2018/2019

S E R V I C E P L A N

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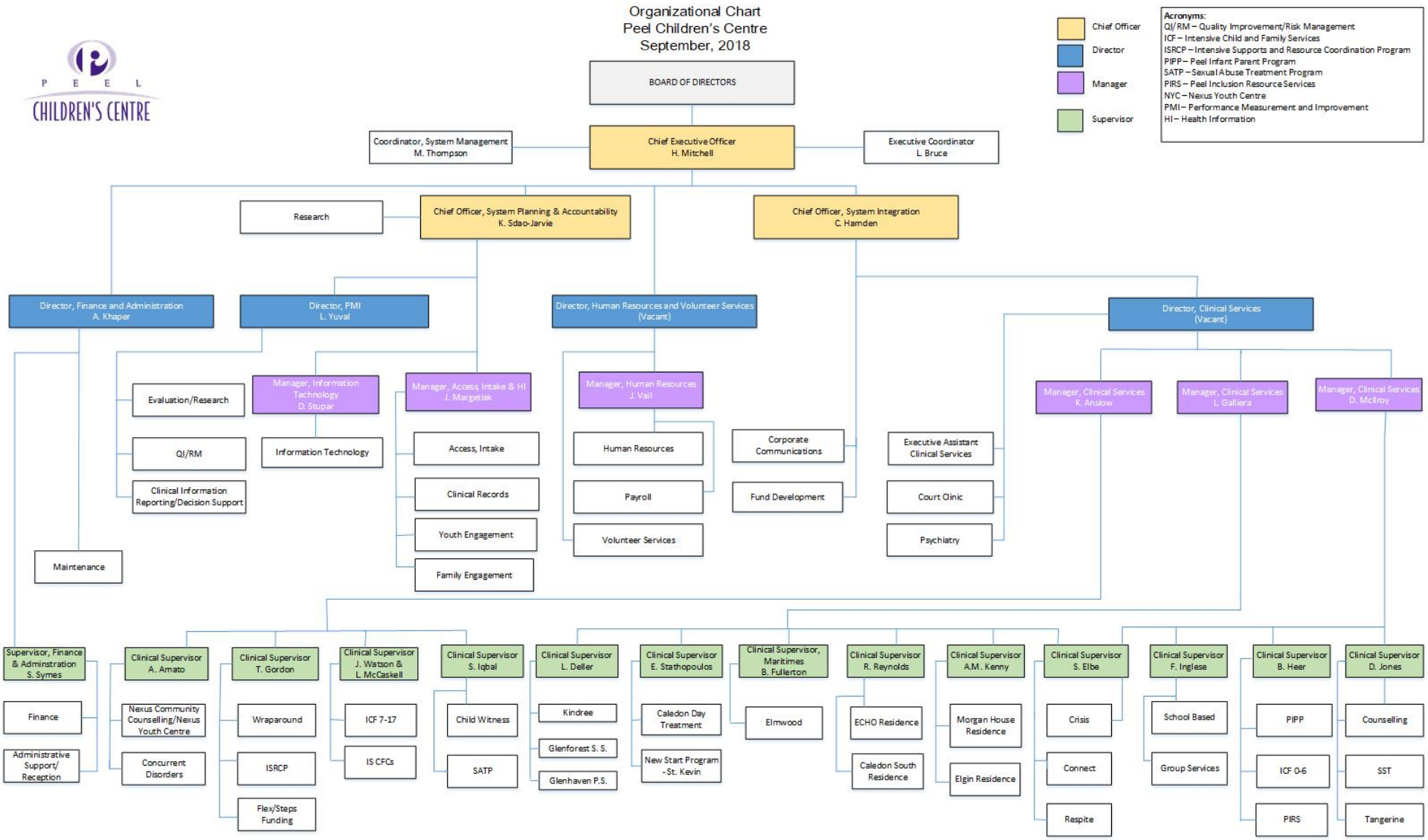

Peel Children's Centre
Board of Directors, 2018-2019

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David Herzstein	President
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Gopala Narayanan	Director

Service Locations

Location	Office	Day Treatment	Residential
Mississauga	85A Aventura Court, Mississauga, ON L5T 2Y6 Tel.: 905-795-3500 Intake: 905-451-4655	**Kindree Public School** 7370 Terragar Blvd. Mississauga, ON L5N 7L8 Tel.: 905-785-9696 (Primary) Tel.: 905-785-7979 (Junior)	
		Glenhaven Sr. Public School 3570 Havenwood Drive Mississauga, ON, L4X 2M9 Tel.: 905-625-7872	
		Glenforest Secondary School 3575 Fieldgate Drive Mississauga, ON L4X 2J6 Tel.: 905-625-2354	
Brampton		**New Start Day Treatment** **St. Kevin Elementary School** 103 Malta Ave. Brampton, ON L6Y 4C8 Tel.: 905-366-5699	**Morgan House** 751 Queen Street West, Brampton, ON L6Y 0B6 Tel.:905-459-5615
			Elgin 75 Elgin Drive, Brampton, ON L6Y 1A9 Tel.: 905-459-0659
Caledon		**Caledon Campus** 14780 Hurontario Street Caledon, ON L7C 2C2 Tel.: 905-838-2247	**Caledon South/ECHO/** **Century House** 14780 Hurontario Street Caledon, ON L7C 2C2 Tel.: 905-838-2247

Our Vision

A caring community working together for children and youth.

Our Mission

To enrich the lives of children and youth who experience social, emotional and/or behavioural challenges by providing a continuum of high quality mental health services.

Our Values

- Accountable
  Being ethical, transparent, efficient and effective
- Respectful
  Caring with integrity and honouring dignity
- Inclusive
  Embracing diversity and cultural competence
- Responsive
  Being flexible, accessible and adaptive
- Learning
  Pursuing opportunities to know more and do better
- Innovative
  Using information, initiative and imagination
- Collaborative
  Working together in partnership

Ends Statement

Peel Children's Centre's primary focus is to enhance the well-being of children, youth and their families who live in the community and who are experiencing, or may experience, serious mental health difficulties. They are offered high quality services ranging from prevention to early identification, assessment and treatment. Services will include, at minimum, Counselling, Day Treatment and Residential Treatment.

In furtherance of the above Ends, the Centre may pursue opportunities and/or other services/activities.

Strategic Plan 2013-2018

Strategic Direction #1: Ensure excellent clinical services and pathways to care for children and youth with mental health needs and their families

Associated Goals:

- Prioritize those with high or complex needs while supporting all children and youth in need to access appropriate treatment
- Work with local partners to establish the service continuum
- Coordinate and facilitate transitions between services more effectively both internally and with other organizations
- Reduce wait times and facilitate appropriate supports while waiting for services

Objectives for 2018-2019:

- Complete system-wide implementation of Peel Co-ordinated Intake Network (PCIN)
- Continue implementation/clinical integration of InterRAI-Screener Plus at PCIN, and InterRAI-ChYMH at assessment/discharge, to support consistent system-wide, needs-based understanding of clients in Peel's Child and Youth Mental Health (CYMH) Service System with a focus on client profile and outcome reports
- Implement the recommended model of Brief Services
- Remap Peel CSPs' Core Services & Key Processes
- Review Intensive Services in the Peel Service Area (Recommendation to MCYS in CSDP 2017-18)
- Redesign PCC's Counselling Services
- Coordinating Child and Youth Crisis Services in the Peel Service Area: Phase 1 Evaluation of PCC's Crisis Response Service

Strategic Direction #2: Build a strong community collectively supporting the mental health of children, youth and their families

Associated Goals:

- Build and sustain effective partnerships and relationships necessary to implement mental health system transformation
- Engage diverse communities and partners to promote mental health and facilitate access to mental health services
- Leverage technology as a tool for awareness, public education, engagement, and service delivery
- Play a leadership role in advocating for an accessible and integrated mental health system that promotes equitable outcomes

Objectives for 2018-2019:

- Continue to work with Core Services Providers and the Regional Office to implement MOMH transformation as outlined in Peel's Core Services Delivery Plan (CSDP)
- Continue implementation of youth engagement mechanism and operationalize The New Mentality–Peel Chapter
- Continue implementation of family engagement mechanism and operationalize Parents for Children's Mental Health-Peel Chapter
- Continue implementation of EMHware, the new client information system across the Peel Service area, with a focus on supporting MCYS' Client Information System Enhancement Project and Business Intelligence Solution
- Continue to brand PCIN (WheretoStart.ca), with a focus on website development and a communications strategy to introduce/promote Peel's intake/access CYMH mechanism
- Explore opportunities to align community efforts to plan/map CYMH services with LHINs' planning for adult Mental Health and Addictions services
- Explore opportunities for better alignment/integration of Peel's CYMH crisis support service with community-based adult mental health crisis support services
- Explore opportunities to develop more efficient, effective and client-centred pathways out of child and adolescent psychiatric beds into community-based CYMH services in the Peel service area

Strategic Direction #3: Cultivate an effective, efficient and innovative organization that is reflective of, and embedded in, the communities it serve

Associated Goals:

- Build a culturally diverse and responsive organization that reflects the diversity of local communities
- Promote a culture of learning and professional development that expects systems thinking and continuous quality improvement
- Promote leadership and develop succession planning at all levels of the organization
- Leverage innovation to generate revenue in support of child and youth mental health
- Align the Board governance model in support of the organization's evolution

Objectives for 2018-2019:

- Develop a new PCC Strategic Plan
- Rebrand Peel Children's Centre
- Pilot mobile giving strategy to target texting demographic
- Develop and implement an in-house relief staff pool
- Establish a Continuous Quality Improvement (CQI) Team
- Develop an Information Technology Strategy
- Implement the Employee Engagement Survey
- Continue to Implement ARC framework (Attachment, Self-Regulation, and Competency) in Intensive Services
- Implement transition of Morgan House to 5 day a week program

Our Philosophy

The foundation of providing children's mental health services at Peel Children's Centre is a strength-based client-centered philosophy committed to:

- ensuring that children, youth and/or their families' needs are overarching and central to directing all clinical activities;
- recognizing the whole context of the individual, their family system, informal supports and community, including all aspects of diversity to ensure that services provided are inclusive, respectful, equitable and affirming;[1]
- offering services in a culturally competent manner that also includes providing treatment in the child's/youth's/family's first language;[1]
- in partnership with children, youth and families ensuring that their social, cultural and spiritual beliefs are valued and incorporated into services that meet their diverse and changing needs;
- providing accessible mental health services with individualized intervention for each and every child/youth;
- keeping children, youth and their families together;
- engaging children, youth and/or their families to work in partnership in all aspects of their treatment;
- being responsive to the needs of children, youth and/or families by providing the least intrusive intervention and the most relevant and effective service;
- a team approach to providing service, recognizing that practitioners from different disciplines are valued members of the child's/youth's team;
- coordinating and integrating seamless service plans when delivering joint treatment with other service providers;
- respecting the rights of children, youth and their families to make decisions regarding the service they receive, including the right to refuse or discontinue service or support within the limits set by service agreements;
- engaging children, youth and, families served in co-creating and shaping programs and services;

- collecting feedback in a consistent manner and on a regular basis from children, youth, families and other stakeholders to ensure that services are continually improved;[1]
- measuring outcomes to ensure the effectiveness of our services;[1]
- ensuring the principle of inclusive practices;[1]
- promoting advocacy for and with children, youth and their families to reduce the stigma of mental health;
- knowledge uptake and knowledge exchange to improve services, aid in planning and support policies;[1]
- engaging in research activities to support and add to knowledge in the field of children's mental health;[1]
- implementing evidence-based practices, evidence-informed emerging practices, and innovative practices to ensure that children, youth and their families have access to the most effective intervention;[1]
- supporting, engaging and developing a highly competent staff by creating a culture of excellence, learning, innovation and wellness; [1]
- partnering in collaborative community initiatives to enrich opportunities to ensure continuity of service for our children, youth and/or their families requiring access to additional programs or services to meet their needs;
- supporting clinical service delivery with a comprehensive, effective and efficiently operated infrastructure.[1]

Who We Are

We are an accredited, community-based, publicly funded children's mental health agency, accountable to an elected, voluntary Board of Directors. Peel Children's Centre (PCC) is Lead Agency for the Peel Service Area and partners with the following Core Service Providers: Associated Youth Services of Peel; Nexus Youth Services; PCC; Rapport Youth and Family Services; Trillium Health Partners; and William Osler Health System.

Our organization is dedicated to:

- improving the well-being of children and youth who are experiencing, or may experience, serious emotional difficulties, by building on the strengths of the individual, the family and the community;
- providing services that are free of charge on a voluntary basis, in a manner that engages children, youth and their families in all aspects of their treatment;
- ensuring that children, youth and their families enter service through a single seamless point of access;
- delivering service using a multidisciplinary approach;
- providing training and educational opportunities on evidence-based practices or evidence-informed emerging practices for our staff and for other mental health professionals;
- evaluating the efficiency and effectiveness of our clinical services to improve the quality of services delivered;
- sharing with other community agencies the responsibility and opportunity to provide coordinated services, to improve awareness of mental health issues, and to advocate for an optimal service delivery system.

[1] For more details, see Appendix A, Quality Enhancement Strategy; Appendix B, Evidence-Based and Evidence-Informed Practices; and Appendix C, Organizational Development Framework.

Target Population

Who Peel Children's Centre Can Serve

- Children and youth under the age of 18, residing in the Region of Peel or under the age of 19, residing in the Maritimes.
- Services are available in both official languages and through the use of interpreter services, children, youth and families speaking other languages are supported.
- Children and youth who are experiencing, or may experience, serious emotional, social and/or behavioural concerns are provided the most appropriate services to best meet their needs. The interRAI Child and Youth Mental Health-Screener (interRAI ChYMH-S), a standardized screening tool, is conducted at intake to evaluate the mental health needs of children and youth aged 4-18.
- While the primary focus of intervention is on children and youth experiencing complex, serious mental health issues, a continuum of services is available to address a broad range of needs. Providing service earlier, when children, youth and/or their families are ready, may potentially avert the need for more intensive and intrusive services in the future.

Who Peel Children's Centre Cannot Serve

- Children, youth and/or their families who reside outside of the defined geographic area of the Region of Peel, with the following exceptions: Dufferin residents are eligible for the Centre's residential services; youth who reside outside Peel Region can be admitted to three *per diem*-funded beds in the Centre's ECHO residential treatment program for sexual offending youth; and Maritime youth who require residential services can be treated in the Centre's Moncton Residential Treatment Programs;
- Youth who are 18 years of age or older in the Region of Peel;
- Youth who are 19 years of age or older in the Maritimes;
- Children, youth or families who do not willingly consent to treatment (legally, the Centre cannot treat without consent);
- Youth/children requiring a secure facility due to the nature of their behaviour towards themselves or others. However, once stabilized, the Centre can provide treatment for the child/youth;
- Children or families requiring emergency hospitalization or emergency medical intervention. They would be redirected to the appropriate resources.
- Children and/or youth seeking Residential Treatment and/or Day Treatment who have been diagnosed with Autism Spectrum Disorder (ASD).

Demographics of the Region of Peel

Peel Children's Centre (PCC) provides services primarily within the Region of Peel and its environs. The Region of Peel consists of the cities of Mississauga and Brampton, and the Town of Caledon.

