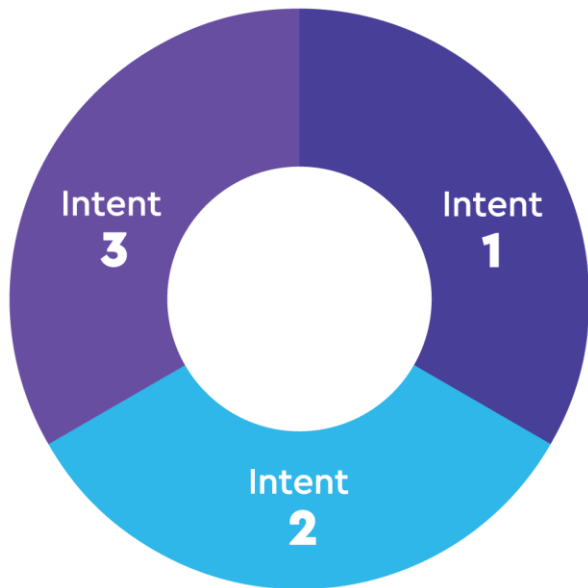


# COMPLIANCE DETERMINATION

## Suicide Aggregate – Recommendation 7

**Recommendation Summary:** Create long-term treatment for youth with the highest needs.

**Primary Public Body:** Government of Manitoba



### Intent 1.

Review national and international best practice and evidence-informed research from experts in the areas of youth mental health and addictions.

### Intent 2.

Using information gathered from experts and in consultation with community stakeholders, including Indigenous leadership, Elders, and children and youth, develop a plan for a provincial application of a long-term treatment model. The model must be culturally informed and safe and staff must be culturally competent.

### Intent 3.

Implement a long-term and community based in-patient treatment resource and model for children/youth at the top tier of needs and evaluate its effectiveness in achieving the intended outcomes.

## COMPLIANCE DETERMINATION

25%

Limitedly Compliant

## Recommendation Compliance Summary



This form details the assessment of compliance with recommendations made under Section 27 and Section 31 of *The Advocate for Children and Youth Act*. MACY assesses recommendations for compliance once a year but receives updates from the public bodies every six months.

1. Recommendation Information	
<b>Report Name:</b>	<b>"Stop Giving Me a Number and Start Giving Me a Person": How 22 Girls Illuminate the Cracks in the Manitoba Youth Mental Health and Addiction System</b>
<b>Date Released:</b>	5/7/2020
<b>Full Recommendation:</b> (including details)	<b>Recommendation Seven:</b> The Manitoba Advocate for Children and Youth recommends that the Government of Manitoba develop an inpatient or community-based long-term treatment resource that offers stabilization, assessment, treatment, and aftercare for youth who are at the top tier of mental health and addictions care needs, and for whom less intensive options have been ineffective.
<b>Intent(s) of Recommendation:</b>	<ol style="list-style-type: none"> <li><b>1. Review national and international best practice and evidence-informed research from experts in the areas of youth mental health and addictions.</b></li> <li><b>2. Using information gathered from experts and in consultation with community stakeholders, including Indigenous leadership, Elders, and children and youth, develop a plan for a provincial application of a long-term treatment model. The model must be culturally informed and safe and staff must be culturally competent.</b></li> <li><b>3. Implement a long-term and community based in-patient treatment resource and model for children/youth at the top tier of needs and evaluate its effectiveness in achieving the intended outcomes.</b></li> </ol>
<b>Issue:</b>	Mental Health and Addictions
<b>Public Body</b>	Government of Manitoba
<b>Dates of Previous Official Updates from Public Body:</b>	September 6, 2023
	July 21, 2023
	June 30, 2022
	July 13, 2021
2. Compliance Determination	
<b>Limitedly Compliant 0.25</b>	Actions taken only implement a small part of the recommendation, requirements are only fulfilled to a limited degree by actions taken, resulting in significant deficiency in implementation.
<b>Self-Assessment</b>	Largely Compliant
<b>Previous Compliance</b>	Limitedly Compliant

