

## Section 3

Update on the implementation of  
recommendations from:

**The Child and Youth Mental Health Plan:  
A Promising Start to an Urgent Need  
(2nd follow-up)**

June 2007

October 2009



# Response from the Ministry of Children and Family Development

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SEP 29 2009

Ref: 188101  
X-Ref: 187732

Norma Glendinning  
Assistant Auditor General  
Office of the Auditor General  
of British Columbia  
8 Bastion Square  
Victoria BC V8V 1X4

Dear Ms. Glendinning:

In follow up to our letter of September 16, 2009, I am forwarding the final update on the Ministry of Children and Family Development's progress in implementing the recommendations contained within *The Child and Youth Mental Health Plan: a Promising Start to an Urgent Need*. The ministry has made further advancements since our last report to you in the Fall of 2008, and details of this are outlined in the two attached documents: Progress In Implementing Recommendations and Summary of Status of Implementation by Recommendation.

The Ministry of Children and Family Development (MCFD) will continue to work collaboratively with our partners to improve mental health supports and services for children, youth and their families in British Columbia. MCFD looks forward to providing leadership in the child and youth portion of the 10-year Mental Health and Substance Use Strategy, which will guide future directions for coordinated cross-government approaches across the lifespan.

Thank you for the opportunity to work with your office during the implementation of the Child and Youth Mental Health Plan. Our common goal of improved mental health outcomes and optimum opportunities for healthy development for children and youth in British Columbia can best be realized through these cooperative efforts across government and community.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Sieben".

Mark Sieben  
Chief Operating Officer

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Ministry of  
Children and Family  
Development

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Section 3

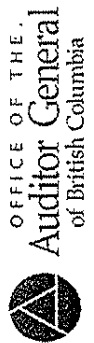


**SUMMARY OF STATUS OF IMPLEMENTATION BY RECOMMENDATION**  
*The Child and Youth Mental Health Plan: A Promising Start to Meeting and Urgent Need*  
 As at July 31, 2009

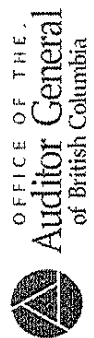
(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Self-Assessed Implementation Status			
	Fully	Substantially	Partially	No Alternative Action
<b>Child and Youth Mental Health Plan</b>				
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.	✓			
<b>Organization Changes to Integrate Services</b>				
2. The ministry: <ul style="list-style-type: none"> <li>• 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</li> <li>• Ensure that there continues to be a strong ministry leadership for child and youth mental health services</li> <li>• Address stakeholder concerns about the reorganization; and</li> <li>• Begin forming new strategies that will build on the accomplishments achieved under the province's first Child and Youth Mental Health plan</li> </ul>	✓			
<b>Coordinated Approaches On All Levels to Address Deficiencies</b>				
		✓		
		✓		

Auditor General's Recommendations	Self-Assessed Implementation Status			
	Fully	Substantially	Partially	Alternative Action / No Action
3. The ministry develop a clear strategy to bring about meaningful inter-sectoral collaboration, particularly with physicians.		√		



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







**PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM**

*The Child and Youth Mental Health Plan: A Promising Start to Meeting and Urgent Need*  
As at July 31, 2009

**General comments**

*Please provide an introductory statement summarizing progress since the Public Accounts Committee last discussed the report.*

**Progress by recommendation**

*For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.*

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
F	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.	
F	<b>Recommendation 2.1:</b> 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.	
F	<b>Recommendation 2.2:</b> The ministry ensures that there continues to be a strong ministry leadership for child and youth mental health services.	
S	<b>Recommendation 2.3:</b> The ministry addresses stakeholder concerns about the reorganization.	
S	<b>Recommendation 2.4:</b> The ministry begins forming new strategies that will build on the accomplishments achieved under the province's first Child and Youth Mental Health plan.	<ul style="list-style-type: none"> <li>▪ Key ministry and community stakeholders have been engaged in processes to identify priorities for collaborative planning and action based on feedback from the CYMH Review, consultations</li> </ul>

**Status**

- 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

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>released in January 2009. The Ministry of Children and Family Development is continuing to collaborate with key ministry and community partners to improve outcomes for children, youth and their families in British Columbia, including those experiencing mental health problems. The ministry is providing leadership in the development of the child and youth portion of a 10-year Strategy for Mental Health and Substance Use that will provide further supports and a coordinated cross-government approach across the lifespan.</p>	<p>for the development of government's strategy to address mental health and substance use, and review of current evidence and best practices. Further progress has been made in a number of priority areas already for example in relation to youth experiencing concurrent mental health and substance use problems, suicide prevention, intervention and postvention, and development of mechanisms to increase family input for systems improvements.</p> <ul style="list-style-type: none"> <li>▪ A cross-ministry response to the CYMH Review will be available to the public in fall 2009.</li> <li>▪ It is anticipated that government direction regarding timelines for the 10 year strategy will be provided in fall 2009.</li> </ul>
S	<p><b>Recommendation 3:</b> The ministry develops a clear strategy to bring about meaningful inter-sectoral collaboration, particularly with physicians.</p> <ul style="list-style-type: none"> <li>▪ The ministry is leading the development of a cross-ministry, integrated approach to service delivery for vulnerable children, youth and their families as articulated in <i>Strong, Safe and Supported: A Commitment to B.C.'s Children and Youth</i>.</li> <li>▪ Cross-ministry and cross-sectoral committees have been established to facilitate planning related to child and youth mental health and substance use with linkages to broader ministry and government planning.</li> <li>▪ MCFD and other ministry colleagues are partnering with physicians on projects that are consistent with current priorities including: work with Child Health BC to plan an ADHD knowledge exchange workshop; work with the BC Medical Association to develop training about child and youth mental health for primary care physicians.</li> </ul>	<ul style="list-style-type: none"> <li>▪ In progress.</li> <li>▪ The current committee structure has facilitated active collaborative planning with strong commitment across sectors that is ongoing and will continue to inform system improvements across the continuum of children's mental health supports and services.</li> <li>▪ The ADHD workshop is scheduled for January 2009.</li> <li>▪ The initial draft of the physician training material is expected to be complete by fall 2010.</li> </ul>
	<p><b>Recommendation 4.1:</b> The ministry ensures that all clinicians receive core, evidence-based practice parameters be integrated into services.</p>	<p>that clinical supervisors consistently review staff</p>

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
S		
	<b>Recommendation 4.2:</b> 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.	
S		
	<b>Recommendation 4.3:</b> The ministry take steps to increase staff acceptance of the Brief Child and Family Phone Interview clinical intake screening tool.	
F	<ul style="list-style-type: none"> <li>▪ Extensive training in the use of the BCFPI screening tool and related reports has been provided to clinical staff throughout the province.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The BCFPI is an integral component of the intake process within current child and youth mental health practice.</li> </ul>
	<b>Recommendation 5.1:</b> The ministry reports to the Legislative Assembly and the public on the plan's implementation progress.	
F		
	<b>Recommendation 5.2:</b> The ministry develops an approved accountability framework capable of evaluating the plan's impact on patient outcomes.	
S	<ul style="list-style-type: none"> <li>▪ MCFD has formed an Integrated Quality Assurance Team.</li> <li>▪ A cross-ministry, integrated approach to service delivery for vulnerable children, youth and their families is under development.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A cross program quality assurance framework is under development.</li> <li>▪ The cross-ministry framework will include outcome measures to monitor the well-being of children and youth in B.C., including their emotional/mental health.</li> </ul>

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NA – No substantial action has been taken to address this recommendation

