



**OPSEU CHILD TREATMENT SECTOR**  
*“Advocating for Workers Who Support Children and Families”*

Submission to the Select Committee on Mental Health and Addictions

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Dear Committee Members,

Thank-you for this opportunity to provide information to you as members of the Select Committee on Mental Health and Addictions. The Ontario Public Services Employee’s Union (OPSEU) represents approximately 3000 frontline workers who provide Children and Youth Mental Health Services in our communities including community based, hospital, and residential services. We offer you the perspective of those who each day strive to implement public policy and deliver quality services and supports for children youth and their families who live with mental health challenges.

For your review and consideration, we have attached a brief that OPSEU released in April 2005 entitled: “*Kids Matter: Rebuilding Children’s Mental Health Services in Ontario*”. For



the ten years preceding the release of “Kids Matter”, we, as frontline workers had been experiencing ever increasing difficulties in maintaining the comprehensive services that were built upon in the 1970’s and ‘80’s. We continue to believe that these difficulties can be attributed to frozen base/core budgets, increased use of targeted funding models and the instability of funding in the residential treatment system. As workers, we witnessed the real impacts this had on the children, youth and families we served and concluded that we could remain silent no longer. It was hoped that the development of the “Kids Matter” brief would assist government, who is the core funder of Children’s Mental Health Services, in understanding the real outcomes of policy direction and its implementation.

We trust that this brief is accepted in the spirit in which it was written in 2005 – out of concern for those children, youth and families who require Children’s Mental Health Services and with the hope that our contribution would ensure a more promising tomorrow for them.

In 2005, “Kids Matter” made five recommendations and below is a status ‘update’:

**Recommendation #1: Restore base funding for children’s mental health programs:**

This recommendation remains outstanding and we believe is a primary contributing factor to the current state of crisis our Agencies are now experiencing. Comprehensive services ranging from prevention and early intervention to assessment and treatment (up to and including residential treatment), cannot be maintained when vacancy management, requests for voluntary leaves of absence and increasingly, permanent layoffs are the “practice standard” in an effort to balance the budget. Some Agencies have had to resort to hiring professional Fundraisers in an attempt to redress these structural deficits, at a time when fundraising within communities is already stretched beyond capacity and donor fatigue is growing.

We continue to believe that the restoration of a base/core funding model is critical to the future of Children's Mental Health Services. Base/core funding allows Agencies to be flexible and responsive in addressing community needs. For example, should there be an increase in referrals for children and youth struggling with anxiety symptoms or those diagnosed mental health disorders such as Bipolar Disorder, base funding allows Agency staff to adjust their programming to be responsive in addressing these referral trends. However, community based Children's Mental Health Services have received no base funding adjustments for 14 out of 16 years. While some 'targeted' funding has been allocated to some agencies, it is for a specific purpose or population and does not allow for flexible, and responsive agency and community planning.

We further note that our Agencies have experienced increases in referrals during this time of economic downturn ranging from 34% - 50%. Children's Mental Health workers understand well the interplay between societal and mental health stressors. We believe therefore, that we are well placed within the Ministry of Children and Youth Services which has made efforts to engage our counterparts in Education and Health in understanding the complexity of creating and implementing effective social and mental health policy. At the front line level, we have always strived to work collaboratively with our community partners in Health, Education, and the Child Protection Sector, however, we remain a 'non mandated' service and have not been for some time "equal players" at the funding table. This is becoming increasingly problematic as these mandated services continue to look towards our services for support and solutions and we cannot meet the demand.

In 2009, we have 'hit the iceberg'. Short-term solutions to long-term budgetary pressures can no longer be sustained. Creativity in finding ways to be responsive to clients needs while maintaining ethical and professional integrity are now "hitting the proverbial wall". As recently as December 2008, one of our Children's Mental Health Centres in Sudbury was forced to close a residential program that supported children in

CAS care due to the precariousness of the funding arrangement. We are concerned where these children will go for these specialized services. We believe, like government, in the principle of supporting children within their own communities, however, we witness children and youth increasingly being placed further and further away from home due to the lack of treatment beds available locally.

If Children and Youth Mental Health Services are to be truly ‘integrated’ with other service systems, stable, adequate and sustainable funding must be in place.

**Recommendation #2:** Develop a new comprehensive framework for children’s mental health services based on the results of systematic, multi-stakeholder review:

The most significant shift in government policy in respect to children and youth services took place in the late 1990’s. “*Making Services Work for People (MSWP)*” resulted in major shifts as to how services in communities would be funded and provided. While Local Community Planning Committees were involved in making implementation recommendations using the MSWP policy as the framework, there has been no subsequent review as to how these changes are working and where revisions might be required.

