DCWIC

- We opened our doors March 19, 2014
- Pilot project
- Children and youth, 3-19 years, and their parents
- Single session model
- Durham-wide
- FREE
- **Wednesdays from 1-8 p.m. at The Youth Centre (360 Bayly St. W., Ajax)**
- First come, first served – no appointments.
- Not a crisis service
ADVISORY COMMITTEE

- Durham Family Court Clinic
- Durham District School Board
- Durham Catholic District School Board
- Catholic Family Services of Durham
- Chimo Youth and Family Services
- Lakeridge Health, Child Youth and Family Program
- The Youth Centre
- Pinewood Centre of Lakeridge Health
- Frontenac Youth Services
- Resources for Exceptional Children and Youth
- Rose of Durham Young Parents Support Services Durham Region.

OPERATIONS COMMITTEE
AGENCIES THAT PROVIDE SERVICE ONSITE

- Catholic Family Services of Durham
- Chimo Youth and Family Services
- Lakeridge Health, Child Youth and Family Program
- The Youth Centre
- Pinewood Centre of Lakeridge Health
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Support for a Single Session Model

- In multiple session models much of the change occurs in the first sessions (Slive, 2008).
- 45-50% of clients attending walk-in do not ask for or require further services (Young, Dick, Herring, & Lee, 2008).
- Successful outcomes are reported for the single session model in terms of client satisfaction and the development of an action plan (Miller, 2008; Slive, 2008; Bhanot-Malhotra, Livingstone, & Stalker, 2010).
- Fits with MCYS strategy “to deliver a coordinated, responsive system that makes sense to parents and young people, that is easy to navigate, that enables fast answers and clear pathways to care” (MCYC, 2012).

The Single Session Model

- Accessible
- Client driven, youth driven
- Focused on client’s immediate concern
- Solution focused
- Provides interim support for those on waiting lists; can prevent people from going on waiting lists.
- Helps clients navigate the system
- Collaborative model – building community capacity and resources
THE COLLABORATIVE

- A community collaborative of service providers with MCYS grant to investigate the possibility of launching a walk-in service model for children and youth.
- Shared expertise
- No new funding
- Shared resources
- Shared training to build community capacity re: single session model
- Shared networking, increase provider knowledge of services
- Building the leadership capacity of the agencies of mental health providers
- Navigated funding boundaries/policies to collaborate in service delivery.

**Inputs**

- WHAT WE INVEST:
  - Cost: salary for Clinic Coordinator, in-kind staffing for supervisors and intake therapists
  - Partnerships: clinic operations and advocacy committees, child and youth mental health agencies, Board of Ed, etc.
  - Human Resources (4-5 staff per site): clinic coordinators, supervisors, intake therapists, other supports
  - Physical Resources: clinic space, furniture, meeting space, office equipment, IT requirements
  - Training: facilitators, facility mental, resources, refreshments, staff development
  - Material Resources: citizen supplies, snacks, community resource aids, promotional materials

**Outputs**

- WHAT WE DO:
  - Provide single session counseling associated with mental health and addictions
  - Use a number of therapeutic approaches as appropriate
  - Provide timely, accessible service
  - Provide assistance for system navigation
  - Provide early intervention
  - Provide interim support for those on waiting lists
  - Build capacity to deliver single session counseling in Durham
  - Parent consultation

- WHO WE REACH:
  - Children and youth 3-19 years and their families

**Short-Term (0-3 months)**

- Client satisfaction in regards to the support they receive at DCWIC, including efficient service, satisfactory interactions with staff, effective actions to move forward, increased hope, confidence and ideas regarding issues and increased knowledge of community resources.

**Medium-Term (3-12 months)**

- Clinic at capacity with diverse clients.

**Long-Term (1, 5, 10 yrs)**

- DCWIC is recognized as a valuable service for children, youth and families within Durham Region.
- Referral sources regularly refer to DCWIC.
- Clinic has expanded to North Durham and Cleveland.

**External Influences, Environmental, Related Programs**

- Referral sources: Funding sources
- Children and youth mental health and addictions system in Durham Region
THE PROCESS:

- Intake: 15-20 mins
- Counselling directly afterwards: 60-90 mins
- Session break for team consultation

- Staffing each week: intake, 2 therapists, supervisor, clinic coordinator and community resources
- Staffing provided in-kind from participating agencies

ROLES AND RESPONSIBILITIES

**Intake:**
- Greet clients
- Review clinic process with clients
- Review paperwork and support clients in completion
- Conduct suicide risk screen

**Therapist:**
- Consult with Clinic Supervisor regarding presenting problem, direction of session including during a mandatory session break
- Review Consent for Treatment with clients
- Facilitate the single session
- Complete session record
Roles and Responsibilities

**Supervisor**
- Provide supervision and consultation
- Provide leadership during clinic operation
- Review paperwork
- Consult regarding any safety issues
- Assume therapy role if necessary

**Clinic Coordinator**
- Manage clinic administration (scheduling, team communication, clinic data, paperwork)
- Assist with flow of clinic and clinic resources
- Promote clinic in community
- Organize training for clinic

Roles and Responsibilities

**Community Resources Support**
- Research and provide resources to support clinic team.
- Assist with intake as required.
- Share expertise regarding services in Durham Region for children and youth.
SO FAR...

- Over 300 clients served to date
- Many referrals from schools and family doctors
- More teens vs. children
- More females vs. males
- Ajax and Pickering  
  - Also Whitby  to a lesser extent

PRESENTING ISSUES...

- Anxiety (especially school anxiety)
- Stress
- Depression
- Anger management
- Substance use (Pinewood onsite)
- Parenting strategies (consultations available)
- Behavioural issues
- Bullying
- Family conflict
- Family break-up
**SUCCESSES**

- Building capacity in staff through training
- Building capacity in the community to respond to child and youth mental health issues through the clinic's operation
- Sharing of resources
- Sharing of techniques
- Sharing of information regarding community programs and resources
- Prompt community uptake regarding referrals to the clinic
- Remained true to the commitment to provide ongoing training to staff
- Included addictions services – it truly is mental health AND addictions
- Level of in kind donations to clinic operations

**CHALLENGES**

- Ongoing staffing needs (sick calls at the last minute for example)
- Getting cross representation regarding age and presenting problem that fit within staffing’s scope of practice
- Dealing with clients that come who aren’t appropriate for service
- Trying to serve a large geographic community from one location
- No funding
SUSTAINABILITY AND FUTURE VISION

<table>
<thead>
<tr>
<th>Sustainability</th>
<th>Future Vision</th>
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<tbody>
<tr>
<td>New LHIN funding – one position</td>
<td>Additional site (Oshawa)</td>
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<tr>
<td>Looking at one site, bringing more people, training more of the staff</td>
<td>Additional staffing</td>
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<tr>
<td>Restructuring clinic by combining supervisor and co-ordinator role</td>
<td>Access in north through technology</td>
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<tr>
<td>Changing years of experience required for supervisors</td>
<td>Expand number of days open</td>
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LEARNINGS

- The need for streamlined processes regarding funding applications and any clinic activities
- In Kind agencies make own decisions about what the competencies are for their staff for the roles
- Need to think beyond the site ie. OTN/PCVC – what are the needs and how will we respond
- We can make referrals to agencies but it doesn’t mean they will get seen quickly
- Altered what we are tracking to respond to funders
- Consent for the treatment of children under 12
- Supervision needs to review the model before each clinic to help get in the right mindset, and protect against model drift.
QUESTIONS?

REFERENCES