<b>Determination</b>	
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<b>3. Rationale for Determination</b>
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<i>(How did you reach this compliance determination)</i>
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<b>Intent 1: Review national and international best practice and evidence-informed research from experts in the areas of youth mental health and addictions.</b>
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<b>2023</b>
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| <ul style="list-style-type: none"><li>• Mental Health again reported on the inventory of services undertaken by Stepped Care Solutions (SCS), who produced a report with provincial and regional models of mental health, substance use, and addictions services that demonstrate where there are gaps or redundancies in services. MACY's request for a copy of this report, or a summary of findings, was denied.</li><li>• Mental Health shared an Interim Evaluation Report on the Manitoba Mental Health and Addiction (MHA) Funding Initiative, produced by VIRGO Planning and Evaluation Consultants Inc. on March 31, 2022.</li><li>• This Interim Evaluation Report includes a 16-page literature review of best practices from Canada and around the world in the area of youth mental health and addictions. Notably absent from this part of the literature review is any sort of analysis of harm reduction services, which is disappointing considering the large body of evidence demonstrating that these are practical, feasible, effective, safe, and cost-effective in diverse social, cultural, and economic settings.</li></ul> |
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<b>2022</b>
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| <ul style="list-style-type: none"><li>• Manitoba Mental Health reported that a report (not shared with MACY) has been produced by Stepped Care Solutions which identifies gaps or redundancies in provincial and regional models of mental health, substance use, and addictions services. Planning is still underway to validate the information gathered in this report.</li><li>• Appendix C was shared with MACY but it only contains an inventory of stepped services available to youth and young persons. There is no information in Appendix C on gaps and redundancies, or a literature review.</li><li>• There is no evidence that a review of national and international best practices and evidence-informed research has been conducted.</li></ul> |
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<b>2021</b>
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| <ul style="list-style-type: none"><li>• Manitoba Health and Seniors Care (MHSC) reported that discussions and planning are underway with national leaders regarding the development of a child and youth Needs Based Planning (NBP) framework, and indicated that many of the recommendations assigned to them can be addressed through this process. At this time, the intent of this recommendation is being put on hold until a national Need Based Planning Framework is complete.</li></ul> |
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**Intent 2: Using information gathered from experts and in consultation with community stakeholders, including Indigenous leadership, Elders, and children and youth, develop a plan for a provincial application of a long-term treatment model. The model must be culturally informed and safe and staff must be culturally competent.**

**2023**

- Mental Health again cited the engagement process underpinning the “Roadmap for Manitoba” plan, which included consultations with Indigenous communities and leaders, children and youth, and individuals with lived experiences.
- Mental Health also cited the Virgo Interim Evaluation Report, which undertook comprehensive consultations and provided recommendations for enhancing non-residential community-based long-term treatment resources. Mental Health reported that it continues to make progress to address these recommendations.
- Mental Health explained that seven of the 31 initiatives funded through the bilateral agreement are Indigenous-led and/or incorporate culturally-informed and safe values and/or practices, although no details were provided as to what this entails.
- In terms of assessing the cultural appropriateness of existing services, it would be helpful to see a description of what culturally-informed and safe service provision for youth looks like in practice, as well as a list of training provided to staff to ensure cultural competence.
- There is no evidence that steps are being taken towards developing a long-term treatment “model”.

**2022**

- There is no evidence of information gathering or consultation, per this intent.

**2021**

- MHWR is leading an engagement process, including a series of consultations, to inform an integrated, whole of government 5-year roadmap. MACY participated in the recent consultation for the MHWR Departmental Roadmap held on August 23, 2021. MHWR's engagement process will guide the work of the department, and is aligned with the department's mission to provide access to mental health and addictions support and treatment to improve the life outcomes for Manitobans in their journey through recovery and healing. This will include services and systems for children and youth.
- MHWR is in the process of hiring a consultant to conduct a mapping of mental health and addictions services and systems in Manitoba, which will inform the development of a Stepped-Care model. Clarification on the role and responsibility of the consultant may help meet this intent of the recommendation, if the consultation process includes meaningful engagement with community stakeholders and Indigenous leadership, Elders, children, and youth.

