will receive training in the use/interpretation of BCFPI data and will target Team Leaders, Regional Managers/ Consultants, and selected Community Services Managers. There are provisions for phone based training and support to all regions. <p>Provincial office will establish quarterly reporting protocols for the regional offices defining demographic and population shifts, service delivery and outcome studies, and service gaps within specialized populations. Strategies are being discussed at the CYMH regional table to increase compliance in completing screening interviews and use of BCFPI in intake meetings, aggregate data for service planning, and for pre-service groups on waitlists, and Follow-up Surveys.</p>	P

OAG Key Recommendations	Actions Taken Since Report Issued	Results of Actions and Actions planned (with information on implementation)	Self-Assessed Status F/S/P/A/NA ¹
<p>Reporting to the Legislative Assembly and the Public</p> <p>Recommendation 5.1: The ministry reports to the Legislative Assembly and the public on the plan's implementation progress.</p> <p><i>Actions taken at June 2007:</i> A report on implementation of the CYMH Plan was submitted to Treasury Board in September 2006. This report was prepared after only one full year of base funding and hence does not provide a complete assessment of implementation progress.</p> <p><i>Actions planned:</i> At this time, there has been no request for the Ministry to submit an implementation progress report to the Legislative Assembly. A summary report for external stakeholders and the public based on the report to Treasury Board is underway and will communicate progress in relation of key CYMH Plan strategies. The report is expected to be completed by October 1, 2007.</p>	<ul style="list-style-type: none"> The CYMH Progress Report was announced by the Minister on May 20, 2008. The report is available on the CYMH website and was distributed by mail to key stakeholders. A more detailed report will be produced following completion of the CYMH Review of the implementation of the CYMH Plan and the impact on the system of mental health services for children and youth. 	<ul style="list-style-type: none"> Information about the Child and Youth Mental Health Plan is available to the public. The CYMH Review will be available in October 2008 	<p>F</p> <p>S</p>

OAG Key Recommendations	Actions Taken Since Report Issued	Results of Actions and Actions planned (with information on implementation)	Self-Assessed Status F/S/P/AA/NA ¹
<p>Recommendation 5.2: The ministry develops an approved accountability framework capable of evaluating the plan's impact on patient outcomes.</p> <p><i>Actions taken at June 2007:</i> An accountability framework for the Child and Youth Mental Health Plan, developed in the form of a program logic model, was approved by the Assistant Deputy Minister, Provincial Services, in February 2006. The framework identifies key implementation strategies, expected outputs and outcomes. Intended outcomes are specified at both the client and system level.</p> <p>Actions planned: Client outcome data can be generated once the Brief Child and Family Phone Interview (BCFPI) and the Community and Residential Information System (CARIS) are fully implemented. These administrative systems will provide information on clients' clinical and functional status at intake and discharge and thus yield treatment outcome data for children served through community-based child and youth mental health services. In addition to reporting on outcome for children and families who are recipients of CYMH services, population level mental health status information will be acquired and reported annually through a monitoring project led by the Children's Health Policy Centre at Simon Fraser University.</p>	<ul style="list-style-type: none"> The Ministry has appointed an ADM for Quality Assurance BCFPI data will allow preliminary analysis, however follow-up surveys have not been consistently implemented due in part to Information Systems infrastructure difficulties. Children's Health Policy Centre at Simon Fraser University continues to work on the Monitoring Project; however, much of the required data has not yet been made available for analysis. 	<p>The ADM for Quality Assurance will work with program areas to develop an accountability framework.</p> <p>As the technical difficulties are addressed we expect to see improved completion of BCFPI surveys</p> <p>This is being addressed at a senior management level</p>	<p>P</p> <p>P</p> <p>P</p>

