Framework for the Delivery of Integrated Services for Children and Youth in New Brunswick

September 21, 2015
The Framework for the Delivery of Integrated Services for Children and Youth in New Brunswick was approved and signed by the ISD sponsors committee on September 3rd, 2015; however, it remains a living document that will continue to be amended and updated based on lessons learned as ISD is rolled out into new areas of the Province of New Brunswick.
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1.0 Introduction

In the Province of New Brunswick, there is a strong need to provide better services and programs for children and youth with multiple needs. In order to address this need, a new approach called Integrated Service Delivery was developed. This approach is a significant paradigm shift in how government delivers services. It is a service delivery framework that enables partners (Education and Early Childhood Development, Health, Social Development and Public Safety, including School Districts and Health Authorities) to better work together to meet the needs of children and youth.

The creation of this framework was in response to the Ombudsman and Child and Youth Advocate’s recommendations as outlined in the Connecting the Dots Report, The Ashley Smith Report; the Department of Education and Early Childhood Development’s MacKay Report; and the Department of Health’s McKee Report. All four reports clearly identified a strong need for better coordination among departments to improve support to children and youth with multiple needs.

Under ISD, partners are working together to increase collaboration and coordination of service delivery. Children and youth receive appropriate services and treatment, at the right time and intensity, which contributes to positive child and youth development. This child-centered approach ensures that every door is the right door, and that children and youth are followed throughout the continuum of services to ensure that no child is left behind. As a result, it is anticipated that there would be less demand for more intense and costly tertiary services that are often required for children and youth with complex needs.

The ISD model relies on a regional governance structure where the strengths of the community are utilized to ensure that children and youth access and receive the right services in the place where they are the most comfortable. Collaboration between the school and other services are greatly enhanced, making it easier for children and youth to access services than ever before.

“If our goal as a society is to become truly self-reliant, then we cannot afford to race ahead without ensuring that we are all in the race together”

ISD is an integral part of the Network of Excellence. This Network provides a comprehensive vision from which to coordinate, assess and build service delivery capacity. The Network also provides services and supports, and spans the entire continuum, from prevention to tertiary out of home services.

The following document defines the core components of the Integrated Service Delivery (ISD) Framework and is intended to guide the implementation of this service delivery initiative targeted at children, youth and their families. This framework is built on evidence-informed practices from national and international literature, as well as lessons learned from two demonstration sites in the province of New Brunswick and the results of a two-year evaluation of those sites. The framework is designed to inform program managers, clinicians, partner departments and community stakeholders of key service delivery perspectives and practices required to ensure a consistent application of ISD components across all provincial jurisdictions. These service standards are also intended to foster quality of service in communities while facilitating ongoing monitoring and tracking of overall system performance.

Although the document provides a specific set of perspectives and practices to guide the implementation of the ISD framework, it is also expected that there is sufficient flexibility in the framework to allow each regional jurisdiction to build on its existing service delivery strengths and unique regional circumstances or conditions. Departmental managers, clinicians and policy makers involved in the design, operations or leadership of ISD for children, youth and their families are responsible to ensure that they are familiar with these principles.

“The Provincial treatment center will allow children and youth with complex needs to access mental health services right here, in their home province”

-Center of Excellence project team member
2.0 Definitions

Child and Youth Team (C&Y team): The Child and Youth team is composed of a combination of professionals and paraprofessionals who have expertise in the delivery of assessment and intervention services in community, family, and school-based settings. The team has the ability to provide assessment, support and intervention services to reduce the need for delivery of more intrusive supports. They have the ability to provide intervention services at a child or youth’s school and to involve families in developing case plans from their homes or their communities.

Child and Youth Team Client: Children and youth with identified multiple needs as defined by core areas of development. They must have the presence of moderate to severe internalizing and externalizing (emotional/behavioural) features as well as significant impairment or disruption in functioning in at least one of the other four core areas of adaptation.

Common Plan: In the context of integrated service delivery/ISD, the common plan refers to a process of cooperation between all service providers for a child, youth, and/or his or her family. ISD is designed to mobilize all the skills and competencies required to ensure a collaborative and cooperative assessment of strengths, needs, and risks to be addressed. Efforts are focused on agreeing on priorities that must be addressed in order to meet needs and on the degree of services to be provided, in accordance with the mandates and responsibilities of each organization concerned.

Continuum of services: A comprehensive spectrum of addiction and mental health and social services, which are organized into a coordinated network to meet the changing needs of children and youth where different types or phases of services are closely coordinated amongst service providers. Services include a diverse array of programs and services of varying levels of intensity (i.e., universal and prevention services, treatment and support services, specialized therapeutic services) to appropriately match identified needs of children, youth, and their families.

Core Areas of Development: The five core areas of development identified are physical health and wellness; emotional and behavioural functioning; family relationships; educational development and mental health.

Education Support Services Team (ESST): A school-based Education Support Services Team is a group led by the principal that assists classroom teachers to develop and implement instructional and/or management strategies and to coordinate support resources for students. Education Support Services Team membership may include education support teacher - resource, education support teacher - guidance, educational assistants, school intervention workers, behaviour mentors, psychologists and those who support teachers with diverse learners or provide interventions services such as a C&Y team member. The primary role of the team members is to provide coaching, mentoring, training and support to the classroom teacher in accommodations,
instructional strategies and other related classroom practices to ensure the provision of inclusive services to all students; and, to provide such personalized services as may be required to meet the needs of individual students.