Child and youth population:

- Children: 310,185 children ages 0-17 resided in Peel in 2016, comprising 22.4% of the Region's population. *(2016 Census)*
- Youth: 141,150 youth ages 18-24 resided in Peel in 2016, comprising 10.2% of Peel's population. 215,735 youth ages 14-24 (age range for Nexus Youth Services) lived in Peel in 2016, comprising

15.6% of Peel's total population. *(2016 Census)*

- Combined children and youth: Peel's combined children and youth population (ages 0-24) was 451,335 in 2016. Together, children and youth (0-24) constitute 32.7% of Peel's population. (*2016 Census*)

Youth-specific demographics:

- In 2011, the youth (ages 15-24) **unemployment rate** for Peel was 22.3%, higher than the youth unemployment rate of 20.2% for the Province of Ontario. (*2011 National Household Survey*)

- The percentage of youth ages 20-24 with **no high-school diploma** was 6.1% in Peel, a lower rate than the 8.7% of youth in the Province of Ontario with no high-school diploma (*2011 National Household Survey*)

Specific demographic factors: (*Peel Data Centre's analysis of 2016 Census unless noted otherwise*)

- **Visible minorities:** Peel had the highest percentages of visible minorities – **62.26%** – of any region in the Greater Toronto Area in 2016. The top 10 visible minorities were South Asian (50.8%), Black (15.3%), Chinese (7.5%), Filipino (6.7%), Arab (5.0%), Latin American (3.6%), Southeast Asian (2.7%), Multiple Visible Minority (2.7%), West Asian (1.6%), Korean (0.8%) and Japanese (0.2%). A further 3.0% were "not included elsewhere" (e.g. Guyanese; Polynesian).
- **Immigrants:** Peel's immigrant population in 2016 was 706,835 or **51.5%** of the Region's overall population. 94,105 (13.3% of Peel's population) were recent immigrants. The top 10 countries of birth for recent immigrants were: India, Pakistan, Philippines, China, Iraq, Jamaica, Egypt, United States, Syria and United Arab Emirates. 35.5% of Peel's recent immigrants were born in India.
- **English: 89.6% of Peel residents knew English** and it was the **language most often spoken at home for 60.9%** in 2016. (This is a decline from 2011, when 63.9% cited English as the language most often spoken at home).
- **French**: 5,705 Peel residents or 0.41% spoke French most often at home in 2016. Additionally, 6,106 residents spoke French as well as English and/or a non-official language at home, for a total of 12,380 French-speaking residents (**0.90%**).
- **Non-official mother tongues**: **26.09%** of Peel's population most often spoke a non-official language at home in 2016. The top 10 non-official languages were: Punjabi, Urdu, Mandarin, Arabic, Polish, Spanish, Tamil, Gujarati, Cantonese and Tagalog.
- **Indigenous**: 9,120 people – **0.66%** of Peel's population – were Indigenous in 2016. Of those, 59.4% identify as First Nations, 32.3% as Metis, 1.8% as Inuit, and the remainder as "multiple aboriginal identities" or "identities not included."
- **Labour market participation: 67.3%** of Peel's population aged **15+** are **in the labour force** and the unemployment rate at the time of the Census was 8.2%. The top five occupational categories for Peel residents are: Sales and Service (22.8%); Business, Finance and Administration (18.0%); Trades/Transport/Equipment Operations (15.1%); Management (10.0%); and Education, Law and Social, Community and Government Services (8.4%).
- **Education status: 54.7%** of adults aged **15+** have a **post-secondary qualification** (university, college and/or apprenticeship/trade), with the top major field of study being Business, Management and/or Public Administration.

Potential risk factors:

- **Low income** (*not part of 2016 Census; Peel Data Centre's analysis of data from Canada Revenue Agency*): **18.1% of Peel's population under 18 years** – 56,075 children – lived in low income households in 2016.
- **Lone-parent families**: **23.3% of census families** in Peel were lone parent families in 2016
- **Cost of shelter**: **31.8%** of Peel households **spent more than 30%** of their household income on shelter costs in 2016.

Changing demographic trends:

- The settlement of refugees in Peel, many of whom are at risk for Post-Traumatic Stress Disorder and other mental health challenges, will eventually result in a need for mental health services for their children and youth. Fundamental needs (food, shelter, education and healthcare) will take priority in the immediate future, but eventually their mental health needs will surface.

Unique characteristics in the Peel Service Area:

- As documented by the Fair Share for Peel Task Force, provincial funding of social services, including child and youth mental health, has failed to keep pace with Peel's rapid population growth. The new CYMH Funding Allocation Formula must incrementally correct the historical CYMH funding disparity between slower and faster growing communities. Peel's 1.1% projected annual growth rate for the child/youth population, compared to the provincial rate of 0.7%, means that Peel will require a larger funding growth rate than the provincial average.
- Peel has the highest proportion of visible minorities (62.26%) of any service area in Ontario. The incredible diversity of Peel's population, including many immigrant families with a mother tongue other than English, creates significant interpretive and cultural challenges to providing mental health services.
- The youngest age cohort (0-5 years) is predicted to grow more rapidly than the 6-11 or 12-18 cohorts from now until 2020, meaning that there will be an increased demand for mental health services for the preschool population over the next few years.
- At the opposite end of the youth age spectrum, unemployment amongst 15-24 year olds in Peel, at 22.3%, was the highest of all the MOMH Phase 1 service areas in Ontario. This high non-participation rate could be a risk factor for mental health challenges.

Any further information and data available:

- Within Peel Region in 2011-16, Brampton's population continued to experience the fastest growth rate at 13.3%, followed by Caledon at 11.8% and Mississauga at 1.1%. While it might appear from these data that Mississauga is reaching its development limits, new high-density developments that are in the planning stages for Mississauga's City Centre core would indicate that Mississauga's population will continue to grow in the years ahead.

Our Role in the Community

Peel Children's Centre (PCC) is committed to building strong, collaborative and productive relationships with our partner service providers in PCC's roles both as a Child and Youth Mental Health (CYMH) Core Service Provider and as the designated CYMH Lead Agency for the Peel Service Area. By working cooperatively through formal and informal partnerships, we are better able to serve our clients and our communities. While many of these partnerships exist within our local service area, others extend to the regional, provincial and national levels, including some within New Brunswick where PCC operates residential treatment programs. These relationships are not limited to the CYMH sector, encompassing other child- and youth-serving sectors within Peel and beyond.

Many staff from PCC contribute to this collaborative work. Much effort takes place informally on a case-by-case basis while other networking of a more formal nature occurs in committees, working groups and communities of practice. Yet other relationships are defined through formal protocols, memoranda of understanding and agreements. Below are some examples of PCC's involvement in committees, networks, groups and collaboratives.

Name of Network, Committee, Group or Collaborative	Peel Children's Centre's Role
Community Planning Mechanism (CPM) for Child and Youth Mental Health Services in Peel (all child- and youth-serving sectors in Peel)	As Lead Agency: Chair (MOMH Leadership Team) As Core Service Provider: Members (PCC managers)
CYMH Lead Agency Consortium	Member and past Co-Chair Member of several committees/working groups
CYMH Partnership Table (MCYS and Lead Agency Consortium) and related provincial working groups	Member
Lead Agency Community of Practice	2 Members (PCC's Chief Officer, System Planning & Accountability and Chief Officer, System Integration)
Peel Coordinated Intake Network, including Implementation Committee	System Lead and Members
Peel Core Service Providers' Brief Services Revisioning Project Team	System Lead and Members
Peel Core Service Providers' Planning Table	As Lead Agency: Chair (MOMH Leadership Team) As Core Service Provider: Members (PCC managers)
All Elements Hub	Partnership with Unity Charity and City of Mississauga
Caledon Community Networking Committee	Committee Member
Canadian Centre for Accreditation	Reviewers
Central Region's ChYMH Community of Practice	Member
Central West Concurrent Disorders Network	Member
Central West LHIN Service Resolution Table	Committee Member
Central West LHIN Sub-Region Collaborative	Member

Collaborative working groups re School-Based Services in Peel with: Peel District School Board Dufferin-Peel Catholic District School Board Conseil scolaire catholique MonAvenir Conseil scolaire Viamonde	Members
Dufferin County Domestic Abuse Review Team	Committee Member
Early Identification Advisory Committee	Committee Member representing PCC and children's mental health
Enhanced Youth Outreach Worker (EYOW) Program	Provide Clinical Support through Partnership with Malton Neighbourhood Services
Holistic Crisis Continuum Community of Interest (HCC COI)	Member
Infant Mental Health Steering Committee	Member representing PCC
Larger Centres' CEOs/Executive Directors Group	Chair
Mental Health and Addiction Core Action Group (CAG) – Central West LHIN	Member
Mental Health Court Committee	Youth Justice Community Member
Mississauga Halton LHIN Transition Age Youth Steering and Coordinating Committees	Member
New Brunswick Association of Youth Residential Services	Member
Ontario Coalition for Children and Youth Mental Health (education, mental health and health sectors)	Member, Board of Directors
Peel Child Abuse Review Team	Committee Member
Peel Child Witness Advisory Committee	Chair and 2 Committee Members
Peel Children and Youth Planning Group	Children's Mental Health Community Member, and member of Agenda Committee
Peel Collaborative State of Mind Conference Planning Committee	Committee Member
Peel Core Service Family Engagement Working Group	Chair and member
Peel Core Service Youth Engagement Working Group	Chair and member
Peel Crisis Capacity Network	Committee Member
Peel Fetal Alcohol Spectrum Disorder Steering Committee and Diagnostic Team	Committee Member and in-kind social work support on diagnostic team
Peel Francophone Committee	Member representing PCC
Peel Inclusion Resource Service (PIRS) Leadership Table	Committee Member
Peel Inclusion Resource Service (PIRS) Supervisor's Committee	Committee Member
Peel interRAI ChYMH Implementation Team, including Peel interRAI ChYMH Collaborative Training Team	System Lead and Members
Peel Youth Concurrent Disorders Committee	Chair
Peel Youth Crime Prevention Network	Member

Postpartum Mood Disorder Steering Committee, Region of Peel	Committee Member
Project Zero ▪ Executive Committee ▪ Steering Committee	Member on both
Regional Diversity Roundtable	Core Member
Relief Staff Review Working Group Mental Health Integration Project	CMH Service Provider CMH Partner
Service Resolution Peel – Child Review Committee	Children's Mental Health Community Member
St John Fisher Steering Committee	Committee Member
Success By Six	Committee Member representing CMH
System Integration Group for Mental Health and Addictions (SIGMHA) – Mississauga Halton LHIN	Member
Wrap Canada	Member
Wraparound Association of Ontario	Member
Youth at Risk AYSP Community Advisory Committee	Member

The committees, networks, groups and collaboratives listed at the beginning of the table reflect PCC's role as Lead Agency for the Peel Service Area, with responsibilities both provincially as a member of the Lead Agency Consortium and locally for management of Peel's CYMH service system, including specific responsibilities in the areas of leadership, planning, service delivery/program alignment, performance management and financial management.

For PCC as Core Service Provider, the remaining committees, networks, groups and collaboratives provide a variety of forums to meet with other professionals to plan, discuss and review current service delivery and potential future directions. Some groups direct their attention toward the very hard-to-serve population of children and youth in our community who have more intensive needs. Others focus on education, training, knowledge transfer and further development in these particular areas as related to the social service field or community development activities. Still other community involvement looks at the diversity of ethnicity, culture, language and religion in Peel to identify ways of addressing the ongoing and ever-growing needs of our diverse community.

In addition to the networking and linkages provided when working on various committees/sub-committees throughout the Peel service area, there is a great deal of work done by the Peel Coordinated Intake Network, a partnership of all six Core Service Providers in Peel. Intake staff link with other service providers to identify an inventory of services for children and families in Peel, staffing levels that are available through other service providers, and waiting lists at different locations. The Systems Access and Intake staff offer an excellent resource to clients who are looking for a particular type of service and, should the service be unavailable at a Core Service Provider within a reasonable period of time, clients can be redirected to the most appropriate available service in the community. Information regarding the demand for, and availability of, service through other regional service providers is updated on a regular basis through the Access/Intake team, which is housed at PCC. As a result, clients are able to obtain current and accurate information when they call.

PCC staff are encouraged to establish and maintain active involvement in a number of professional associations in the province. Staff members belong to professional associations established by specific disciplines including, amongst others, the Ontario College of Social Workers and Social Service Workers, the College of Registered Psychotherapists of Ontario, and the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists.

Child & Youth Mental Health Services at Peel Children's Centre

Services Funded by Ministry of Children and Youth Services

Child and youth mental health (CYMH) services are funded by the Ministry of Children and Youth Services (MCYS) to achieve the vision of an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.

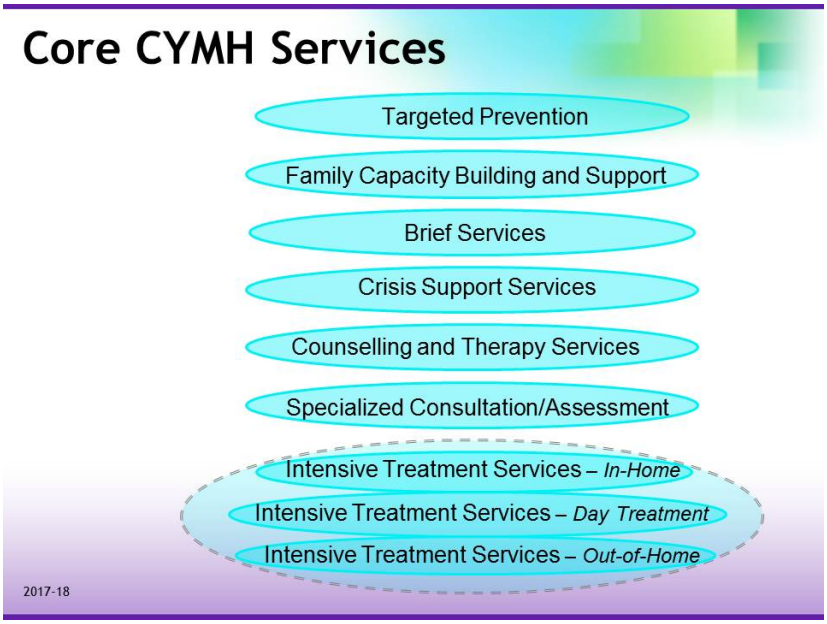
MCYS-funded child and youth mental health services are provided to children and youth under 18 years of age under the authority of the *Child and Family Services Act* (CFSA). These services are not mandatory under the CFSA, but are provided to the level of available resources. Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses or disorders.

A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health, is the context within which services are provided. The Policy Framework has four goals:

- Promote optimal child and youth mental health and well-being through enhanced understanding of, and ability to respond to, child and youth mental health needs through the provision of evidence informed services and supports;
- Provide children, youth and families with access to a flexible continuum of timely and appropriate services and supports within their own cultural, environmental and community context;
- Provide community-based services that are coordinated, collaborative and integrated, creating a culture of shared responsibility; and
- Be accountable and well-managed.