The current government has endeavoured to create a Policy Framework specific to Children and Youth with Mental Health needs and OPSEU was pleased to be able to contribute at some of the discussion tables. The Policy Framework “*A Shared Responsibility*” was released in November 2006. Almost three years later however, we have seen little in regard to the implementation of the recommendations from this framework. And in this timeframe, it has not been “business as usual” due to ever increasing budgetary pressures in local agencies. Our members are proud of the multi-disciplinary collaborative approach we have taken in working with children, youth and their families. Our members include a number of disciplines: Child and Youth Care

Workers/Counsellors, Social Workers, Psychometrists and Psychologists to name a few. Increasingly, however, our ability to recruit and attract Psychology, Psychometry and now the discipline of Social Work has been eroded due to our non-competitive wage rates as compared to our mandated counterparts listed previously. This has challenged the multi-disciplinary approach and it remains troubling, as we know children and youth thrive when there is stability in their lives. We believe that this 'stability' includes the availability and consistency provided by the workers that provide mental health services. For those workers who have dedicated their careers to the provision of Children's Mental Health services, there is a real understanding and appreciation of the significance of a worker's availability to clients over time such as: when a former client calls to 'check in' or perhaps to support their friend or family member in making a referral or a desire to re-refer themselves. It has been frequently noted in reports discussing Children's Mental Health policy reform that families want to "tell their story once". We have been told over and over by families that it is a 'relief' when they can connect with the worker they had met with previously, one who already knows their "story". Employment practices, such as the current increased use of short-term contracts, often due to ongoing budgetary constraints, do not encourage young workers to choose Children's Mental Health Services as a life long career. Such practices contribute to the discontinuity in service delivery and neglects the importance of the client-therapist alliance and relationship, defined as one of the key factors for an individual or family to benefit from therapeutic involvement. We believe these key therapeutic factors must be taken into consideration when developing policy and implementation models of service delivery.

**Recommendation #3: Ensure broad participation by key stakeholders in the policy review process:**

OPSEU's Children's Treatment Sector welcomes any opportunity to participate in discussions regarding the shaping of policy direction and in the delivery of quality publicly funded services. We offer the unique lens of front line services who daily must

meet the service needs of children, youth and families facing mental health challenges while at the same time adhering to government policy and regulations. While we agree philosophically with the principle that the child/youth/family must be at the centre of any Plan of Care, there are challenges in implementing this philosophy given certain policy directions (targeted funding for example or increased use of per diem funding practices in the provision of Residential Services). This has led front line workers to believe that there is something “lost in translation” between government and front line workers and that further conversations between these groups would assist in improving outcomes, which is in the best interests of all.

**Recommendation #4: Commit to a moratorium on the expanded use of alternative funding models:**

We have watched closely the challenges that have been created through the introduction of alternative funding models. As one example, community based Residential Treatment Services traditionally only accepted children within their communities or Counties. However, one of the consistent outcomes from the “*Making Services Work for People*” policy document, has been the increased need for Agencies to “market” their beds and programs using a “purchase of service model” to enable them to keep the beds open. Beds therefore are increasingly purchased for children and youth in the care of the Children’s Aid Society rather than funded through the Ministry in a transfer payment arrangement to Agencies. In this “purchase of service” model, should a bed be ‘vacant’, payment of course is not received, or on a reduced fixed rate for a limited period of time to “hold the bed”. Overtime, this has led to two challenging outcomes: funding instability for Agencies who provide these services, leading to increased use of contract or casual employees which contributes to further instability and reduced continuity of service for clients and, the reality that children and youth are being placed further away from home due to the ‘boundaries’ for service being expanded by Agencies in an attempt to keep their residential services operational.

We as well find it curious that the Child Protection Sector's travel expenditures have grown exponentially over the past few years despite reports that fewer children are reportedly being placed in care. Given the current funding structure noted above, we hypothesize that Child Protection workers and volunteer drivers who are charged with the care of these children and youth, are being required to travel further to meet the mandated requirements for their care arrangements (e.g.: court appearances, plan of care meetings, family access visits etc). This does appear contrary to the philosophy that a child or youth be treated close to home and we wonder how many more workers could be hired to provide Mental Health services closer to home should a more stable funding structure be in place.

Recommendation #5: Freeze further service integration, agency amalgamations and downloading:

In the 2005 Kids Matter Brief, we had recommended that there be a review of the recommendations made at Community Restructuring tables who were charged with the task of implementing the “*Making Services Work for People*” policy framework and that this review include a detailed account of the experience, costs, benefits and impact on service delivery. We further recommended that this review include an evaluation of the BCFPI (Standardized Intake) and CAFAS (Functional Rating Scale) screening tools and what impact these were having on the effective coordination of local service delivery.

To date, no such review has taken place. We have included in this submission some of our own observations that would be worthy of further investigation. It is noted that we currently are undergoing a provincial “mapping exercise” of our services. We believe that ‘gaping holes’ in respect to service delivery will be found in these maps where once there was a much richer and comprehensive system of services.

In closing, the core message of the Kids Matter brief is:

Kids need stability.  
Stable funding for core services means:

1. Ability to provide better quality services.
2. Shorter wait times.
3. Fewer disruptions in treatment.
4. Less gaps in services.
5. Lower staff turn-over.
6. Help kids can count on.

Respectfully submitted on behalf of OPSEU Children's Treatment Sector:



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