**Integrated Service Delivery (ISD):** ISD is a local and regional governance and service delivery framework that enables partners to better work together, using a coordinated and integrated approach to meet the needs of children and youth at risk. ISD is intended to address service gaps in early assessment and intervention services for children, youth and their families. In the provision of ISD assessment and intervention supports, core areas of functioning and needs related to the positive development of children, youth and their families provide a specific focus of intervention services. The goal of ISD is to enhance the system capacity to respond in a timely, effective and integrated manner to the strengths, risks and needs profiles of children, youth and their families (right service intensity at the right time).

**ISD partners:** The ISD partners are the Departments of Education and Early Childhood Development, Social Development, Public Safety and Health, as well as the School Districts (4 Anglophone and 3 Francophone) and Regional Health Authorities (Horizon and Vitalité).

**Integration:** In the context of ISD, integration represents a collaborative approach to case management, where children and youth and their families benefit from the collective impact of a team-based approach. All partners who work in an integrated manner through ISD or the C&Y teams remain as separate entities.

**Network of Excellence:** An integrated continuum of services and support for children and youth with mental health and behavioural needs. Such services and support span the continuum from prevention to tertiary out-of-home services and such services are child/youth focused and family-centered. The Network will provide service and support within the community where the child and family reside using a collaborative, recovery-oriented approach (ISD).

**Service intensity:** C&Y teams have the ability to modify service intensity to address changes in the needs of children or youth to support their sustained successful functioning in the home, school and community contexts. In some instances, this involves decreasing the level of intensity and ultimately bringing cases to closure. In other instances team members have the capacity and flexibility to increase staff contacts with children or youth and to recommend access to additional services or supports when children or youth’s needs warrant more intensive responses. This is limited to the services over which they have the ability to control.
3.0 Description of the Integrated Service Delivery Framework

3.1 The Vision

The vision of ISD is to ensure the positive growth and development of children and youth with multiple needs, through the collective impact of its partners working together in an integrated manner and with a child or youth-centered approach to develop and implement appropriate interventions based on the strengths, needs and risks of identified children and youth.

3.2 The Mission

The ISD framework is a commitment to:

- Address service delivery gaps in the provision of assessment and intervention services for children and youth with emotional and behavioural disorders through a collaborative team-based approach, and youth, family and community involvement
- Enhance system service delivery capacity to respond in a timely, effective and integrated manner to the strengths, risks and needs profiles of children, youth and their families
- Promote universal collaborative approaches that foster positive mental health perspectives and practices in the school and community contexts

3.3 Desired Outcomes

The ISD framework aims to contribute to the following outcomes:

*Positive Child and Youth Development, such as:*

- Enhanced family and community attachments
- Increased school engagement and academic success
- Increased school retention rates
- Decreased levels of high risk/complex needs
- Positive growth and development of children and youth
- Increased diversion of youth from the criminal justice system

*Accessible and Timely Services, such as:*

- Increased awareness of service availability on a continuum among family members and service providers
• Increased identification of needs at earlier stage (prevention and early intervention)
• Decreased wait time for assessment and direct service provision

**Effective Case Planning Practices, such as:**

• Increased continuity of case planning for children, youth and their families
• Increased capacity to adjust service intensity and duration according to child and family needs
• Increased collaboration between partners to ensure multi-disciplinary intervention approaches and integrated ownership of common case plans

**Enhanced Relationships, such as:**

• Enhanced collaborative alliances among service providers and youth and their families
• Increased sharing of information among partners and collaboration with community stakeholders
• Increased job satisfaction among services providers who serve youth, children and their families

**System Efficiencies, such as:**

• Increased co-ordination of services/resources provided by partners and community
• Increased collaboration between partners in the provision of services and assessments, and reduction of redundancies and duplications
• Enhanced information management processes
• Enhanced regional service delivery capacity

**Effective Use of Resources, such as:**

• Decreased use of out-of-home placements pending assessment and intervention services
• Provision of, and access to, the right service, at the right time at the right intensity

### 3.4 Indicators

Indicators are required to measure the success of the ISD initiative, and to ensure that desired outcomes are achieved. There are two types of indicators used within this framework: Process indicators, and outcome indicators. These types of indicators are described below, and further detail on the indicators themselves will be found in a separate document shortly.

**Process indicators**

• The process indicators used are the New Brunswick ISD Evaluation Framework Indicators of Change (WMA, 2010). For each of the process indicators,
benchmarks track integrated service delivery progress along a continuum of pre-awareness to embedded practices.

**Outcome indicators**
- *Outcome indicators measure results in order to determine how close they are to the intended outcomes. These indicators will vary and change as this framework and its application progresses and evolves.*
- *Outcome indicators must be specific to the desired outcomes and must be owned and shared by all partners.*

### 3.5 Target Group

The ISD framework is designed to focus directly on providing services and programs to children and youth with multiple needs. These services are offered to children and youth up to age 18 inclusively, (and up to the age of 21 for those within the public school system), who have identified multiple needs as defined by core areas of development, including physical health and wellness, emotional and behavioural functioning, family relationships, educational development, and mental health. A concise description of the major facets of each area of development can be found in Appendix A.
4.0 Integrated Service Delivery: Guiding Principles

4.1 Child, Youth-focused and Family Centered Services

- The ISD service philosophy and its application reinforces a commitment to positive child and youth development by strengthening universal and comprehensive positive mental health practices and providing responsive, integrative assessment and intervention services for children and youth with emotional and behavioural concerns, and their families.