The provision of core CYMH services is informed by evidence to support service quality. Evidence-informed practices combine the best available research with the experience and judgment of practitioners, children, youth and families to deliver measurable benefits. They are informed by research findings together with contextual and experiential evidence. This includes practice-based evidence, evidence-based practice, evaluation findings, the expertise of clinicians, and the lived experience of children, youth, and families.

Ontario is committed to promoting the mental health and well-being of all children and youth. MCYS has defined a set of core CYMH services (shown below) to be available within every service area. For each core service, a target population has been identified.



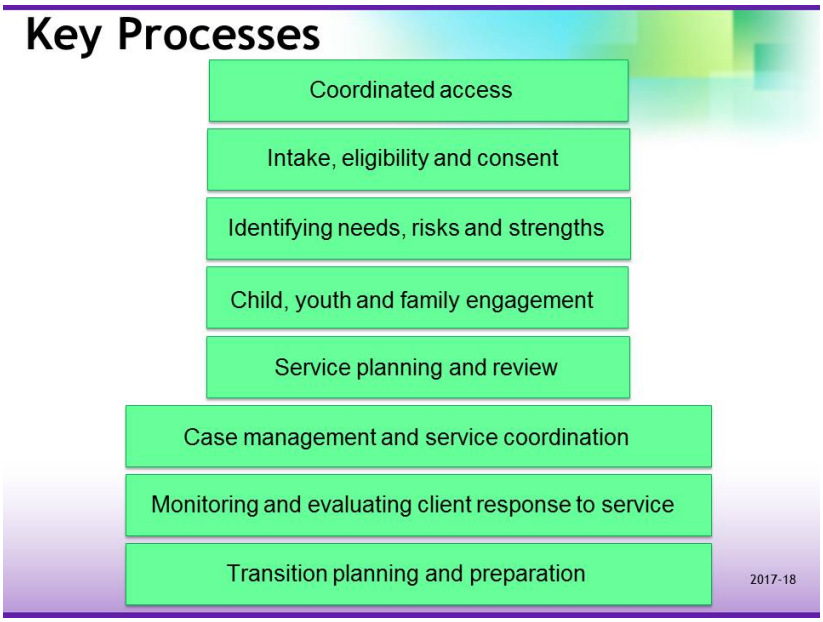
The following minimum expectations apply to <u>all</u> core services funded by MCYS:

- Core services and key processes will be provided in a manner that respects the diversity of communities. There are many conditions that may constitute barriers or may reinforce existing barriers to accessing services, including stigma, discrimination, and lack of cultural competency. In order to reduce barriers, core service providers should:
    - Understand the demographics of the population within the service area, including Francophone, First Nations, Métis, Inuit, urban Indigenous children and youth, newcomers and minority populations and their linguistic and cultural needs;
    - Understand the geography of the community within the service area that you are serving, including rural and remote areas;
    - Be sensitive to factors such as poverty, discrimination, and imbalances of power that influence the client experience;
    - Understand issues respecting sexual orientation and gender identity, and the unique needs and challenges faced by young people who are lesbian, gay, bisexual, transsexual, transgender, asexual, queer, questioning, or two-spirited; and
    - Discuss with the client, when beginning to develop their treatment plan, what cultural or other service options would support their treatment.
- Core service providers will be responsible for complying with all relevant legislative, regulatory, and policy directives, including privacy and consent requirements.
- Core services will be delivered in an evidence-informed manner, using evidence-informed tools and practices to support positive outcomes for children and youth.
- Core service providers will review clients' progress on a regular basis and adjust services, as needed.

- The approach to the delivery of core services will be strengths-based, and centred on individuals, considering and respecting their needs and preferences.
- Clients will be provided with information regarding additional community services and supports that may be suitable and, where appropriate, supported in accessing these services (e.g., through a referral).
- Core services will be delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.
- The intervention/treatment process will promote client involvement, partnership and shared decision-making so that all parties understand the goals and desired outcomes.
- Key partners in multi-disciplinary service delivery will be brought together, where appropriate, to provide an integrated and coordinated service response to help meet the needs of children, youth and their families.

Processes to Support Service Delivery

Key processes (shown below) contribute to the client experience and support the delivery of core services to children, youth and their families throughout their involvement with the CYMH service sector. These processes support a coordinated, collaborative and integrated approach to the delivery of CYMH community-based services for children, youth and their families. These processes are not specific to individual core services, but are common to and support all core services. They emphasize a client- and family-centred approach to service delivery that engages children, youth and families at every turn, from the moment the need for a service is identified, through the delivery of that service, and transition out of that service, to the point at which feedback is provided on how well the service has met their needs.



The following minimum expectations apply to <u>all</u> key processes that support the core services funded by MCYS:

- Core service providers are expected to use evidence-informed approaches to support the key processes, the high quality of services, and effective delivery of services to children, youth and families.
- Information gathered from the child, youth, family or practitioners that is necessary for the delivery of core services is to be shared among all relevant service providers, to the extent permitted by privacy and consent requirements (including applicable legislation, regulation, and policy directives). This will promote a client-focused approach to service delivery that is responsive to the needs of clients and will help reduce the need for children, youth and their families to repeat their stories.
- Key processes are delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.

Service System Planning and Information Reporting

A core service provider will work in collaboration with the lead agency in their service area, to plan for and align local services to the Program Guidelines and Requirements #01: Core Services and Key Processes so that children, youth and their families:

- Know what high quality child and youth mental health services are available in their communities; and
- How to access the mental health services and supports that meet their needs.

The core service provider will report required information based on key performance indicators for the child and youth mental health service system that are relevant to the service. Core service providers and lead agencies are expected to use the information to strengthen and continuously improve service planning and provision, as well as monitor the impact of services on clients and in the community over time. The ministry will use this information to inform changes to policy through provincial trending and analysis, strengthen transparency and accountability across the sector, and ensure taxpayer dollars are spent effectively and efficiently.

Coordinated Access/Intake Process

MINISTRY OF CHILDREN AND YOUTH SERVICES EXPECTATIONS

The following are minimum MCYS expectations for the intake process:

Coordinated Access:

- Clear pathway protocols are in place to coordinate access and services for children, youth and families between and across core service providers and community partners from related sectors (including but not limited to primary care and education).
- Core service providers use information collected through collaboration with community partners to inform the approach to access and to service. The collection of information is supported by information-sharing protocols, subject to applicable legislation, regulation, and policy directives, including privacy and consent requirements.
- The impact of partnerships and collaborations with regard to child, youth and family access to appropriate services is regularly reviewed and assessed by the lead agency through their planning work.

Intake, Eligibility and Consent:

- A clear intake process is developed that supports establishing eligibility of the child or youth for CYMH services.
- The process for intake screening and delivering services to clients is documented and the written process is available to families, children and youth when they make contact.
- The client's needs and urgency of treatment/intervention is assessed using evidence-informed tools.
- Preliminary service options are communicated to the child or youth and family at intake.
- Where appropriate, the child or youth and family are referred to other services.
- A client record is created to capture information and support service planning, service delivery and ongoing case management.
- Children and youth are prioritized for service based on need and urgency, and immediate crisis support and response is provided to those at risk or in crisis (e.g., impulsive self-harming behaviour), or efforts are made to help them access to immediate services.
- To the extent possible, service planning, coordination, treatment and/or communication will occur with all involved providers, including those from other sectors. This may involve information sharing with appropriate providers, subject to applicable legislation, regulation, and policy directives, and subject to privacy and consent requirements.
- When there is a waitlist for service, clients will be informed at intake and at regular intervals about their status on the waitlist.
- Clients and families will be provided with information, supports and resources to help them while waiting, such as contact names and phone numbers, crisis contacts, referral to other services, and community services and supports they can access.

Identifying Strengths, Needs and Risks:

- A strengths, needs, and risk assessment process is in place and adapted according to the intervention and treatment needs of the child or youth or family.
- The strengths, needs and risk assessment identifies and evaluates the strengths, needs and resources of the child or youth and family that are relevant to the intervention and treatment process.
- The strengths, needs and risk assessment will consider the child or youth within their family, community, cultural, socio-economic and religious contexts.
- The strengths, needs and risk assessment will include information already gathered from the child or youth, parent/caregiver or other practitioners subject to applicable legislation, regulation, and policy directives including privacy and consent requirements, so they do not have to unnecessarily repeat themselves.

PEEL CHILDREN'S CENTRE COORDINATED ACCESS/INTAKE PROCESS – Service Description

Service objectives for Coordinated Access Intake Service Planning will be implemented through WhereToStart.ca (the System Access and Intake Team, part of Peel's Coordinated Intake Network, (PCIN) operated by Peel Children's Centre on behalf of and in association with Nexus Youth Services, Associated Youth Services Peel, Rapport Youth and Family Services, Trillium Health Partners, and William Osler Health System). It is a telephone-based service that provides a single point of access for children, youth and their families in the Region of Peel wishing to access a wide range of mental health programs and services.

Description of the specific services and service capacity:

- WhereToStart.ca offers the first point of contact between a program/service/consumer and the organizations that are represented.
- Referrals may come from parents, youth, community agencies and other professionals. Services offered respond to the unique and diverse needs of the child/youth and their family in a respectful, responsive and affirming manner. In cases where services and supports are better met by organizations outside of the existing partnership, the consumer is given detailed information about that organization, along with an offer of assistance in making contact with the recommended service provider.
- In an effort to ensure easy access to WhereToStart.ca, Access and Intake Specialists are available from 9:00 a.m. to 4:30 p.m. Monday through Friday. Telephone messages left after hours are returned within one working day. The service is staffed by Access and Intake Specialists, and all of the represented partner organizations contribute resources to ensure an appropriately qualified staffing complement. A critical component of the service is the agreed-upon system case transfer protocol. The PCIN system case transfer protocol facilitates the process of transferring a client from one organization's services to another partner organization, without necessitating another Intake interview if a client has had active service(s) in the past year.
- Clients can access WhereToStart.ca by calling 905-451-4655. At the point of initial contact, Access and Intake Specialists begin a triage process by confirming eligibility for service and will ask for current, relevant information pertaining to the child/youth's presenting problem(s). Once eligibility has been confirmed, the Access and Intake Specialist will schedule a mutually agreeable time for a telephone intake appointment. An intake

appointment will be scheduled with consideration given to urgency and risk, which may necessitate offering an urgent intake appointment, when priority access is needed. Evening intake appointments are available at 5:00 p.m. and 6:00 p.m. Monday through Thursday. In-person intakes are also available on an as-needed basis. This service is also available in French and interpreter services can be accessed as needed. During the intake appointment call, information is gathered using a standardized and systematic format. Use of the interRAI ChYMH-Screener Plus has been implemented as part of the fully integrated intake interview for children and youth age 4 and up.

- Based upon information collected and in consultation with the child/youth and/or parent, a decision is made regarding the service which will most appropriately meet the identified needs of the child/youth. The Access and Intake Specialist facilitates the child/youth's access to services by providing the information already gathered through the Intake process to the identified service provider.

Service Location

- Peel Children's Centre – 85A Aventura Court, Mississauga, ON L5T 2Y6

Area served:

- Region of Peel

Targeted Prevention Services

MINISTRY OF CHILDREN AND YOUTH SERVICES EXPECTATIONS

The following are minimum MCYS expectations for the delivery of targeted prevention services:

- The service helps children/youth and their families to understand mental health problems and increases their resiliency by building their skills and competencies.
- The service identifies the objective of the prevention activity and is designed to counter or mitigate a significant risk factor without stigmatizing the children or youth.

PEEL CHILDREN'S CENTRE TARGETED PREVENTION – Service Description

The Targeted Prevention service objectives will be implemented at Peel Children's Centre through groups. These groups help both the child/youth and their family enhance their capacity to manage in their home, school and community. As an intervention, the service provides an opportunity for the child/youth and their family to interact and learn from each other, thus strengthening their support system and competence in managing challenges. Groups offered may include *Go Grrls!, Girls Circle, Boys Council, Mother Daughter Circle, Youth Workshops, First Contact* and *Concurrent Disorders*. School-Based Groups are also offered to address concerns experienced by the student population including issues such as *COPEing with Challenging Behaviour* (Cunningham, 2005), *Concurrent Disorders*; Bullying; *FRIENDS for Life* (Barrett, 2010), and *Kids Have Stress, Too* (Psychology Foundation of Canada in partnership with Toronto Public Health and Toronto District School Board's Stress Management Committee).

Groups range in size and offer 3-12 sessions depending on the nature of the group. All groups are evidence-based or evidence-informed, providing information and resources on specific topics. A clinician provides information and facilitates the group discussion and problem-solving.

The delivery of group services will be coordinated with partner children's mental health service providers in order to offer the broadest continuum of groups possible.

Service Location:

- Peel Children's Centre – 85A Aventura Court, Mississauga, ON L5T 2Y6
- Schools

Area served:

- Region of Peel

Brief Services

MINISTRY OF CHILDREN AND YOUTH SERVICES EXPECTATIONS

The following are minimum MCYS expectations for the delivery of brief services:

- Services are provided on a flexible schedule, at times and locations that facilitate access.
- Services are episodic and time-limited (e.g. a single therapeutic session, or three sessions of therapy or consultation sessions within a six-week timeframe).
- Services are provided through the most effective possible delivery mechanisms (e.g. walk-in clinic, single-session model or brief consultation).

PEEL CHILDREN'S CENTRE BRIEF SERVICES – Service Description

Peel Children's Centre provides "quick access" therapeutic interventions to address the immediate or presenting needs of a child or youth through Tangerine Walk-In and Single Session Therapy/Brief Counselling. These services are also available in French and interpretive services can be accessed if needed.

Description of the specific services and service capacity:

- **Tangerine Walk-In (under age 18):** Walk-In service is operated in collaboration with Associated Youth Services of Peel and Rapport Youth and Family Services where clients meet with a clinician for a single session when it is most convenient. No referral or appointment is required. Sessions are strength-based and client-focused, with the objective of the session being informed by the client's most pressing concern. Recommendations and a written report are provided in the session.
- **Single Session Therapy (under age 18):** A clinician begins counselling with a single session to address the child or youth and/or his/her family's most pressing concern, explore solutions that have been attempted, and identify strengths and resources to address the issue. Family members begin to understand the issues differently and this, in turn, encourages them to try new approaches and strategies to address their concern.
- **Access to service process:**
    - For Tangerine Walk-In, no referral or appointment is necessary and service is completed in the single visit.
    - Single Session Therapy is offered, by appointment, to clients who have completed a telephone intake and whose needs match the service model.

Service Locations:

- Tangerine Location:
    - Peel Children's Centre – 85A Aventura Court, Mississauga, ON L5T 2Y6
- Single Session Therapy:
    - Peel Children's Centre – 85A Aventura Court, Mississauga, ON L5T 2Y6

Area served:

- Region of Peel

Counselling and Therapy Services

MINISTRY OF CHILDREN AND YOUTH SERVICES EXPECTATIONS

The following are minimum MCYS expectations for the delivery of counselling and therapy services:

- Counselling and therapy sessions are provided regularly over a period of time (daily, weekly, bi-weekly or monthly), in a range of settings, to address specific treatment goals.
- A clear service plan is developed in collaboration with the child/youth and family, as appropriate. The client's progress is reviewed on a regular basis and services are adjusted as needed.
- Group therapy services have a written description that clearly articulates their purpose, target population, rationale and expected outcomes.
- Where feasible, services are provided on a flexible schedule, at times and locations that facilitate access.
- For MCYS-funded services that are school-based, provision is made so that children or youth who require it have access to ongoing mental health support during extended school breaks.