**Intent 3: Implement a long-term and community based in-patient treatment resource and model for children/youth at the top tier of needs and evaluate its effectiveness in achieving the intended outcomes.**

**2023**

- Mental Health sought clarification as to whether this recommendation is asking for a singular, new residential program to be established.
- Mental Health reported that there are currently various long-term treatment resources that offer stabilization, assessment, treatment, and aftercare to top tier youth, as the recommendation requires (e.g., Marymount, YASU, Compass, Hope North). There are also a variety of community-based outreach and support programs (e.g., StreetReach, Ata Chiminis Mikisiw).
- Mental Health reported that each of the initiatives funded through the bilateral agreement have been evaluated by an external contractor (Virgo Consultants) and shared the Interim Report.
- MACY has reviewed this Interim Report and notes that the evaluation therein assesses value for money, rather than impact on the well-being of children and youth.
- While essential in their own right, the services listed by Mental Health remain limited and are temporary rather than long-term. As such, they do not provide the type of service envisioned in this recommendation.

**2022**

- There is no evidence of plans to create a long-term treatment model, whether residential or not.

**2021**

- MHSC has engaged Shared Health to expand mental health assessment and treatment services for children and youth at Health Sciences Centre (HSC) in Winnipeg. As physical space is at a premium in HSC, this initiative is being implemented in a phased manner. Phase One of this initiative was implemented in 2020, it included:
  - Improving quality of care in the Children's Hospital Emergency Department (CHED) by providing relief coverage for child and adolescent Psychiatric Emergency Nurses (PENs) who are away due to illness or vacation. The PENs assess children and youth who present in the CHED and facilitate referral to appropriate outpatient resources.
  - Increased individual and group psychotherapy capacity in the Intensive Child and Adolescent Treatment Services (ICATS), a 12-week multi-disciplinary crisis treatment resource.
  - Increased capacity in the Outpatient Mental Health Service (OMHS).
  - Improved access to group therapy and reduced wait times for the Anxiety Disorders Services for Children and Youth (ADSCY).

- Phase Two (Stage One) of this initiative will include:
  - Increased capacity in the Child and Adolescent Rapid Assessment Clinic (CARAC) for additional children and youth to be able to receive a rapid psychiatric assessment. This will improve flow from, and wait times in, the CHED. This will also improve capacity to provide urgent consultation to staff in rural and remote areas regarding direct care of patients, thus reducing transfers to CHED.
  - Further increased group therapy capacity and reduced wait times in the ICATS.
  - Further increased capacity and reduced wait times in the OMHS.
  - Further increased capacity and reduced wait times in the ADSCY.
  - Shared Health has advised that they are currently interviewing for positions to enable capacity enhancement in these areas. These services were implemented early in 2021.
- MHSC reported that Phase Two (Stage Two) of this initiative requires additional office and treatment space in HSC. Shared Health has submitted a plan for renovations in the 2021/22 Regional Health Plan. Additional service enhancements will be planned once a timeline is solidified for any renovations that may occur.
- Community Emergency Department Violence Intervention Program (CEDVIP) assists youth and young adults aged 14-29 who present with violence-related injuries to the HSC Adult and Child Emergency Departments. The goal of the initiative is to decrease future incidences of violence by addressing issues that put youth and young adults at risk. Individuals who accept CEDVIP services receive wraparound care in the community for approximately one year. CEDVIP is an expansion of the former Emergency Department Violence Intervention Program. The CEDVIP team provides 24/7 on-call coverage by seven community support workers who meet youth at HSC and offer wrap around support in community. The Clinical Team (2.4 social workers, clinical team coordinator) provides 24/7 on-call clinical support and working alone protocol support.
- Manitoba Adolescent Treatment Centre (MATC) continues to have an Intensive Treatment Service Inpatient Service, which is a hospital-based services that provides inpatient assessment, treatment, and/or stabilization for youth with persistent and serious mental health disorders.

**Analysis Summary:** This recommendation is closely linked to *Matthew* recommendation 6. While there are some excellent mental health and addictions services available to children and youth in the province (mostly in Winnipeg), these remain limited and mostly temporary, and therefore do not currently provide the type of long-term model/service envisioned in this recommendation. The youth healing lodge in Thompson, when it is fully operational, may serve to meet some of the intents of this recommendation. This hinges however, on evidence that it provides an accessible long-term treatment option, as well as on an evaluation of its effectiveness and the cultural appropriateness of its services.

With all this being considered, the status determination for this recommendation remains Limitedly Compliant.