- The appropriate service delivery intensity level must be matched to the level of child and family needs at all system levels. Emphasis is placed on structuring and managing inter-departmental resources in a manner that allows for flexible and timely intervention responses.

- Targeted risk/need approaches must be complemented and balanced by assessment, intervention, and case management practices that draw on the strengths and capacities of children, youth, their families and the wider community.

- Child and youth centered approaches are committed to engagement and empowerment of children, youth and their families. In some instances, outreach and advocacy are required to ensure their full participation and collaboration in service provision and case planning activities.

4.2 Inter-Professional Team Approaches

- Collaborative inter-professional interventions have a positive effect on service delivery processes and child and youth outcomes.

- Increasing collaboration among professions is intended to reduce duplication of effort, make more effective use of limited resources and more effectively meet the complex needs of children and youth.

- Benefits of inter-professional approaches also include:
  - Higher levels of professional satisfaction and personal confidence
  - Increased mutual knowledge and understanding of the roles of other professions
  - Improved intra- and inter- professional communication with the development of common concepts, values, perspectives, and language

- Evidence-informed practices and concepts from Assertive Community Treatment (ACT), Intensive Case Management (ICM) and Flexible Assertive Community
Treatment (FACT) frameworks shall be used to guide and structure interprofessional case management practices for the Child and Youth Teams.

Pre ISD

Figure 1: Provision of services by 4 partners prior to ISD (Silo approach)
4.3 **Strength-Based Methods**

- The ISD framework places emphasis on elaboration of strength-based counselling or service modalities which underscore the importance of using the child or youths’ capacities, interests and preferences to realize and sustain positive changes.

- Strength-based methods affirm that children and youth and their respective contexts have a range of unique internal and external resources that should be used as part of the case planning process.

- Recognized therapeutic applications that support strength-based frameworks include solution-focused therapy, narrative therapy, self-determination theory, positive psychology methods, positive youth development approaches and comprehensive school health models.
• The ISD framework also recognizes that a range of risk factors may be associated with the emergence of oppositional and conduct problems in children and adolescents and that protective factors, which reflect areas of internal or external strength or resources for youth and their families, may serve to decrease or mitigate the presence of specific risk factors.

• Strength-based approaches are characterized by counsellor-child/youth interactions that are respectful and that validate the child or youths’ efforts to confront or deal with struggles and adversity.

• A strengths-based focus allows service providers to assist children, youth and their families and community members in collaboratively building individualized case plans that draw upon internal and external resources and capacity. Within such plans, risk-need factors are targeted and opportunities for children and youth to identify and apply strengths in the context of their relationships, home environment, school or community are created.

• The emphasis of the ISD strength-based case management approach shall be based on:
  o A focus on child or youth and family strengths rather than pathology alone
  o Viewing communities as partners and as sources of hope and capacity
  o Basing interventions on child or youth self-determination
  o Framing the case manager-child/youth relationship as primary and essential
  o Using outreach as the preferred mode of intervention
  o Believing that people can learn, grow and change
  o Including strength-based and trauma-informed assessment components

• The strength-based approaches of the ISD framework seeks to create opportunities that enable parents and caregivers to take an active part in the life of their child wherever appropriate and to view them as partners in the decision-making processes.

• Strength-based approaches emphasize setting clear behavioural expectations, teaching skills and reinforcing pro-social behaviours, avoiding punitive methods to correct behaviours and using restorative methods to strengthen positive peer and adult attachments in the home, school and community settings.

4.4 Service Intensity

• The ISD framework has the capacity to adjust the level of service intensity and resources offered to effectively match the needs of children and youth in order to support and sustain adaptive functioning in the home, school and community
contexts. This includes having the capacity and flexibility to increase service contacts with children and youth and to access additional supports when the child or youth’s needs warrant more intensive intervention responses.

- Service delivery approaches should foster child and youth self-determination and seek to decrease the level of service intensity in the lives of children, youth and their families at the earliest possible time appropriate to assessed needs.

- Appropriate consent and information sharing policies and protocols are to be established between the C&Y teams and the partner departments, when required to facilitate collaborative management and for determining service intensity strategies and corresponding intervention supports. These policies and protocols will be based on most current information sharing legislation.
5.0 Integrated Service Delivery: Service Description and Key Components

5.1 Provincial Governance

The governance structure is comprised of provincial and regional interdepartmental committees from the following partner agencies:

- Education and Early Childhood Development
- Health
- Social Development
- Public Safety
- Regional Health Authorities
- School Districts

The Departmental Government Level is comprised of:

- ISD Sponsors Committee
- Provincial Directors Committee (PDC)

The committees which comprise the departmental level of governance will ensure alignment of departmental mandates and policies, monitor the operational performance and resource allocations of the ISD framework, and refine ISD operational processes to reflect resolution of emerging fiscal, operational and departmental challenges.

- **The ISD Sponsors Committee** shall:
  - Be comprised of Assistant Deputy Ministers and VPs or COOs from the Regional Health Authorities.
  - Review and endorse the ISD mission and vision.
  - Approve priorities and plans for implementation of the ISD framework.
  - Carry out policy decisions to align departmental and community services in support of the ISD framework and its continuum of services.
  - Provide recommendations to Deputy Ministers for addressing strategic priorities, responding to operational challenges, and facilitating the refinement of the ISD Framework.
  - Monitor the operations, expenditures and impact of the ISD Framework.