PEEL CHILDREN'S CENTRE COUNSELLING AND THERAPY SERVICES – Service Description

Service objectives for Child and Youth Mental Health Counselling/Therapy Services are delivered at Peel Children's Centre through the following programs:

- Counselling
- Anxiety Group – Feeling CALM: Combat Anxiety and Learn to Manage
- Coping Power Group
- ICF 0-6
- Peel Infant-Parent Program (PIPP)
- School-Based Services – Brief Intensive Intervention Program (BIIP)
- School-Based Services – Alternatives to Day Treatment
- Sexual Abuse Treatment Program (SATP)

Description of the specific services and service capacity:

- **Counselling (under age 18):** When client needs exceed what can be offered in Single Session Therapy/Brief Counselling, counselling is provided informed by the client's needs, readiness and treatment issues. Treatment modalities and strategies can include attachment, developmental perspectives, solution focused, narrative and Cognitive Behaviour Therapy (CBT). The overall goal of counselling is to improve the child/youth and family functioning at home, in school, and in the community, by assisting children and their families to increase awareness, coping skills and access to resources. This service is also available in French and interpretive services can be accessed if needed.
- **Anxiety Group – Feeling CALM:** Combat Anxiety and Learn to Manage (age 10-13): A child and parent therapeutic educational group which utilizes concepts drawn from Cognitive Behavioural Therapy (CBT) to help children/youth and their parents learn coping strategies in situations that are anxiety-provoking.

- **Coping Power (age 8-13):** A multi-component group-based treatment for children with aggressive and disruptive behaviour and their parents. Coping Power groups are designed for latency age children with severe emotional and behavioural challenges. It supports the following protective factors; social competence, self-regulation and positive parental involvement.
- **ICF 0-6 (birth-6):** An in-home, in-school, in-community treatment service that provides intensive yet flexible responses to appropriately address the needs of caregivers with infants and children who are at risk of developing serious mental health concerns. Based on the needs of the parent and child, interventions may include trauma assessment and treatment, attachment assessment and treatment, family therapy, in-home parenting support, skills training, psychological/psychiatric consultation, collaboration with other agencies and advocacy.
- **Peel Infant-Parent Program (PIPP) (age under 36 months):** PIPP is designed to improve the quality of the caregiver-infant attachment relationship for children at risk. This service is provided as a partnership between the Region of Peel and Peel Children's Centre. The program team consists of resource teachers, an early childhood educator and child and family clinicians. The program includes psychological consultation and assessment when warranted.
- **School-Based Services – Brief Intensive Intervention Program (BIIP) (age 4-18):** Provides in-home counselling service for children and youth experiencing multiple, significant stressors that are impacting their ability to succeed in their school environment. School personnel from both the English and French school boards are able to directly refer students and their families for service. Students and their families will be offered up to 12 sessions of service provided within a maximum of 4 – 6 months.
- **School-Based Services – Alternatives to Day Treatment (age 5-14):** Counselling services for children/youth who require service/support, but whose parents/caregivers are not initially ready to engage in more active service. These students have experienced significant modification of school programming/services. The combined family, school and treatment goal is to maintain the child/youth in his/her present school placement. Intervention planning includes the use of multiple modalities in order to provide for a comprehensive plan that includes both school-based and community-based support/treatment interventions.
- **Sexual Abuse Treatment Program (age under 18):** SATP provides specialized out-client assessment and treatment services to children and their families dealing with sexual abuse and sexualized behaviour problems. The program focuses on remediating the trauma of sexual abuse or sexual assault through the use of Trauma-Focused Cognitive Behaviour Therapy (TF-CBT), preventing future sexual abuse by providing interventions to children (under 12 years) exhibiting sexualized behaviours, providing intervention to adolescents who have sexually harmed to enable them to establish and maintain a sexual abuse-free lifestyle, and providing appropriate support and intervention to all family members in cases where sibling incest has occurred.

Service Location:

- Peel Children's Centre – 85A Aventura Court, Mississauga, ON L5T 2Y6
- PIPP is offered at 9996 Kennedy Road North, Brampton, ON L6V 0A1
- in-home, schools, community settings

Area served:

- Region of Peel

Family Capacity Building and Support Services

MINISTRY OF CHILDREN AND YOUTH SERVICES EXPECTATIONS

The following are minimum MCYS expectations for the delivery of family capacity building and support services:

- Services provided are embedded as a part of the overall service plan for the child or youth.
- Services are designed to strengthen family capacity and gains made through treatment and to prevent recurrence or exacerbation of mental health problems of the child or youth.
- Family support and capacity building will be assessed and provided based on the individual needs and situations of the family and child/youth.
- Services are designed, developed and implemented in partnership with families.
- Services are individualized to the specific needs of the family.
- Flexibility in terms of scheduling and settings is maximized in order to facilitate access to service.

PEEL CHILDREN'S CENTRE FAMILY CAPACITY BUILDING AND SUPPORT – Service Description

The service objectives for the Family Capacity Building and Support Services will be implemented by Peel Children's Centre through **educational and support groups, and respite services including the volunteer mentor program.** The **educational and support groups** enhance the parent, caregiver and guardian's capacity to understand, support and adaptively respond to the mental health needs of their child or youth**.** These groups facilitate family members to better address the child or youth's mental health issues by changing attitudes and behaviours, providing support as they adjust to a new diagnosis, building skills and competencies, and/or creating awareness and resiliency. Parents are provided the opportunity to attend parenting groups while their children are being supervised in a structured peer setting where they can be supported in developing their social skills. Educational groups are offered on a regular basis in the fall, winter and/or spring sessions. These groups include, but are not limited to groups such as *ADHD*, *COPE, Incredible Years, Making the Connection* and *School-Based groups*. Additionally, **Respite Services** provide a spectrum of services for the families and caregivers of children who have mental health problems that put them at risk of losing their place in their home. Respite services are part of a child and family's broader treatment plan. Respite support is provided by volunteer mentors, child and youth counsellors in the child's home, and includes community-based programs such as recreational programs and child minding supports.

Service Location:

- Peel Children's Centre – 85A Aventura Court, Mississauga, ON L5T 2Y6
- schools and community settings

Area served:

- Region of Peel

Specialized Consultation/Assessment Services

MINISTRY OF CHILDREN AND YOUTH SERVICES EXPECTATIONS

The following are minimum MCYS expectations for the delivery of specialized consultation/ assessment services:

- Specialized consultations and assessments should be prioritized for children and youth who:
    - present with complex mental health problems;
    - have not responded to other treatment; and,
    - have a history which indicates recurring difficulty in clarifying a diagnosis or determining effective interventions or treatment approaches.
- Lead agencies should establish relationships with neighbouring lead agencies or provincial programs in order to maintain clear pathways to these services if a child or youth requires an assessment service that is not available within their service area.
- Where broader needs are identified, information collected is shared with the appropriate provider/access point/service coordinator to inform the approach to service, subject to applicable legislation, regulation, and policy directives, including privacy and consent requirements.

PEEL CHILDREN'S CENTRE SPECIALIZED CONSULTATION/ASSESSMENT SERVICES – Service Description

The Service Objectives for the Specialized Consultation/Assessment Services will be implemented by Peel Children's Centre through the provision of psychiatric, psychological services and Concurrent Disorders. Description of the specific services and service capacity:

- **Psychological Services (under age 18)**: Provides assessment, consultation and intervention to clients participating in any of PCC's clinical programs and services. The objective of this service is to facilitate both staff and clients' understanding, as well as treatment and discharge planning by helping to clarify clients' perception, cognition, emotions, behaviour and interpersonal strengths/needs. Consultation to treatment planning is provided as part of the multidisciplinary team process. Psychologists assist in program evaluation and development, and training to increase staff knowledge.
- **Psychiatric Services (under age 18)**: Provides assessment, consultation and diagnosis to clients who are receiving service in MCYS-funded programs in Peel. These services facilitate understanding, treatment or discharge planning by providing specialized diagnoses of mental health disorders. Consultation to treatment planning is provided as part of the multidisciplinary team process. Psychiatrists may provide training to increase staff knowledge.
- **Concurrent Disorders (under age 18)**: Increases the use of evidence-based, integrated treatment interventions with youth experiencing combined mental health and substance use concerns, incorporating a harm reduction approach. The program provides training, case-specific consultations, and issue-specific consultations to a wide variety of individuals/service providers who provide services to Peel youth.

Service Location:

- Peel Children's Centre – 85A Aventura Court, Mississauga, ON L5T 2Y6
- schools and community settings

Area served:

- Region of Peel

Crisis Support Services

MINISTRY OF CHILDREN AND YOUTH SERVICES EXPECTATIONS

The following are minimum MCYS expectations for the delivery of crisis services:

- Crisis services should be available within a service area 24-hours a day, seven days a week. Services may be delivered by one service provider, in partnership with a number of service providers and/or with broader sector partners, and within and across service areas. There must also be coordination with other related services, including hospital emergency departments, urgent care centres, mental health crisis services and telephone-response/ tele-psychiatry services operated collaboratively with other communities/service areas.
- Depending on the level of need, crisis support/response will either be provided to those in crisis (e.g., impulsive self-harming behaviour), or the core service provider will help the client secure alternate access to immediate service available from core services and/or other service providers as appropriate (e.g. through a "warm" transfer).
- Where possible, depending on the presenting and immediate needs of the child/youth, crisis services should include coordination and alignment with any existing mental health services being received by that child/youth.
- There is a triage protocol that includes prioritization criteria (e.g., through use of evidence-informed tools and approaches), type of contact and corresponding response time targets (e.g. emergent and urgent definitions; two hour, 24-hour or 48-hour response times; face-to-face or telephone response). When a client accesses a crisis telephone line and consent has been provided, there will be follow-up with clients and community partners to ensure access to appropriate services.
- If the child, youth or family is placed on a waiting list for service, there will be an interim plan in place while they are waiting.
- Where appropriate, core service providers will work with the education sector to support service delivery that minimizes school transfers and maintains education programming.
- A safety plan will be developed in all cases where the client needs are not addressed at first contact or where the child, youth or family is known by the core service provider to be an on-going recipient of core services.

PEEL CHILDREN'S CRISIS SUPPORT SERVICES – Service Description

Service Objectives for Crisis Support Services is implemented by Peel Children's Centre through its Crisis Response Service. Crisis Response Service provides an immediate crisis response (7-days-a-week, from 7 a.m. to 11 p.m.) to children and youth (under age 18) experiencing significant mental health issues. Overnight callers are directed to call KidsHelpPhone, CMHA's 24/7 Crisis Line. Callers also have the option to leave a message that will be picked up by the team at the start of the next day. In the event of an emergency, callers are directed to call 911 or attend their nearest emergency department. Peel Children's Centre's Crisis Response Service is designed to stabilize the individual or family situation, and to offer a bridging response to required longer-term services. A live-voice telephone response is provided for every call, with a follow-up mobile crisis response to provide on-site crisis intervention in home, in school or other community location on an as needed basis. This service is also available in French and interpretive services can be accessed if needed.

Service Location:

- Peel Children's Centre – 85A Aventura Court, Mississauga, ON L5T 2Y6
- In-home, schools and community settings

Area served:

- Region of Peel

Intensive Treatment Services

MINISTRY OF CHILDREN AND YOUTH SERVICES EXPECTATIONS

The following are minimum MCYS expectations for the delivery of intensive treatment services:

- Where a child or youth is receiving intensive services, an individualized and documented service plan to guide and monitor the intervention/treatment process is mandatory, as is the requirement to review it regularly with the child, youth, and family or guardian.
- Core service providers should establish relationships with neighbouring service providers, including lead agencies or other provincial programs in order to maintain transparent pathways to these services. The core service provider will facilitate the transfer of service when a child, youth, or family requires a service that is not available within their service area.
- The program/service or clinical approach places the child/youth and/or family's needs at the centre of all considerations, respects the uniqueness of each child/youth and as appropriate engages them and/or their family in the service process.
- Core service providers have policies and business processes to implement an interdisciplinary process that is internally or externally available, for professional input to the service plan during the treatment process, including assessment, planning, implementation, review, and case closure.
- Structured group and individual intervention activities take place at a level of intensity appropriate to a client's needs.
- A balance is achieved between intervention activities, work, play, structured and free activities, privacy and group involvement.
- The process for planning transitions into and out of day treatment must promote continuity of services and supports (e.g., through information sharing, collaboration and coordinated service planning), and support the child, youth and families for a successful transition to an appropriate placement to the extent possible.
- There are service pathways with crisis support services to promote the use of positive, safe methods to intervene in crisis situations with children or youth at high risk.

In addition, the following minimum expectations apply to intensive out-of-home services:

- Residential treatment settings must meet all applicable legislative and regulatory requirements.
- Admission to and discharge/transition from out-of-home service occurs on a planned basis where possible, in a manner that promotes continuity of services and is managed with sensitivity, transparency and, as far as possible, respects the preferences of the child or youth and families.

In addition, where education services are delivered as part of the service program, the following minimum expectations apply:

- Core service providers should work with education partners to deliver education services that approximate, as closely as possible, the normal daily routine of children or youth.

- Core service providers should work with education partners to provide a range of educational activities appropriate to the learning style, strengths and needs, and achievement level and well-being of the children and youth being served.
- Where appropriate, core service providers should work with education partners to support effective transitions between the education and CYMH sectors.

PEEL CHILDREN'S CENTRE INTENSIVE TREATMENT SERVICES – Service Description

Service objectives for Intensive Treatment Services will be implemented by Peel Children's Centre through the following programs:

- ICF 7-17
- CONNECT
- Day Treatment Services (Section 23)
- Residential Services
- Respite (out of home)
- STEPS Residential Enhancement Fund
- Flexible Services Fund
- Intensive Supports and Resource Coordination Program
- Wraparound – Children's Mental Health

Description of the specific services and service capacity:

- **ICF 7-17 (7-17):** Intensive Child & Family Services (ICF 7-17) provides children/youth and their families, who are experiencing multiple and significant stressors access to a continuum of intensive yet flexible in-home, in-school and in-community responses. Using a strength-based, family-centred approach to service delivery, the service varies the assessment and treatment modalities, including psychology and psychiatry, to meet client needs. Interpretive Services can be accessed as needed.
- **CONNECT (7 – 15 inclusive):** CONNECT is a therapeutic, recreational program that provides intensive services to children/youth with mental health needs that are at risk of losing their home or school placement, or have been in CAS care or another residential setting and are being reintegrated into the family home. This program is adjunctive to Intensive Treatment Services and is intended to help children/youth with intensive intervention and support in every aspect of their life (i.e. school, home, after-school, community). CONNECT involves three main activities: a parent and child group, individual counselling, and an after-school program.
- **Day Treatment (ages 4 – 17 inclusive):** Day Treatment Services (Section 23) is a school-based program provided in a specialized classroom setting. It targets children/youth and their family who are dealing with multiple issues that have put the child/youth at risk of losing their placement in school, as identified by local school boards. Multiple treatment options develop comprehensive, individualized treatment plans for each child/youth/family. The referral process is conjoint involving the family and the current school system. Peel Children's Centre operates two Day Treatment classrooms at its Caledon Campus (ages 13-18). Day Treatment classrooms in regular schools include Glenhaven (ages 11-14); Glenforest (ages 14-18); Kindree Primary (ages 4-7); Kindree Junior (ages 8-11); and St. Kevin (ages 8-12). There are a total of 47 desks across all programs.