- **The Provincial Directors Committee (PDC)** shall:
  - Be comprised of the Director of Integrated Service Delivery, provincial level Directors from each Department, appropriate personnel from the RHAs and a representative from the Provincial Treatment Centre.
  - Facilitate the ongoing evaluation of the ISD framework including execution of both process and outcome-based evaluations / indicators.
- Provide reports to the ISD sponsors on the functioning and effectiveness of the ISD Framework.
- Submit recommendations to the ISD sponsors for aligning interdepartmental mandates, policies, and practices.
- Ensure communication with RDC’s and address challenges related to interdepartmental mandates, policies and practices, ensuring quality controlled implementation of Integrated Service Delivery.
- Contribute to the development of strategic plans to support the ISD and Provincial Treatment Center framework.

* Note that the governance structure will be reviewed and modified as ISD expands further.

### 5.2 Regional Governance and Leadership

- The ISD framework ensures integrated ownership and leadership between ISD partners and community-based agencies in order to allow for a continuous flow of feedback, communication and sharing of expertise.

- The key component of the regional leadership is the Regional Directors Committee (RDC).

- **Guidelines for the Regional Directors Committee (RDC):**
  - Involves the membership of at least one representative from each of the partners and may also include other agencies and primary agents for access to services (e.g., RCMP liaison). It is recommended that these representatives be at the director level.
  - Meet on a regular basis for a pre-determined amount of time to carry out the following:
    - Discuss the operational requirements of departments.
    - Ensure interdepartmental ownership of the process of change and integrating systems, resources, etc. and staying true to the intent of the ISD framework.
    - Continuously examine linkages with all ISD stakeholders, looking for opportunities to integrate resources, systems and policies.
    - Adopt collective decision-making on financial and resource supports to ISD.
    - Examine recommendations and plans submitted by the regional operations committee, whether it be regarding financial assistance, additional resources or service delivery issues/case management.
    - Address to the Provincial Directors Committee challenges related to interdepartmental mandates, policies and practices that need to be resolved at the provincial level.
5.3 **Program Delivery Level: Operations and Services**

This level shall be responsible for ensuring the consistent and effective operation of the ISD framework. This includes the provision of services at the appropriate level of intensity, as well as the integration of departmental and community resources to address service gaps and meet the comprehensive needs of children and youth with emotional and behavioural concerns.

The key components at the Program Delivery Level are:

- ISD Regional Operations Committee
- Integrated Clinical Team
- Child and Youth (C&Y) Teams

**ISD Regional Operations Committee shall:**

- Be comprised of membership such as from Program Managers from the Department of Social Development and Public Safety, the RHA Zone Manager and the Education Support Services Coordinator from the School District Education Centres. Regional realities may require flexibilities in membership.
- Focus on the operations components of ISD, involving all partners.
- Examine recommendations and plans submitted by the Integrated Clinical Team, whether it be regarding financial assistance, additional resources or service delivery issues/case management.
- Meet on a fixed schedule in accordance with Integrated Clinical Team meetings, in order to get decisions made rapidly.
- Ensure feedback from the Integrated Clinical Team is being addressed and provide decisions and or actions on recommendations received.
- Establish an internal regional communications plan for ISD.
- Meet with representatives from community organizations in efforts to identify innovative methods for supporting the healthy growth and development of children, youth and their families.

**Integrated Clinical Team shall:**

- Be comprised of the C&Y Team Clinical Coordinators; an appropriate School District resource; Supervisors or Social Workers from the Department of Social Development; a Youth Probation Services Supervisor from the Department of Public Safety; and an Addictions and Mental Health clinician. Ad hoc members will be brought in on a case-by-
case basis and could include representatives from the following agencies: RCMP, Early Childhood Services (for all cases under the age of 8), and others such as school principals, education support teacher-guidance and community-based child and youth services.

- Be responsible for clinical consultation on the most difficult cases.
- Make recommendations to those who have the decision-making ability regarding resources and financial support when additional resources and funds are necessary.
- Make recommendations regarding service delivery challenges being experienced at the front line level.
- Meet on a regular basis on a fixed schedule.
- Utilize case conferencing approaches to invite specific stakeholders to the table to discuss specific cases (e.g., RCMP, Early Childhood services, Community interventionists).
- All cases that are brought to the Integrated Clinical Team for collaborative problem-solving need to go through the C&Y Team, where all possible options must first be exhausted.
- Will ensure a mechanism for clinical oversight to regional therapeutic placement options and act as the gate keeper for access to the provincial treatment center.

- Child and Youth Teams (C&Y Teams)
  - For further detail on the roles and composition of the Child and Youth teams, please refer to section 8.

### 5.3.1 Decision making and issues resolution processes

- Any issues, requests for support, etc. that need to be brought to the attention of partners will be brought forward by the ISD Regional Directors Committee Chair to the Provincial Directors Committee, with solutions and decisions communicated back to the RDC through the Chair.
- Complaints or issues regarding C&Y team service delivery will go through the C&Y Team Clinical Coordinators as well as the RHA Zone Manager.
- Complaints or issues related to regional ISD service delivery should be brought to the Regional Operations Committee.
- Regional strategies must be developed to ensure that all partners are aware of the issues resolution process.