- **Residential Services (ages 7 – 17 inclusive):** Provides a safe, accepting and supportive environment that offers out-of-home treatment for children and youth who are experiencing serious emotional, behavioural and/or relationship difficulties. Residential treatment is viewed as a temporary opportunity for families to re-energize and work together towards new solutions in preparation for the child's/youth's return to the community. Peel Children's Centre operates four Staff Operated Residential Treatment residences, with 20 beds in total – two 5-day a week programs, in Brampton: 4 beds at Elgin for youth (ages 14-17) and 6 beds at Morgan House for latency-aged children (ages 7-11), and two 24/7/365 programs in Caledon: 5 beds in the Caledon South Program for youth (ages 11-15; 5 beds) and 5 beds in the ECHO Program for adolescent males who have committed sexual offences (ages 13-17).
- **Respite - Intensive (under age 18)**: Respite Services provides a spectrum of services for the families and caregivers of children who have mental health problems that put them at risk of losing their place in their home. Respite services are part of a child and family's broader treatment plan. Intensive options include paid one to one child and youth counsellor support, overnight community camps and respite at Peel Children's Centre Residences including Morgan House, Elgin, and Century House on the Caledon campus.
- **STEPS Residential Enhancement Fund (under age 18):** This fund is administered by Peel Children's Centre and is primarily intended to provide local MCYS-funded community-based child and youth mental health residential service providers in Peel and Halton with access to short-term flexible funding in order to enhance their capacity to admit and treat children and youth with significant mental health needs.
- **Flexible Services Fund (under age 18):** This is a community fund administered by Peel Children's Centre. The funds are for 1:1 treatment-focused support to meet the clinical needs of children and youth receiving children's mental health services at Peel agencies funded by MCYS. These funds are intended to augment the client's active treatment/service plan and support the client's ongoing identified clinical goals.
- **Intensive Supports and Resource Coordination Program (ISRCP) (under age 18):** Intensive Support and Resource Coordination Program provides clinically informed (non-direct), coordination services for children/youth with severe, chronic and complex mental health, emotional, and/or behavioural needs and their families where multiple and ongoing system involvement is required. Service coordination/navigation includes inter-agency assessments, service planning and brokerage, service implementation, facilitation of transitions, and advocacy at the system level.
- **Peel Wraparound Process - Children's Mental Health (under age 18**): Wraparound is a team-based planning process intended to provide families who experience emotional, social, behavioural, or mental health challenges with individualized, coordinated, family-centred care to meet the complex mental health needs of children and youth who are involved with other child/youth/family-serving systems (e.g. child welfare, youth justice, education and healthcare). The Peel Wraparound Process is a strengths-based planning approach that helps families with children who are experiencing significant difficulties, by developing a team of both formal and informal supports to "wrap around" them. Wraparound facilitators provide services to children, youth and their families in-home, in-school and in the community. Together with their team (family, friends, chosen providers), families work to identify their priority needs and to develop creative and practical strategies to meet these needs – strategies that are directly linked to the family, their team, and the strengths and capabilities of the community. Mini Wrap is provided to those in crisis requiring an immediate response.

Service Location:

- **Peel Children's Centre –** 85A Aventura Court, Mississauga, ON L5T 2Y6
- **Day Treatment:**
  - Peel Children's Centre – Caledon Campus, 14780 Hurontario Street, Caledon, ON L7C 2C2
  - Glenforest Secondary School, 3575 Fieldgate Drive, Mississauga, ON L4X 2J6
  - Glenhaven Sr. Public School 3570 Havenwood Drive, Mississauga, ON L4X 2M9
  - St. Kevin Elementary School, 103 Malta Ave., Brampton, ON L6Y 4C8
  - Kindree Public School, 7370 Terragar Blvd., Mississauga, ON L5N 7L8
- **Residential:**
  - Caledon South & ECHO, 14780 Hurontario Street, Caledon, ON L7C 2C2
  - Elgin, 75 Elgin Drive, Brampton, ON L6Y 1A9
  - Morgan House, 1751 Queen Street West, Brampton, ON L6Y 0B6
- **Respite:**
  - Century House, 14780 Hurontario Street, Caledon, ON L7C 2C2
  - Hope House, 2235 Kenbarb Road, Mississauga, ON L5B 2E9
- **ICF 7 – 17:** in-home, main office, schools and community settings
- **Connect:** Caledon Campus – 14780 Hurontario Street, Caledon ON L7C 2C2

Area served:

- Region of Peel

Case Management/Service Coordination Process

MINISTRY OF CHILDREN AND YOUTH SERVICES EXPECTATIONS

The following are minimum MCYS expectations for the case management/service coordination process:

Service Planning and Review:

- The service planning and review process focuses on the child's or youth's strengths and resources, within the context of their family, agreed-upon goals and objectives, the management of safety and risk issues, and what can reasonably be achieved. This is informed by an assessment of strengths, needs and risks, and on the professional judgment of the core service provider.
- Each child or youth and family has a written service plan developed in collaboration with the child, youth or family as appropriate, to guide and monitor the intervention and treatment process.
- Information contained in the service plan is subject to applicable legislation, regulation, and policy directives, including privacy and consent requirements.
- Protocols for communicating changes to the service plan to clients and issues that may be related to all service providers involved must be clearly established at the outset.
- Intervention, treatment and referrals are reviewed and recorded in the child or youth's service plan on a regular basis. The review of intervention and treatment is used to modify the child or youth's service plan where necessary.
- There are written policies and procedures with other service providers that define the relationship with and referral process to intake points/processes in the service system.
- Where a referral occurs, the transition is supported by providing background information, as needed, to expedite the process; reducing the number of times the client and/or their family needs to repeat their story; and connecting directly, where appropriate, with the new service provider. These activities may involve sharing client information with appropriate providers, subject to applicable legislation, regulation and policy directives, including privacy and consent requirements.
- The service plan makes provision for transitions and follow-up from service, between services, and where the overall responsibility for treatment shifts to another service provider.

Case Management and Service Coordination:

- Service coordination will take place through collaboration with all core service providers who are involved in the service plan.
- Case management and service coordination includes the clear identification of respective roles and responsibilities of all service providers involved, and the documentation and communication of these across involved providers and to the child, youth and their families.
- Case management and service coordination activities will respect the preferences of children, youth, and their families.
- Where appropriate, core service providers will work with the education sector to support service delivery that minimizes school transfers and maintains education programming.
- Where a core service provider is the primary provider, they will, to the extent possible:

- Provide the family with a stable point of contact from the start of their involvement in service through to their transition out of service or between services;
- Work with other involved providers to support service planning, coordination and treatment;
- Monitor services regularly to ensure that services are scheduled and delivered according to the child or youth's service plan; and
- Maintain effective and clear communication with involved parties, including the child, youth and family.

- Lead agencies should work with core service providers, and broader sector partners to establish written policies and procedures that define case management/ service coordination in the service area. These should also describe the relationship(s) with, and referral processes between other intake processes in the service system to support effective pathways to, through and out of care. Written policies and procedures must be transparent to all parties, including clients and families.
- Where a child or youth has multiple and/or complex special needs and requires multiple specialized services in addition to core services (e.g., rehabilitation services, autism services or respite supports), their family may benefit from additional supports provided through coordinated service planning and should be referred to the special needs coordinating agency in their service delivery area.
  - It is expected that clients are connected with special needs coordinating agencies, where they are established, to develop pathways with the goal of providing coordinated services for children and youth with mental health concerns who also have other special needs.
  - Clients who are newly identified as having special needs should be referred beyond mental health services to the local special needs coordinating agency, as they may also benefit from additional supports provided through coordinated service planning.
  - Service providers will work with the family's service planning coordinator to include core services in the child or youth's coordinated service plan where the child/youth is a recipient of services available through the local special needs coordinating agency.
- When a core service provider takes a lead or substantive role in a community service plan on behalf of a child or youth involving multiple agencies and/or informal supports, services are coordinated and integrated.

Monitoring and Evaluating Client Response to Service:

- The core service provider will review and record intervention and treatment on a regular basis.
- The core service provider will share information among involved service providers to monitor and evaluate the client's response to services. Information sharing will take place subject to applicable legislation, regulation and policy directives, including privacy and consent requirements.
- The review of intervention and treatment, including the use of evidence-informed tools, is used to modify the service plan, if necessary.
- Services are designed with intended clinical outcomes, and progress towards clinical outcomes is measured, evaluated and services adjusted as needed.

Transition Planning and Preparation:

- Planning for discharge and transition begins from the point when a child or youth enters into treatment or service.
- Discharge is a planned process in which core service provider staff and the child or youth and family negotiate a plan for case closure.
- Where case closure is unplanned, efforts are made to inform and involve the client, as appropriate under the circumstances.
- There is a written discharge report for each child, youth and/or their family, with details appropriate to the nature of service provided.
- Where a child/youth is transitioning to another service provider, or to another service system (e.g. education system), the core service provider should work in partnership with all (including the child or youth, their family, and involved providers) to develop a seamless transition approach. This will support reducing the number of times the child, youth and/or their family needs to repeat their story.
    - Transitioning to another service provider must be planned in advance, agreed-upon between child or youth and family, and all the providers, and communicated to everyone involved.
    - Where appropriate, core service providers will work with the education sector to support service delivery that minimizes school transfers and maintains education programming.
    - These activities may involve sharing client information with appropriate service providers, subject to applicable legislation, regulation, and policy directives, including privacy/consent requirements.

PEEL CHILDREN'S CENTRE CASE MANAGEMENT/SERVICE COORDINATION PROCESS – Service Description

Coordination of services begins with the process of developing an individualized plan for service delivery which is reviewed throughout treatment to monitor the client's progress in meeting the goals of the plan. Service plans are to be reviewed on a regular basis and updated when:

- they need to be changed;
- services are added or changed; and/or
- services are complete.

Ongoing monitoring provides evidence as to whether treatment is having the intended impact and, if it is not, drives necessary changes in treatment to be reflected in the treatment plan. Ongoing monitoring also informs discharge planning and provides a basis for outcome measurement and reporting. Use of the interRAI – ChYMH has been implemented across the Peel Service Area in Child and Youth Mental Health organizations.

Service objectives for Case Management/Service Coordination occur in programs within Crisis Support Services, Counselling and Therapy Services and Intensive Treatment Services.

Service Location:

- Peel Children's Centre – 85A Aventura Court, Mississauga, L5T 2Y6
- Service occurs where needed

Area served:

- Region of Peel

Services Funded by Ministry of Children and Youth Services but Not Mapped to Core Services/Key Processes Framework

Peel Wraparound Process – Adolescent Team (ages 12 - 16)

Funded by Community Capacity-Building

The Adolescent Team is a community-based outreach service offered in partnership with Peel Children's Aid Society, Associated Youth Services of Peel (AYSP) and Peel Children's Centre – Peel Wraparound Process. This service offers counselling and support to families who are involved with the Peel Children's Aid Society, where risk factors are related to parent/adolescent conflict and the youth is at risk of removal from the home.

The Peel Wraparound Process is a strength-based planning approach that helps families with children who are experiencing significant difficulties, by developing a team of both formal and informal supports to "wrap around" them. Wraparound facilitators provide services to children, youth and their families in-home, in-school and in the community. Together with their team (family, friends, chosen providers), families work to identify their priority needs and to develop creative and practical strategies to meet these needs – strategies that are directly linked to the family, their team, and the strengths and capabilities of the community. Mini Wrap is provided to those in crisis requiring an immediate response.

Service Location:

- Peel Children's Centre – , 85A Aventura Court, Mississauga, L5T 2Y6
- Service occurs where needed

Area served:

- Region of Peel

Peel Wraparound Process – Developmental Services (under age 18)

Funded by Complex Special Needs – Community Enhancement

Peel Wraparound Process – Developmental Services is available to children and youth who are diagnosed with a developmental disability and have needs across multiple sectors. These needs may be apparent because of exposure to risk factors, or the child/youth and family may already have a history of service involvement and have current complex needs. Wraparound is intended to meet the needs that surpass the ability of one service provider or program to address.

The Peel Wraparound Process is a strength-based planning approach that helps families with children who are experiencing significant difficulties, by developing a team of both formal and informal supports to "wrap around" them. Wraparound facilitators provide services to children, youth and their families in-home, in-school and in the community. Together with their team (family, friends, chosen providers), families work to identify their priority needs and to develop creative and practical strategies to meet these needs – strategies that are directly linked to the family, their team, and the strengths and capabilities of the community.

Service Location:

- Peel Children's Centre – 85A Aventura Court, Mississauga, L5T 2Y6
- Service occurs where needed

Area served:

- Region of Peel

Court Clinic (ages 12 – 18 inclusive)

Funded by MCYS, Youth Justice Services

Court Clinic service provides court-ordered assessments for youth charged under Section 34 of the *Youth Criminal Justice Act* (2003) whose offence(s) were committed between the ages of 12 and 18 years. The Court Clinic assessment process may include interviews with the youth and the parents or legal guardian, psychological testing, the integration of information from other relevant service providers, and a psychiatric evaluation when indicated. A report is prepared and submitted to the judge for consideration. This report summarizes the assessment and offers recommendations for sentencing, treatment, and community reintegration.

Service Location:

- Peel Children's Centre – 85A Aventura Court, Mississauga, L5T 2Y6

Area served:

- Region of Peel

Services Not Funded by the Ministry of Children and Youth Services

Peel Inclusion Resource Services (birth – 12 inclusive)

Funded by Region of Peel

Peel Inclusion Resource Services (PIRS) is a key component of the Peel Special Needs Strategy for Early Learning and Child Care. PIRS offers a range of services to enhance the capacity of licensed childcare providers to ensure inclusive childcare services to children with special needs who require support and assistance with daily living, whether formally diagnosed or not. The childcare provider benefits from support to enhance programming for children experiencing challenges related to their behaviour, physical or intellectual impairments, that affect activities pertaining to daily living and/or adaptive/social behaviour. Staff use specialized skills, knowledge, experience and expertise in early learning to strengthen the general capacity of childcare providers through providing training, coaching/mentoring, individual and program consultation. Individual consultations are also available to parents to enhance their ability to meet the needs of their child.

Service Location:

- Childcare providers located in the Region of Peel

Area served:

- Region of Peel

Child Witness Program (under age 18)

Funded by Ministry of the Attorney General

The Child Witness Program is an educational program for children appearing in court because they experienced or witnessed sexual or physical violence. This program provides child victims/ witnesses and their support person(s) with emotional support, stress reduction and coping strategies, as well as education about criminal court procedures. Program staff will assess if the child has special needs and/or if there are any concerns regarding the child's ability to testify.