### 5.3.2 Accountability

- With respect to adherence to the ISD Framework, the ISD Regional Directors and Operations Committees shall be accountable to their respective department/RHA/District and to the ISD sponsors.
- Child and Youth Team members will work under the supervision of their respective Health Authority. The RHA’s will have operational and clinical oversight and provide direction to C&Y teams in accordance with the terms of a service agreement signed by all involved parties.

Figure 3: Illustration of the ISD governance structure at the provincial and regional level and linkages to the service delivery structure.
In New Brunswick, there is an integrated continuum of services and support for children and youth with addictions and mental health and behavioural needs, known as the Network of Excellence. This Network spans the continuum from prevention to tertiary out-of-home services and ensures the comprehensive vision from which to coordinate, assess and build service capacity that is child/youth focused and family-centered.

The ISD framework recognizes that the community-based services that are part of the Network of Excellence must be considered in a holistic manner and strive to offer support across all major systems of influence in the child’s life, including family, care providers and schools, as well as within the peer and community contexts.

Services must be designed to reach people in their own environments – at home, in schools, and in the community – and seek to strengthen the natural informal supports found within these settings. Space must be made available for intervention services to be provided to children and youth directly in the school context; however, other options must also remain open, such as the availability of office space in the home department.

The development of an integrated and coordinated community care strategy for children, youth and their families requires collaboration and sharing of resources among a wide range of stakeholders including those from government, the non-profit sector, private industry and the wider community.

The community-based and regional services offered within the Network of Excellence are contained within a three-level continuum of support that includes:

- Universal and prevention services
- Treatment and support services
- Specialized therapeutic services

The components of this three-level continuum are further defined in Appendix B and in the following illustration.
Figure 4: Network of excellence continuum of care
7.0 Integrated Service Delivery: Standards for Access to Services

7.1 Scope

- This section includes the processes associated with facilitating client information exchange for access to services, triage and screening purposes, and initiating service delivery engagement.

7.2 Access Points

- Each school’s Education Support Services Team (ESST) will serve as a common regional point of access for C&Y Team services. A C&Y team member will sit on each ESST and will coordinate service access procedures. As the point of access that has the most regular and frequent contact with a large number of students, it is a critical linkage with the Child and Youth Teams. It is at this level that decisions will be made regarding access to C&Y Team services for children and youth identified within the school context.

- Access to Child and Youth Team services can also come from specific locations in the community, through partner departments. These include physicians’ offices, emergency departments, child and youth-serving agencies, or be self-directed, by the child, youth or family.

“Just in a few months [my child] has completely turned around. He’s laughing and smiling and he’s a happy kid again. And he hasn’t been for a couple of years”

-Parent
8.0 Integrated Service Delivery: Standards for Child and Youth Teams

8.1 Child and Youth Teams

- The strength of the C&Y teams is their ability to provide therapeutic assessment and intervention services. C&Y teams are in a unique position to provide intervention services at a child or youth’s school and to involve families in developing case plans from their homes or in the community context. C&Y team members also collaborate with family, school, community, and other partners to create social environments in which the positive mental health, resiliency, and strengths of children, youth, and their families are fostered.

- With respect to C&Y teams, intervention services refers to both short-term and time-limited responses (e.g., supportive counselling, treatment, crisis response, clinical follow-up), as well as service responses that are longer in duration and more intensive (targeted treatment and multi-disciplinary approaches) to address the needs of children or youth. The C&Y teams will have the capacity to increase and decrease service intensity and access resources as required ensuring greater flexibility in supporting children or youths’ continued and successful functioning in the school, home, and community contexts. This will be facilitated by collaboration with partners and the community.

- With respect to C&Y teams, assessment services refers to any informal or structured data collection efforts undertaken to assist in informing the development of appropriate intervention planning and responses to address the needs of children and youth. Assessment activities may include the completion of file reviews, the execution of structured interviews and observational approaches, the administration of standardized measures, and the application of multi-disciplinary evaluation methods. C&Y teams will have the capacity to adjust the scope and intensity of assessment based on a child or youth’s need and information required to structure intervention planning activities.

8.2 Child and Youth Team Composition

- Each C&Y team will be composed of a combination of professionals and paraprofessionals who have expertise in the delivery of assessment and intervention services in community, family, and school-based settings.
• Members of the C&Y team may include, but are not limited to, psychologists, education support teachers-guidance, behaviour mentors, education support teachers-resource, appropriate healthcare professionals, nurses, social workers, and child and youth care professionals or specialists, as well as residents or interns in training from any of the preceding professional groups.

• Members of the C&Y team are an interdepartmental and inter-professional group devoted to the work of the C&Y teams on a full-time basis or as per a pre-defined work arrangement. Partners in each region must work together to come to a consensus on the resources that each can allocate to the Child and Youth Teams.

• This allocation will be based on the principle that there need to be as many Addictions and Mental Health resources as possible assigned to the Child and Youth Teams. It is critical for Addictions and Mental Health to provide the clinical support and coaching to the rest of the team. Addictions and Mental Health will be responsible for the clinical and operational oversight of the C&Y teams: A clinical coordinator from the RHA assigned to the C&Y team will play a key role in the coordination of the team's activities and the supervision of the members. They will also enhance the C&Y team's capacity in dealing with addiction and mental health related issues. Integrated, interdisciplinary teams will ensure that timely, seamless response to clients presenting with addictions and mental health concerns occurs. Addiction and Mental health Clinicians, including psychologists, social workers, psychiatrists and nurses bring with them unique skills and knowledge to the C&Y teams by offering direct intervention and assessment to children, youth and families presenting with persistent addiction and mental health issues that are diagnosable and causing significant impairment in their functioning. As a member of the team, clinicians are a resource in a consultation capacity to other team members as well as partners and schools. The interdisciplinary, inter-departmental configuration of the teams is a rich opportunity for the transfer of knowledge and skills among team members.

• The Department of Social Development will provide a social worker as a sitting member of each C&Y Team. This will include attending weekly meetings and participation in collaborative case planning (common plan) and the development of a case management response that is both child/youth focused and family centred. They will also ensure the provision of intervention services on specific cases as needed.

• The Department of Public Safety is committed to providing the resources necessary to liaise and support the Child and Youth Teams as required. Public Safety believes the diverse and inter-departmental case management of children and youth is critical to the success of the program and the development of communities within New Brunswick.

Although the majority of ISD cases are not DPS clients the agency believes strongly in the three level continuum of service which is:
  - Universal and Prevention Services
Treatment and Support Services  
Specialized Therapeutic Services

By participating in a truly integrated service delivery model it is hoped many of the youth served will not become DPS clients. This may only be accomplished through a prevention and early intervention approach which brings services directly to children, youth and their families. DPS is committed to strength based strategies and continued case management and follow up. Where available, DPS will offer group programs that foster growth and development and in some regions provide facilitators to provide child, youth and family focused programs.

- Following a child-centered approach, Education and Early Childhood development will provide programming support and resources to realize the articulated goals for the child’s program. This allocation of support and resources will be based on the premise that, it is imperative for school and district professionals to serve as a guide to the professional knowledge, skill and judgment needed to be part of the Child and Youth Team. They are an integral part of collaborative problem-solving teams within their districts, and contribute to the educational community within an inclusive and Response to Intervention (RTI) service delivery framework. The school and district professional supports the district to improve the delivery of services in meeting students’ social-emotional, behavioural and academic needs. They understand the integral and unique role that ISD plays in districtwide support. The school and district professional:
  - employs the collaborative consultation model effectively with school teams, parents, district administration, and community stakeholders
  - is attuned to the needs of educational staff in a school and can participate in discussions with school-based ESS Teams and help to identify services or programs which might be introduced to enhance school improvement plans
  - understands the teacher’s role in the classroom and coaches when requested/needed to facilitate classroom functioning
  - delivers in-service education for school and district staff, and for parents, to introduce new research-based concepts or to teach/reinforce skills
  - is aware of universal screening measures for student social/emotional health, and, after consultation with educational staff, employs them in schools as a prevention measure
  - introduces and supports positive school-wide learning and behavioural measures and programs to enhance student and staff mental health (e.g., PBIS)

- Each C&Y team is assigned to provide services to a cluster of schools within a given region. Clusters will include elementary, middle and high school levels.
Partners in each region will determine the number of C&Y teams required for each region, as well as the number of resources required for each team.

- Within each region, C&Y team members must seek to develop collaborative working relationships, integrated practices and service linkages with other specialized departmental and community agencies that provide essential supports to meet the developmental needs of children, youth and their families. Example service professionals would include but are not be limited to:
  - Physiotherapists
  - Psychiatrists
  - Speech Language Pathologists
  - Occupational Therapists
  - Public Health Nurses
  - Local Physicians and Health Service Specialists
  - Alternative Education Services Personnel

### 8.3  C&Y Team Accountability: RHA

The RHAs will have operational and clinical oversight and provide direction to C&Y teams. The C&Y teams are accountable to the RHA management structure.

Clinical Coordination:
- Clinical and operational supervision and oversight of the C&Y Teams will be the responsibility of the Regional Health Authorities. Clinical Coordinators from Addiction and Mental Health will provide clinical supervision, coaching and training to team members. However, it is important that the supervision and oversight be not only Mental Health and Addictions focused in nature, but also incorporates the other disciplines that form the interdisciplinary C&Y Teams. This will require a specific training package for the Clinical Coordinators based on a competency profile.

- The C&Y Clinical Coordinator will assume primary responsibility for assigning cases, monitoring the status of service delivery and the progress of each child or youth receiving services through the C&Y team. In addition, they will also provide operational and clinical supervision of all C&Y team members. Supervisory activities will include:
  - Providing clinical consultation and leadership at organizational staff meetings
  - Ensuring that the family and the child are involved in all aspects of decision-making, planning and follow-up
  - Leading C&Y team problem-solving sessions to address identified needs in crisis situations
  - Mentoring new C&Y team members on key treatment planning and delivery processes
Assessing team training needs and organizing staff inter-professional education opportunities on evidence informed practices

- Providing positive team building opportunities
- Auditing individual case plan files (15% per year per primary case manager)
- Communicating annual written feedback on staff performance
- Ensuring that integrated practices and linkages with all partners and common case planning are part of clinical practices

### 8.4 Key Areas of Responsibility for C&Y Team Members

Key areas of responsibility for C&Y team members include:

- **Ensuring Appropriate Access to Services:**
  - To ensure appropriate access to the services, children or youth must present with moderate to severe internalizing and externalizing (emotional/behavioural) features and demonstrate significant impairment or disruption in functioning in at least one of the other four core areas of development. Prior to opening a case file, the Child and Youth team members will work collaboratively with the school ESSTs and/or other partners to determine the appropriate level of intervention. They will also evaluate the child or youth’s needs, strengths, risks and global functioning.