Service Locations:

- Peel Children's Centre – 85A Aventura Court, Mississauga, L5T 2Y6
- Courthouse (A. Grenville & William Davis Courthouse, Ontario Court of Justice, Central West Region, 7755 Hurontario Street, Brampton, ON L6W 4T6)

Area served:

- Region of Peel

TAPP-C: The Arson Prevention Program for Children (under age 18)

Funded by fundraised dollars

TAPP-C is an out-client assessment/brief intervention service for children and youth who have been involved in fire-setting incidents. TAPP-C is a collaborative service between the Fire and Emergency Services of Brampton, Mississauga and the Town of Caledon, and Peel Children's Centre. TAPP-C is comprised of a home safety inspection and Fire Safety Education Program held at the local fire station, and a mental health assessment of the child/youth and a fire-specific risk assessment at Peel Children's Centre to determine the risk for future fire-setting and to make clinical recommendations regarding ongoing treatment needs.

Service Location:

- Peel Children's Centre – 85A Aventura Court, Mississauga, L5T 2Y6

Area served:

- Region of Peel

Strongest Families

Funded by fundraised dollars

The Strongest Families Program provides evidence-based, psychologically informed interventions designed to support children and youth from ages 3 to 18 with behavioural or anxiety concerns. Interventions are delivered at no cost in the comfort of their own homes on their schedule, ensuring that neither time nor distance are barriers to treatment. Parents are guided through the program by a qualified coach who contacts them by phone. Treatment is customized for each client. Written material, audio tapes and videos may be used with the support of the coach. In Peel, clients are referred to the program through the System Access and Intake Team, part of Peel's Coordinated Intake Network.

Service Location:

- Online/ phone program and services

Area served:

- Region of Peel

Volunteer Services

Funded by fundraised dollars

Volunteer Services delivers a wide variety of programs that support and enhance clinical services by utilizing community volunteers. Volunteer Services provides the liaison between volunteers and PCC staff. This program serves as an advocate to volunteers and a resource to frontline staff, managers and directors requiring the use of volunteers. Volunteer Services that support clients include the Mentor Program, Tutor Program, Driver Program, and Childcare Program (for families attending Group sessions). In addition, Volunteer Services plays a critical role in supporting the Respite Program. Volunteers are also recruited in support of fund development activities.

Service Location:

- Peel Children's Centre – 85A Aventura Court, Mississauga, L5T 2Y6
- Community settings

Area served:

- Region of Peel

Residential Mental Health Treatment Services – Maritimes (ages 11 – 18 inclusive)

Self-Funded

In the Maritimes, Peel Children's Centre offers 24/7/365 residential treatment for Maritime youth who are experiencing serious emotional, behavioural and/or relationship difficulties. Clinical staff work with the youth to build self-esteem, confidence, personal accountability and empathy for others, while also helping youth to develop self-regulation skills and positive relationships with both peers and adults. Residential treatment is viewed as an opportunity for families and caregivers to develop skills and work together towards new solutions in preparation for the youth's return home, or in preparation for the youth to transition into independent living. Peel Children's Centre offers a staff-operated residence in the Moncton area, Ritchie Road in Riverview. In addition, Elmwood, a Parent-Operated Residential Treatment home in Moncton, offers long-term mental health services for youth who require support and guidance within a home environment. These services are operated on a fee for service basis.

Service Locations:

- Elmwood – 1645 Elmwood Drive, Moncton, NB. E1J 2H7
- Ritchie Road – 85 Ritchie Road, Upper Coverdale, NB. E1J 1V4

Area served:

- Maritimes

Funding and Service Delivery Expectations - PCC

Funding

Funder	Funding / Revenue
Ministry of Children and Youth Services	$16,254,878
Region of Peel	1,603,010
Ministry of the Attorney General	165,000
Maritimes	1,541,493
Fundraising	184,573
Total Revenue	**$20,171,498**
Recoveries	2,274,732
Draw from Retained Surplus	756,692
Total Expenditures	**$23,202,922**
Net Balance	**$0**

Service Delivery Expectations

Core Services/Key Processes/Programs	Service Targets
Coordinated Access & Intake Process	3571
• Centralized Intake	2500
Targeted Prevention	1197
• Group Services (child & youth)	91
• SBS Groups (child & youth)	40
• Workshops	150
• Concurrent Disorders (youth/parent education)	916
Family Capacity Building/Support Services	369
• Group Services (parent)	185
• SBS Parent Groups	120
• Respite (in-home, including volunteer mentor)	95
Brief Services	854
• Tangerine Walk-In	300
• Single Session Therapy	580
Crisis Support Services	700
Counselling and Therapy Services	507
• Ongoing Counselling	140
• SBS BIPP & Alternatives	144
• Group Services (CALM & Coping Power)	26
• ICF 0-6 and PIPP	92
• Sexual Abuse Treatment	115
Specialized Consultation/Assessment Services	204
• Psychiatry	75
• Psychology	125
• Concurrent Disorders (C/Y consults)	55
Intensive Treatment Services	242
• ICF 7-17	134
• Connect Program	18
• Respite (out of home)	50

• ISRCP	15
• Wraparound - CYMH	65
• Flexible Services Fund	20
• Day Treatment	69
• Residential Services	32
• Residential Days of Service (90% occupancy)	5272
• STEPS Funding	NA
Case Management/Service Coordination Process	642
Wraparound – Adolescent Team (CAS)	13
Wraparound Developmental Services	40
Court Clinic	43
Peel Inclusion Resource Services (PIRS)	212
Child Witness Program	220
Volunteer Services (tutoring)	12
TAPP-C	10
Strongest Families	50
Maritimes Residential - Ritchie	10
Maritimes Residential - Elmwood	4
Maritimes Residential - Days of Service (95% occupancy)	4161

Organizational Infrastructure

Executive Services

Executive Services is responsible for providing central leadership, day-to-day direction, and control/co-ordination of the Centre's activities.

Key responsibilities include a primary focus on identifying and responding to the mental health needs of children, youth and their families who live in the community by offering a continuum of high quality, accessible services; ensuring that all financial, human and program resources required to fulfil the Centre's mandate are acquired and utilized in a manner which enhances the reputation of the Centre in the community; acting as a resource to the Board of Directors of the Centre; liaising with funding bodies; and monitoring Centre performance against predetermined standards.

Human Resources

The Centre's Human Resources function identifies, develops and implements effective human resource strategies and services including organizational, leadership and performance development; diversity and cultural competence; employee relations and corporate wellness; recruitment and selection; orientation of staff to corporate policies and procedures; payroll functions; and the management and administration of the Centre's compensation and benefit plans. The Human Resources function ensures compliance with all employment legislation and maintains Human Resources practices of a high standard.

Finance

The Centre's Finance function ensures the day-to-day financial responsibilities of the Centre are met and that financial information is available to inform short-term and longer-term decision-making. The finance area offers expertise to management staff in the development and monitoring of budgets and in the training of management staff in the most cost-efficient, yet program-sensitive, use of funds. Additionally, the Finance function is responsible for accounts payable/accounts receivable; purchasing; fixed assets; and financial projections/forecasts. The Finance function ensures timely compliance with all relevant legislative requirements. Additionally, Finance is responsible for the safeguarding of the Centre's assets. Finance fosters strong relationships with external supports such as banks, auditors, insurers, etc.

Administrative Support Services

The Centre's Administrative Support Services function supports the achievement of short-term and longer-term organizational goals and objectives. The Administrative Support Services area offers a breadth of efficient, high quality services in the areas of office/property management support, administrative support, and live reception coverage. The Administrative Support Services function has oversight for the efficient and effective operation of the main office in support of high quality mental health treatment services for Centre clients.

Information Technology

Computerized information systems enable Peel Children's Centre to meet accountability needs and requirements of our funders, our Board of Directors, Management, service-providers and the community at large. The Centre's computerized information systems are used to generate timely and accurate reports for the purposes of program planning, program management (i.e.,

monitoring, evaluation, quality improvement), and research. The information provided supports the Centre's annual service planning process. PCC's IT department, working together with selected vendors, is committed to implementing, upgrading, and maintaining its computerized information systems for the purpose of providing efficient and effective tools to support the Centre's operations and Management's decision-making. We also recognize that rapidly changing technology requires ongoing maintenance, continual monitoring, and upgrading of our technology infrastructure to support the selected information systems. The IT Department provides leadership, project planning, management and monitoring of the Centre's computerized clinical and administrative information systems (software and hardware), and supports the end-users. The Centre's computerized information systems include the following:

- EMHware, a web-based clinical information system that houses basic client demographics and profiles, program statistics, service statistics by clinician, caseload summaries, outcome statistics, and client case notes. Other clinical data systems include the InterRAI, a web-based system that grants access to the InterRAI suite of tools used to support the clinical work of the Centre and support our understanding of client profiles and client/program outcomes.
- Great Plains, an integrated accounting, payroll, and human resources system that houses financial and human resources information and data. It is supported on local virtual servers.
- eTapestry, a web-based fundraising information system.

To protect the Centre's data/information, IT researches, recommends, and implements approved processes and procedures to restrict unauthorized access and prevent the destruction, damage, or loss of information, thereby ensuring the security and integrity of confidential information. In addition, the IT Department is responsible for the maintenance and support of the Centre's telecommunications system, including videoconferencing.

Health Information (Clinical Records)

Peel Children's Centre has implemented a "state of the art" terminal-digit-order, clinical records management system, whereby paper clinical records are secured and centralized in the Clinical Records Room. Operational processes have been developed within the context of a best practices framework, and records utilization is monitored, thus ensuring efficient and effective operations. Procedures set in place ensure the security of paper records, appropriate and timely access to paper records, creating new paper records, and filing of clinical documents on the paper record. The paper copy of a client's clinical record is connected to the client's electronic record, stored in EMHware, via the client's clinical records number. With the introduction of EMHware in January 2017, the Centre is in the process of transitioning away from paper records to electronic clinical records that can be securely accessed from a variety of locations.

Performance Measurement and Improvement

Teamwork is critical to achieving organizational success. Working collaboratively with Clinical Services, the Performance Measurement and Improvement (PMI) Department is committed to ensuring that Peel Children's Centre provides a "range of high quality mental health services to children, youth and their families." The PMI Department strives to develop and maintain processes that contribute to the creation of a learning organization. The department provides leadership in the areas of program evaluation and continuous quality improvement of our clinical programs and services. With support from the Information Technology (IT) Department, the PMI Department is also responsible for the ongoing development of the Centre's Clinical Information

System that generates information in support of evidence-based decision-making. The PMI Department together with Clinical Services strives towards evidence-based care through the development of clinical practice guidelines and best practice approaches. The PMI Department provides leadership to the development and implementation of the Centre's Risk Management and Accountability Frameworks. By applying a systematic, stepped approach, we have built a flexible Quality Improvement and Program Evaluation framework known as *QUEST©* (***QU***ality ***E***nhancement ***ST***rategy). *QUEST©* provides the Centre with a roadmap for ensuring that we are continually striving toward delivering high quality clinical services so that the best possible outcomes can be achieved for our clients. The strategy is based on the premise that efficient processes and effective services, together with evidence-based research, lead to improved clinical services, which in turn not only meet client needs, but strive to exceed client expectations.

The key objectives of the PMI Department include: (1) monitoring and evaluating the efficiency and effectiveness of our clinical services for the purposes of continuous quality improvement; (2) supporting the development of evidence-based treatment within our clinical services and in the community; (3) developing a valid, reliable and high quality clinical information system that facilitates evidence-based decision-making; (4) developing the Centre's Clinical Information and Reporting Framework to demonstrate accountability; (5) developing and implementing the Centre's Risk Management and Accountability Frameworks; and (6) supporting the development of high quality clinical documentation.

Research

PCC's Research function is committed to increasing our involvement in clinical research by developing linkages to universities and academic health sciences centres. The Centre has been and continues to be involved in formal research with universities, colleges and other third-party institutions. The Research function identifies research opportunities aligned with our mission and supports the development and implementation of research activities within the Centre. We have policies and procedures in place to guide our research process and these put the protection of clients at the centre of all research activities. Our involvement in clinical research enables us to enhance our own knowledge and clinical practice, and allows us to contribute to the knowledge base of others in the field of children's mental health.

Corporate Communications

The Centre's Corporate Communications function identifies, develops, coordinates and implements communication strategies appropriate to enhancing and promoting the professional image and profile of the Centre as leaders in the delivery of high quality mental health treatment services within the community. Using a combination of formats, including electronic, the Corporate Communications function is responsible for ensuring accurate, effective and consistent messaging to the Corporation's diverse stakeholder base. All activities support and advance the strategies and policies approved by the Board of Directors and are carried out within the parameters of all relevant legislation and regulations.

Fund Development

The primary objective of Fund Development is to identify, develop, promote and implement strategies that generate funds for Peel Children's Centre and Nexus Youth Services, in furtherance of strategic objectives. To this end, the department is challenged to meet and exceed historic net revenue achievements.

On an annual basis, the Fund Development Department develops and implements a plan that proactively nurtures, refines and renews core elements of the Centre's Development Plan, which

encompasses a continuum of events/activities including special events, granting, and individual and corporate donations. The strength of this platform positions the Department to strategically target and effectively leverage opportunities to secure new sources of revenue. Proposal writing and corporate/individual donor cultivation are seen as two emerging priority areas in this regard.

The Fund Development Department works towards its objectives by proactively engaging both internal and external stakeholders. Department staff seek to communicate a professional, positive and compelling image of the Department and the Corporations, and see relationship development as key in this regard. Effective communication strategies are an integral component of successful Development and staff creatively seeks effective ways of combining these areas of expertise. To streamline collaborative efforts and enhance productivity internally and externally, Department staff champion the creation of efficient communication pathways and processes.

The financial accountability framework within which the Fund Development Department operates is discrete and independent from Peel Children's Centre and Nexus Youth Services.

All responsibilities are carried out within the strategies and policies approved by the Board of Directors and within the parameters of all relevant legislation.

System Management

System Management is a new and evolving function. As Lead Agency for the Peel Service Area, PCC is responsible for the leadership, planning, service delivery/program alignment, performance management and financial management of the Child and Youth Mental Health (CYMH) service system in Peel, fulfilling the Lead Agency role and responsibilities per Ontario's *Child, Youth and Family Services Act* and its regulations.

Lead Agencies form one of the five pillars of *Moving on Mental Health* (MOMH), a Provincial initiative whose goal is to transform the experience of children and youth with mental health problems and their families so that they will know what high quality mental health services are available in their community, and how to access mental health services and supports that meet their needs.

Each Lead Agency is accountable, on behalf of the CYMH sector in its service area, for providing a continuum of high-quality Core Services including Targeted Prevention, Family Capacity-Building and Support, Brief Services, Crisis Support, Counselling and Therapy, Specialized Consultation/Assessment, and Intensive Treatment.

Lead Agencies are also responsible for ensuring that key processes that contribute to the client experience and support core services are in place. These processes support a coordinated, collaborative and integrated approach to the delivery of child and youth mental health services. Key processes include coordinated access/intake; child/youth/family engagement; identification of strengths, needs and risks; service planning and review; case management/service coordination; monitoring and evaluation of service outcomes; and transition planning.

Appendix A - Quality Enhancement Strategy

Peel Children's Centre (PCC) and Nexus Youth Services (NYS) have developed a framework for evaluation and continuous quality improvement (CQI) entitled ***QU***ality ***E***nhancement ***ST***rategy (*QUEST©*). The ultimate goal of *QUEST©* is to demonstrate in a measurable way that Peel Children's Centre and Nexus Youth Services provide "*a continuum of high quality mental health services to children, youth and their families*."

To measure high quality services, we have broken down the concept of quality into ten dimensions. These ten dimensions, which guide the evaluation and CQI activities at PCC and NYS, are listed below. They have been adapted from the *Canadian Council on Health Services Accreditation, 1998 (CCHSA),* and the *Joint Commission on Accreditation of Healthcare Organizations, 1999 (JCAHO),* and are congruent with the values of PCC and NYS. These dimensions have also helped us frame our quality treatment standards.

1.0 Dimensions of Quality

Accessibility

The degree to which clients can obtain clinical services at the right place and at the right time, based on their needs… *How easy is it for clients to receive clinical services when needed?*

Appropriateness

The degree to which clinical services provided are relevant to clients' needs, based on established standards and given the current state of knowledge… *Do our clinical services meet clients' needs?*

Client-centricity

The degree to which clinical services are provided in partnership with children, youth and families. Services are focused on their needs while taking into account their preferences and expectations in an environment where they are listened to and free to express themselves without fear of judgement or rejection… *Are clients listened to and understood? Are clients able to speak freely?*

Competence

The degree to which the knowledge and skills of clinical staff are appropriate to the service being provided... *Do we recruit and retain highly competent staff?*

Continuity

The degree to which clinical services are coordinated across programs, among service providers and organizations, and over time… *Are clinical services coordinated?*

Effectiveness

The degree to which clinical services achieve the desired outcomes for clients, given the current state of knowledge… *Are the desired outcomes achieved?*

Efficiency

The degree to which the desired outcomes are achieved for clients with the most cost-effective use of resources... *Are clinical services provided in the most cost-effective manner possible?*

Respect and Caring

The degree to which clients are involved in their own service decisions and treatment planning, and the degree to which those providing services do so with sensitivity and respect for the clients' needs, expectations, and individual differences… *Are clients involved in service decisions? How are clients treated by staff?*

Safety

The degree to which the risks of an intervention or the environment are reduced for clients, service providers, and other agency staff… *Are risks avoided or minimized?*

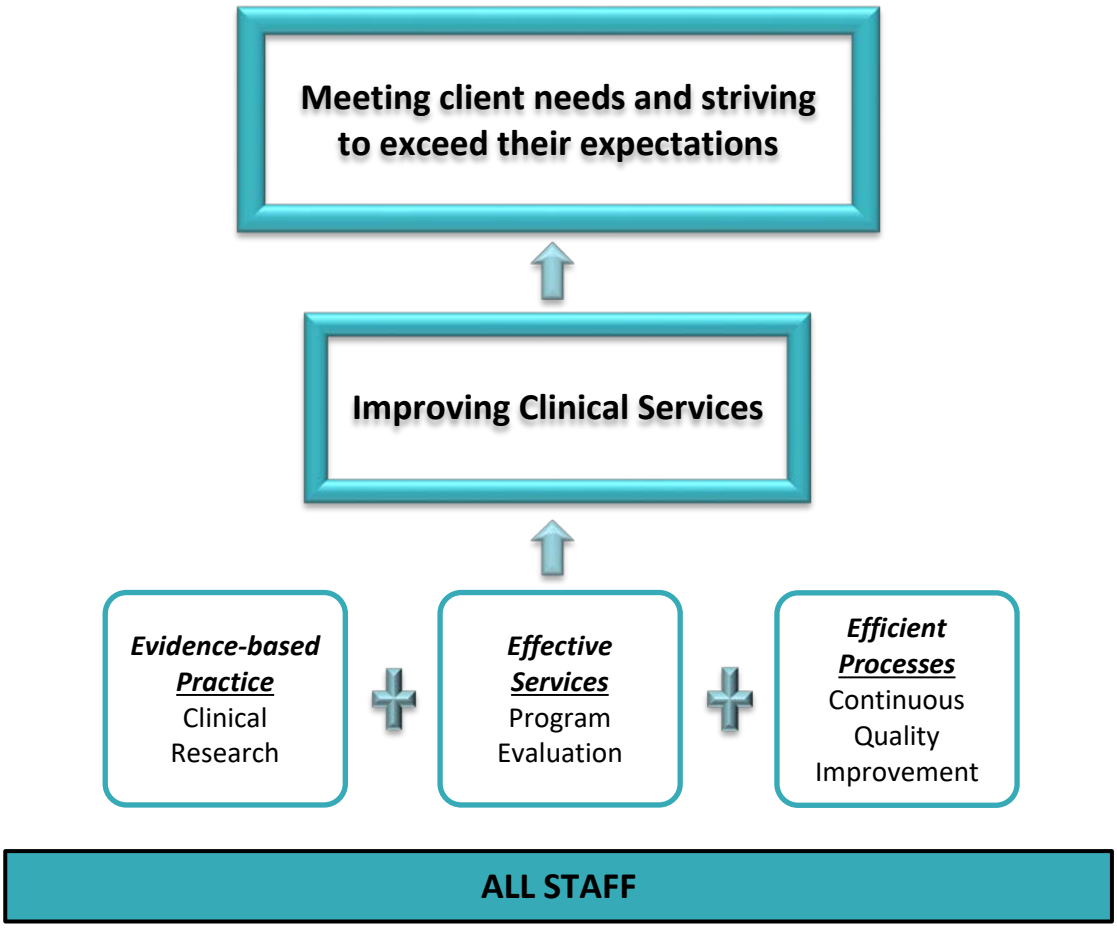
Timeliness

The degree to which clinical services are provided to clients at the most beneficial or necessary time… *Are clinical services provided in a timely manner?*

Three main components are part of the *QUEST©* framework: Clinical Research, Program Evaluation, and Continuous Quality Improvement.

2.0 *QUEST©* Framework

QUEST© is based on the premise that efficient processes and effective services, together with evidence-based practice, lead to improved clinical services, which in turn meet client needs. A competent and engaged staff team is the foundation of the framework.



2.1 Clinical Research and Evidence-Based Practice

Using research to inform program development and quality improvement initiatives increases our confidence that we are doing the right thing. Using research to guide our work optimizes clinical practice, and allows us to develop clinical practice guidelines and evidence-based interventions. There is increasing evidence about what works in child and youth mental health, and it is this evidence that drives the development and improvement of our clinical services.

To facilitate the acquisition of research knowledge and evidence-based practice, staff have access to a series of electronic journals. PCC and NYS have been and continue to be involved in formal research with universities, colleges and other third-party institutions. We have policies and procedures in place to guide our research process and these put the protection of clients at the centre of all research activities. We continue to explore strategies for incorporating well-established, evidence-based treatments into our clinical services.

2.2 Program Evaluation and Effective Services

Program evaluation focuses on measuring program outputs (i.e., is the program being delivered as intended) and the outcomes achieved by clients participating in clinical services. In order to properly evaluate intended program outcomes, outcomes need to be linked to program activities through the program's *theory of change*. In other words, why do we think that a particular set of activities will lead to a particular set of outcomes? At PCC and NYS, logic models have been used as a method for articulating a program's theory of change and to identify the key evaluation questions and appropriate measurement tools. Relevant process and outcome indicators are developed for each evaluation in order to measure outputs and outcomes.

2.3 Continuous Quality Improvement and Efficient Processes

Whereas program evaluation focuses on what we intend to achieve, Continuous Quality Improvement (CQI) focuses on *how we do our work.* CQI is a philosophy and system that involves management, staff and clients in the continuous improvement of work processes to achieve better outcomes for clients. Clinical services use process mapping to chart the workflow from client need to client satisfaction. Process mapping, together with information gathered through research and evaluation activities, helps to identify program strengths, quality gaps, and opportunities for improvements. In order to capitalize on these opportunities, we must:

1. Think strategically and be clear about what we are trying to accomplish and why;
2. Use an approach that is participatory, collaborative and involves key stakeholders;
3. Understand service delivery processes and the implications of change at the system level rather than at the program or service level; and
4. Clearly articulate our approach to measurement and how we will assess whether change leads to improvement.

2.4 Sources of Evidence

The program evaluation and CQI components of the *QUEST*© framework are supported by a number of measurement activities that gather evidence from a variety of sources:

1. Evidence-based Tools

PCC and NYS use a variety of standardized, evidence-based tools to assess client needs and client outcomes. Over the course of the 2016-2017 fiscal year, PCC and NYS, along with the four other core service providers in the Peel Service Area, implemented two evidence-based, standardized tools from the interRAI suite of tools[2]:

1. The **interRAI *Screener***, a streamlined assessment used for all intakes to support triage and decision-making for the purposes of disposition. Screener items identify severity of need as well as the need for a comprehensive mental health assessment using the interRAI *ChYMH*.
2. The **interRAI *ChYMH*** comprehensively assesses the psychiatric, social, environmental and medical needs of those clients dispositioned to programs mapped to *Counselling & Therapy Services* and *Intensive Treatment Services* (Ministry of Children and Youth Services, 2015). The *ChYMH* guides our assessment process, identifies client needs, and supports the development of evidence-based treatment plans. The *ChYM*H is also used during treatment and upon discharge to monitor and evaluate client outcomes and change over time.

In addition to the *Screener* and *ChYMH*, various programs utilize program-specific tools to inform the clinical assessment and treatment planning process, and to measure client outcomes. Some examples of these validated, evidence-based tools include:

1. The *Global Appraisal of Individual Needs – Short Screener* (McDonnell, Comtois, Voss, Morgan & Ries, 2009), used in the community counselling and Step-One-To-Success programs at NYS.
2. The *Impairment Rating Scale* (Fabiano, Pelham, Waschbusch, Gnagy, Lahey, Chronis et al., 2006), used in Coping Power, an evidence-based group treatment program (Lochman & Wells, 2002, 2003).
3. The *Strengths and Difficulties Questionnaire* (Bourdon, Goodman, Rae, Simpson & Koretz, 2005), used in Coping Power and the Sexual Abuse Treatment Program.
4. The *UCLA PTSD Reaction Index for Children and Adolescents* (Steinberg, Brymer, Kim, Ghosh, Ostrowski, Gulley, Briggs & Pynoos, 2013), used in the Sexual Abuse Treatment Program.
5. The *Juvenile Sex Offender Assessment Protocol-II* (Prentky & Righthand, 2003), used in the Sexual Abuse Treatment Program.

2. Clinical Information System

In January, 2017 PCC and NYS moved to a new web-based clinical information system (CIS) called *EMHware*. Our previous CIS, *Danic*, was programmed to generate a number of output and monitoring reports and we will sustain this capacity as the implementation of

[2] Prior to the implementation of interRAI, PCC and NYS utilized the *Brief Child and Family Phone Interview* (BCFPI) at intake, and the *Child and Adolescent Functional Assessment Scale* (CAFAS) and the *Preschool and Early Childhood Functional Assessment Scale* (PECFAS) for assessment, treatment planning, and ongoing monitoring and evaluation.

EMHware continues. Reports summarize client demographics/characteristics and various types of service output data, and are used by management to inform ongoing monitoring and improvement processes, and to support evidence-based decision-making. Specific report types include the following:

a) **New Cases:** A monthly report that also provides program target data for quarterly reporting to the Ministry of Children and Youth Services (MCYS). Service targets are set for each program and are submitted to MCYS as part of our yearly Service Plan. The report allows managers to monitor a program's progress toward the achievement of these targets. The data are also used to help set yearly targets for each program.

b) **Wait Lists:** A report generated as part of our internal monitoring process that shows the number of clients within a given month who are waiting for service from a particular program and the average length of wait. This report can be used to help plan for additional services or to examine alternative methods of service delivery. Wait time is also an indicator of *timeliness* and is used to monitor our progress towards meeting our strategic objectives.

c) **Program Hours:** A monthly report used for quarterly MCYS reporting that shows the number of hours of services received by clients for each program, including the year-to-date total.

d) **Intake Disposition:** A quarterly report that provides a breakdown of case disposition at intake. The breakdown includes dispositions to all PCC and NYS programs, and dispositions to Core Service Providers and other external service providers in Peel. A copy of this report is distributed to management and allows for planning and intake process evaluation.

e) **Clinical Hours:** A report prepared for clinical managers and supervisors that shows the direct and indirect hours delivered by each of their staff members. These reports were developed to provide feedback to front-line clinicians and for service planning by clinical managers. The report breaks down the information by program and by contact type. In addition, each clinical staff receives an individualized report of their own clinical hours.

f) **Ad hoc reports** are provided on request. Typical requests might examine the number of client sessions provided within specific program areas. Year-to-year activity comparisons are also provided as a basis for target-setting.

3. Client Satisfaction Surveys

Client satisfaction surveys are administered to youth and caregivers in order to gather feedback on various aspects of their experience with PCC and NYS. Survey items measure the quality dimensions of *Accessibility*, *Appropriateness*, *Client Centricity*, *Continuity*, *Effectiveness*, and *Respect and Caring*.

4. Feedback from Referral Sources

Feedback from organizations who refer clients to PCC and NYS is sought on a regular basis via surveys that measure the quality dimensions of *Accessibility*, *Appropriateness*, *Client Centricity*, *Competence*, *Continuity*, *Effectiveness*, *Respect and Caring*, and *Timeliness*.

5. Audits of Clinical Records

Formal audits are conducted twice a year to assess compliance with the standards set by the *Canadian Centre for Accreditation*. Audit findings are distributed to clinical managers and supervisors, and are used to identify areas where further improvement and development are needed.