  - In instances where children and youth may demonstrate more complex needs requiring more intensive interventions, C&Y Team members will collaborate with other regional and community resources to ensure that a common integrated work plan be developed to maximize all possible regional resources to support the child/youth and family. In certain cases the C&Y Team and the integrated clinical team will collaborate with provincial services to ensure access to appropriate out-of-home and specialized supports with emphasis placed on transition planning aimed at engagement of less intensive and/or intrusive services at the earliest and most appropriate time.

  - For children 0 to 8 years of age, C&Y Team members will collaborate with early childhood services to offer consultation services, transition planning and clinical support for prevention and

  "Had it not been for the C&Y Team, my child would potentially be a dropout student"  
  -Parent
early intervention programs with families, at school or in the community.

- C&Y Team members will provide youth who become 18 years of age (or those up to the age of 21 and within the public school system) with transition planning to appropriate adult services.

- With respect to all children and youth, C&Y Team members will promote awareness and use of universal positive mental health practices through consultation and collaborative activities with other stakeholders in the school and community contexts.

**Direct Services and Support Functions:**

- Provision of direct intervention services including addiction and mental health treatment, crisis assessment and intervention, short and long-term counselling support, design and implementation of individual and small group intervention strategies, and family therapy/support.

- Provision of assessment services including completion of file synthesis, targeted evaluations and comprehensive data collection processes.

- Collaboration with other C&Y team members, youth and families, service providers and community partners in the design and delivery of comprehensive and integrated assessment and intervention activities.

- Provision of short-term interventions or supports to caregivers and families to facilitate delivery of services to children and youth.

- Provision of assistance to caregivers and families in identifying and connecting with essential community and departmental services.

**Common plan, Case Coordination and Collaboration**

- Provision of primary case coordination activities to ensure continuity of service provision for assigned children or youth. This includes coordination of the common plan. The common plan is a process of cooperation between all service providers for a child, youth, and/or his or her family. Child and Youth Teams are designed to mobilize all the skills and competencies required to ensure a collaborative and cooperative assessment of strengths, needs, and risks to be addressed. Efforts are focused on agreeing on priorities that must be addressed in order to meet needs and on the degree of services to be provided, in accordance with the mandates and responsibilities of each organization concerned.

- Participation in regularly scheduled C&Y case planning meetings.
• Coordination of intervention strategies with youth and families, school personnel, and required partners and community service providers.

• Collaboration with other departmental service providers in the organization and delivery of supports or interventions of varying intensity.

• Consultation with the C&Y Clinical Coordinator and other team members on areas of clinical concern.

• Execution of administrative functions such as recording case management notes and completion of written assessment reports.

• **Consultation and Training**

  o Participation as clinical consultants on individual student cases or educational service delivery programs/approaches at school-based ESST meetings or other partner meetings.

  o Provision of consultation to school and community leaders on approaches for promoting positive mental health perspective and practices.

  o Provision of training to other educational and service professionals in effective approaches for working with children and youth with emotional and behavioural features.

  o Supervision of student interns from counselling, psychology or social work or child and youth care from accredited or provincially recognized clinical programs.

8.5 **Description of C&Y Family Support and Community Services**

• Key secondary level practices that will be applied by Child and Youth Team members include:

  o Family Engagement, Empowerment and Advocacy
  o Targeted Outreach
  o Community and Service Collaboration
  o Consultation Services
Appendix A – Core areas of Development

- **Academic Development**: This area of development focuses on children and youths’ functioning in the school, learning and career contexts. Aspects of this area of development include access to and participation in inclusive and universal educational systems, scholastic achievement, academic confidence and self-efficacy, school retention and success, facilitated education and career transitions, positive relationships with peers and educational personnel, and collaborative family, school and community partnerships.

- **Emotional and Behavioural Functioning**: This aspect of children and youths’ functioning includes focus on their development during the course of expected psycho-social development. When stressors or challenges are experienced that exceed those associated with normal developmental milestones, and when perceived social support is not adequate or coping capacities are diminished, children and youth may experience a range of internalizing and externalizing features. Such features may be manifested through withdrawn, anxious, sad or discouraged attitudes and behaviours, or be more overt and include oppositional, impulsive, aggressive, and risk-taking dispositions and behaviours.

- **Mental Health**: This area of development refers to significant conditions that persist over long periods of time (chronicity), are evident across diverse contexts and settings, and that are present to a marked degree (severity, frequency). The etiologies of such conditions reflect the interplay of a range of bio-psychosocial factors. Without sufficient and sustained treatment and social supports, children and youth with significant mental health or addiction conditions will experience impairment in functioning across major areas of life (home, school and community). In many instances, children and youth with more than one co-existing disorder or condition are more likely to continue to have longer lasting and more severe problems than those with only one diagnosed disorder.

- **Family Relationships**: This area of development focuses on children and youths’ functioning in the home and familial contexts inclusive of immediate and extended family members, as well as significant mentors or advocates in the lives of children and youth. Aspects of this area of development include emphasis on family engagement, empowerment and advocacy, promotion of positive parent-child interactions, use of constructive family problem-solving or conflict resolution strategies, evidence of consistent parental supervisory and discipline approaches, development of mentorship relationships, and establishment of nurturing routines and traditions.

- **Physical Health and Wellness**: This area of development focuses on the promotion and adoption of healthy lifestyle behaviours and attitudes, as well as the provision of access to health services or accommodations that facilitate
participation of all children and youth in healthy routines and activities. This area of development includes an emphasis on universal perspectives and practices that promote healthy eating behaviours, physical activity, positive mental health, and substance-free lifestyles; and that ensure access to targeted health services or accommodations that contribute to sustained health and wellness.
Appendix B – Continuum of services

Continuum of Universal and Prevention Services

- The continuum of universal and prevention services includes core community-based services that are designed to strengthen and support all families and place emphasis on reducing the risk factors, problems and underlying causes that contribute to the need for more intensive or intrusive public services.

- The ISD framework recognizes that families who need support should have access to universally accessible programs and services that enhance the development of children and youth, and minimize the potential for later development of at-risk behaviours and conditions.

- The ISD framework encourages mobilization efforts of community-based organizations to identify innovative methods for supporting the healthy growth and development of children, youth and their families. This process will be ensured through the mandate of the Regional Directors Committee or their network of sub-committees.

- In planning universal and prevention continuums of care, four universal needs are considered to ensure the protection of healthy development in children and youth. These include:

  - **Basic Needs:** This includes services such as provision of nutrition, economic security, income supports, housing services, adequate shelter and clothing, and basic education, as well as primary health services and quality child care.

  - **Nurturing Relationships:** Parents, family members and other caregivers must have access to programs and services that serve to nurture caring relationships with their children including parent education services, parent support and self-help groups, early intervention services, violence prevention programs, as well as programs and services to support divorced or separated parents.

  - **Learning Opportunities and Experiences:** Communities must provide children and youth with a wide variety of learning, recreational and cultural opportunities to develop their talents and skills and make positive connections to their communities, cultures, traditions and spiritual resources.

  - **Safety and Protection from Harm:** The positive growth and development of children and youth are realized in social environments that are safe and secure, and that contribute to the development of trusting and caring relationships. Key social environments include the home, school, and community settings.
Continuum of Treatment and Support Services

- The Continuum of Treatment and Support Services provides a framework from which to conceptualize a system of community-based services for children and families who are experiencing problems and need more intensive and/or therapeutic help.

- The key objective of services within the Continuum of Treatment and Support Services is to reduce the duration and/or severity of emotional and behavioural concerns in children and youth through targeted and time-limited services. Such services provide social supports to families experiencing challenging life circumstances and enhance their problem-solving and coping capacities.

- Treatment and support services may be conceptualized as time-limited, responsive assessment and intervention services that are provided by qualified helping professionals trained to empower parents, children and youth in recognizing and applying their strengths in responding to identified needs or concerns in their present functioning or situation. With respect to the ISD framework, this entails addressing concerns related to core areas of development including family functioning, academic development, physical health and wellness, emotional/behavioural status, and mental health/addiction needs (refer to Section 2.4).

- The ISD framework emphasizes the expansion of treatment and support services with the intent of offering the right service, at the right time, and at the right intensity.

- Through the ISD framework, treatment and support services are delivered collaboratively between partners, through a common case plan that ensures collaboration with the child/youth and family.

Continuum of Specialized Therapeutic Services

- A small number of children and youth will require specialized therapeutic services in each region. These services will be offered in a coordinated and integrated approach through existing acute regional resources to the best of their capacity.

- Integrated clinical teams in each region play a critical role in cases that require acute services by multiple partners by coordinating common case planning and assuring that all

“[ISD] normalizes mental health. It’s out there in the community. It removes some dark doors”

-Regional Leadership Team member

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possible options are explored in order to support the family’s and child’s needs before exploring out-of-region or out-of-home options.

- Prior to providing out-of-home and out-of-region services, efforts will be made to utilize all regional capacity, particularly programs offering specialized services while allowing the child or youth to remain at home.

- Children or youth who can benefit from out-of-home care are best served when there is an array of alternatives from which the most appropriate placement can be selected according to their individual needs. The unique combination of features in each form of out-of-home setting offers its own benefits and liabilities in relation to a given child or youth.

- Out-of-home tertiary level assessment and treatment services will be structured to address the unique needs and referral concerns of each child or youth. It is anticipated that the length of out-of-home placements would vary according to the level of assessment and treatment intensity required. Services would be tailored to meet child or youths’ needs in contrast to a system-driven framework in which every child or youth receives the same assessment protocols and the same level of service intensity.

- Services must also include short-term out-of-home programs designed to identify and engage the strengths of youths with complex needs in the development of community based-treatment strategies.

- To enhance the delivery of out-of-home treatment services, engagement of qualified child and youth care personnel is deemed essential. Provision of clinical consultation to child and youth care teams should also be undertaken to ensure the creation of a therapeutic milieu and the execution of effective program delivery practices.

- A comprehensive continuum of services must be supported by a variety of treatment and out-of-home care services, including a provincial treatment center, that are designed to meet the needs of children. In addition, some children or youth have supervisory out-of-home or treatment needs that exceed what can be feasibly provided within their family’s context.

- Out-of-home therapeutic settings should be available to provide care for children or youth who require emergency or respite care, diagnostic assessment, behavioural stabilization, out-of-home or milieu treatment, long term out-of-home care, shelter group living, or transitional support towards independent living.

- Provincial Child and Youth Tertiary Level Treatment Services shall be structured to provide specialized assessment, regional support services and short-term out-of-home strength-focused treatment services to support the case management activities of the C&Y teams and the integrated clinical teams.