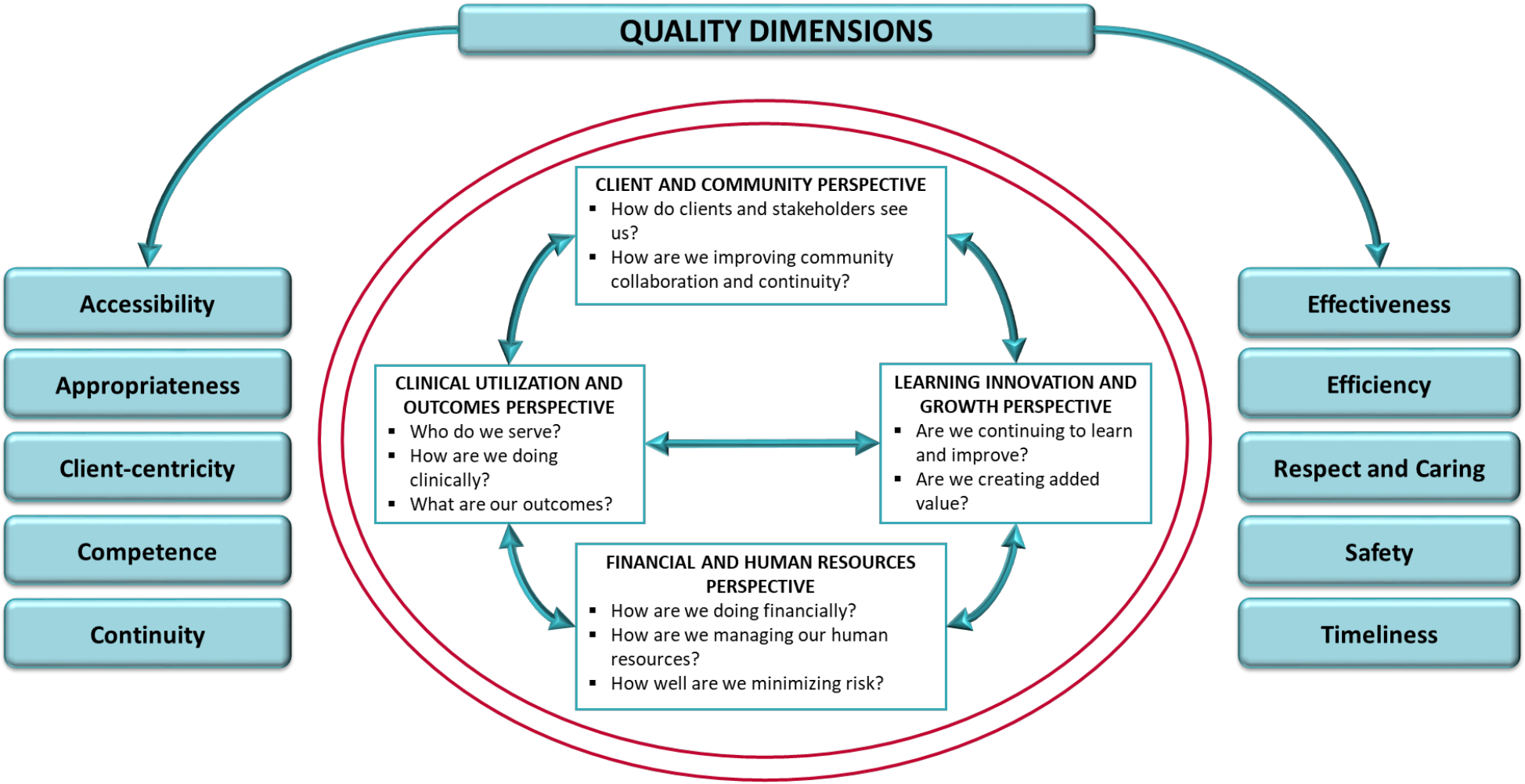
6. Case Reviews

As part of the clinical records audit process, active cases are randomly selected for in-depth review to ensure that standards of quality treatment are being met. The dimensions of quality examined include: Appropriateness, Continuity, and Respect and Caring.

7. Review of Incidents, Serious Occurrences, and Complaints

As part of our Risk Management Strategy, incidents, serious occurrences, and complaints are reviewed on a routine basis by management. Recommendations are generated and improvement plans are developed based on these reviews.

3.0 Accountability Framework for Peel Children's Centre and Nexus Youth Services



As illustrated in our *Accountability Framework*, overall organizational performance is evaluated across four broad perspectives and is driven by our strategic directions and goals. Various types of data are used to assess our performance in these areas.

Perspective	Data
Client and Community	• Client satisfaction • Referral source satisfaction • Client demographics and characteristics • Community service gaps
Clinical Utilization and Outcomes	• Incidents, serious occurrences and complaints • Service targets • Service waitlists • Outcome measurement
Financial and Human Resources	• Staff satisfaction • Staffing and turnover • Health and safety • Budgets
Learning, Innovation and Growth	• Strategic initiatives • Staff training and professional development • Grants and requests for proposals

To ensure high quality clinical services, PCC and NYS performance is monitored on a regular basis throughout the fiscal year by Management and the Board of Directors. The results are used to improve operations and services across three main areas:

1. **Organizational Effectiveness** is determined by achieving service targets, program goals and by measuring service outcomes.
2. **Organizational Efficiency** is determined by meeting service targets and agency goals within the approved budget and staffing allocations.
3. **Relevance** is determined by collecting data from clients and stakeholders that assess the extent to which our services are accessible, timely, appropriate, culturally competent, and respectful and centered on client needs.

Appendix B —
Evidence-Based and Evidence-Informed Practices

The development of programs and services at Peel Children's Centre (PCC) is driven by an ever-growing body of research demonstrating the effectiveness of various mental health treatments and interventions for children, youth, and families. PCC supports the implementation of evidence-based and evidence-informed practices through the provision of clinical training, professional development supports, and staff resources (e.g., electronic journals). The following references have informed service design and implementation and are categorized according to subject area.

ADHD, Learning Disabilities & School Resources

Ashley, S. (2005). ADD & ADHD Answer Book: Professional answers to 275 of the top questions parents ask. Illinois: Sourcebooks Inc.

Attwood, T. (1998). Teaching the Tiger: A handbook for individuals involved in the education of students with ADD, Tourette syndrome, or OCD. California: Hope Press.

Bambara, L. (2005). Individualized supports for students with behavior problems: Designing positive behavior plans. New York: The Guilford Press.

Barkley, R. (2000). Taking Charge of ADHD: The Complete Authoritative Guide for Parents. New York: The Guilford Press.

Dawson. P. et. Al. (2009) Smart but Scattered: The Revolutionary Executive Skills Approach to Helping Kids Reach their Potential. New York: The Guilford Press.

Fisher, G. et al. (2002). The Survival Guide for Kids with LD: Learning Differences. Minneapolis: Free Spirit Publishing Inc.

Goldstein, S. et al. (1992). Hyperactivity: Why won't my child pay attention? A complete guide to ADD for parents, teachers, and community agencies. The University of Virginia.

Grossberg, B. (2011). Applying to College for Students with ADD or LD: A Guide to Keep You (and Your Parents) Sane, Satisfied, and Organized Through the Admission Process. American Psychological Association.

Hallowell, H., et al (1994) Driven to Distraction: Recognizing and Coping with ADD through Childhood and Adulthood. New York: Random House.

Hansen, S. (2013). The Executive Functioning Workbook for Teens: Help for Unprepared, Late, and Scattered Teens. California: Instant Help Books.

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Nadeau, K. et al. (1993). School Strategies for ADD Teens: Guidelines for Schools, Parents & Students, Grades 6-12.

Nelsen, J. (2000). Positive discipline in the classroom: Developing mutual respect, cooperation, and responsibility in your classroom. New York: Three Rivers Press.

Quinn, P. et al. (1993). The "Putting on the Brakes" activity book for young people with ADHD. Magination Press.

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Crockett, L. (2006). Lucky Horseshoes: A tale from the Iris the Dragon Series. Ontario: Iris the

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Galvin, M. (1988). Otto Learns About His Medicine: A Story about Medication for Hyperactive Children. Magination Press.
Gordon, M. (1991). Jumpin' Johnny Get Back to Work! A Child's Guide to ADHD/Hyperactivity. Michigan: GSI Publications.
Gordon, M. (1992). My Brother's a World Class Pain: A Sibling's Guide to ADHD/Hyperactivity. Michigan: GSI Publications.
Grass, G. (2006). Catch a Falling Star: A tale from the Iris the Dragon Series. Ontario: Iris the Dragon Inc.
Nadeau, K. et al. (2004). Learning to Slow Down and Pay Attention: A Book for Kids About ADHD. Magination Press.
Shapiro, L.E. (1993). Sometimes I Drive My Mom Crazy but I Know She's Crazy About Me: A Self-Esteem Book for ADHD Children. Center for Applied Psychology.

Adult Mental Health and Substance Use

Clarke, LA. (2006). Wishing Wellness: A workbook for children of parents with mental illness. Magination Press.
Elbe, D. et al. (2015). Clinical Handbook of Psychotropic Drugs for Children and Adolescents: 3rd Edition: Exposure to psychotropic medications and other substances during pregnancy and lactation. Toronto: Hogrefe.
Goodman, S. et. al. (2002). Children of Depressed Parents: Mechanisms of risk and implications for treatment. American Psychological Association.
Herie, M and Skinner, W. (2013). Fundamentals of Addictions a Practical Guide for Counsellor. Toronto: Centre for Addiction and Mental Health.
Laskin, PL., et. al. (1991). Wish upon a star: A story for children with a parent who is mentally ill. Magination Press.
O'Connor, DS. (19870. I can be me: A helping book for children from troubled families – with special focus of the chemically dependent.
Sinberg, J. (1993). When a family is in trouble: Children can cope with grief from drug and alcohol addiction. Woodland Press.

Children/Youth Resource Books

Black, C. (1997). My Dad Loves Me, My Dad Has a Disease: A Child's View Living with Addiction. MAC Publishing.
Kenny, K. (1993). Sometimes my mom drinks too much. Raintree Steck-Vaughn.
Witman, A. (1993). I wish my daddy didn't drink so much. Albert Witman Prairie Book.

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Attwood, T. (1998). Asperger's Syndrome: A Guide for Parents and Professionals. Philadelphia: Jessica Kingsley Publishers.
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Kuypers, L. (2011). Zones of Regulation. California: Think Social Publishing

Lyneham, H., Rapee, R., Carroll, L. and Chalfant, A. (2014). Cool Kids Program: ASD Anxiety Program Kit. MacQuarie University: Centre for Emotional Health.

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Lears, L. (1998). Ian's Walk: A story about autism. Illinois: Albert Whitman and Company.

Aggressive/Disruptive Behaviours

Ali, R. (2002). Chill Out! Taming Anger: A Guide for parents and their teens. Indiana: Taryn House Publishing.

Goldstein, A. (1999). *The prepare curriculum: Teaching prosocial competencies* (Rev Ed.). Illinois: Research Press.

Greene, R. (2005). The Explosive Child: A new approach to understanding and parenting easily frustrated, chronically inflexible child. New York: Harper Collins.

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Lochman, J. E., et al. (2008). *Coping Power parent group program workbook*. New York: Oxford University Press.

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Williams. M.S. & Shellenberger, S. (1996). "How does your engine run?" A leader's guide to the Alert program for self-regulation. Therapy Works Inc.

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Agassi, M. (2006). Hands are not for hitting. Minnesota: Free Spirit Publishing.

Bang, M. (2004). When Sophie Gets Angry – Really, really angry. New York: Scholastics Inc.

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Kendall, P.C., Choudhury M., Hudson, J. & Webb A. (2002). The C.A.T. Project Manual for the CBT of anxious adolescents. Workbook Pub Inc. .

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Freeman, J., Epston, D., & Lobovits, D. (1997). Playful approaches to serious problems: Narrative therapy with children and their families. New York: W.W. Norton & Co.
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Greenberger, D., Padesky, C. (1995). Mind Over Mood: Change How You Feel by Changing the Way You Think. New York: The Guilford Press

Schab, L. (2008). Beyond the blues: A workbook to help teens overcome depression. California: New Harbinger Publications Inc.

Children/Youth Books

Lamb-Shapiro, J. (2000). The Hyena who lost her laugh: A story about changing your negative thinking. Childswork/Childsplay Publishing.

Dialectical Behaviour Therapy, Borderline Personality Disorder & Self-Injury

Bowman, S. (2012) See my pain: Creative strategies and activities for helping young people who self-injure. Youthlight Inc.

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Van Dijk, S. (2011). Don't let your emotions run your life for teens: Dialectical Behavior Therapy Skills for Helping You Manage Mood Swings, Control Angry Outbursts, and Get Along with Others. California: New Harbinger Publications.

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Hansen, K & Kahn, T. (2006). Footprints: Steps to a healthy life. Safer Society Press.

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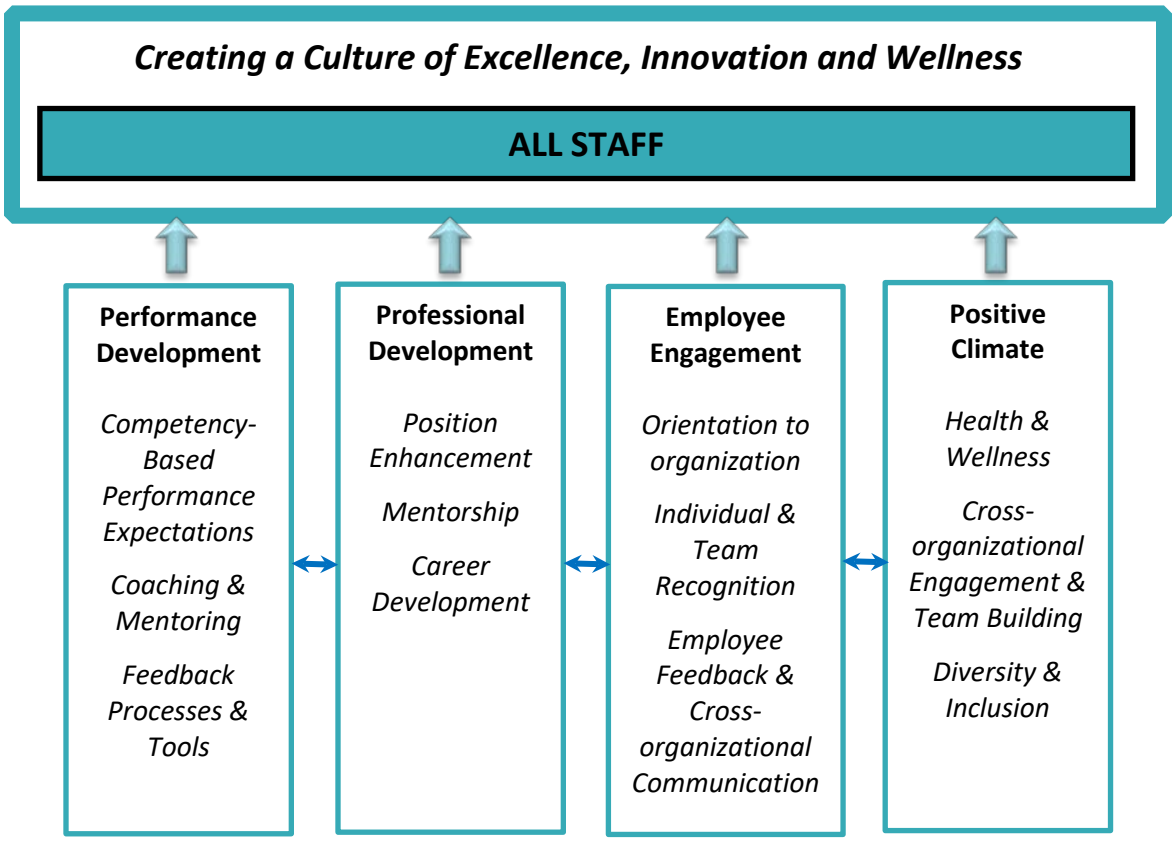
Appendix C - Organizational Development Framework

The foundation for Peel Children's Centre's (PCC) and Nexus Youth Services' (NYS) QUEST© framework is our staff. In essence, to provide "high quality" service, we must continuously improve services, and to do so is dependent on competent staff. The four pillars of PCC/NYS' Organizational Development© Framework illustrates our commitment to developing, supporting and engaging staff. These four pillars contribute to the development of competent staff, which results in extraordinary performance and ultimately leads to "high quality" service for children, youth and families.



- ***Pillar 1:***
  Developing positive leadership through effective **performance development**.
- ***Pillar 2:***
  Encouraging positive growth and **professional development** through effective, strength-based coaching.
- ***Pillar 3:***
  Eliciting positive communication through effective **employee engagement**.
- ***Pillar 4:***
  Creating **positive climate** through the development of respectful, trusting relationships.

The focus of PCC/NYS' Organizational Development Framework is on learning and growth, and building capacity that supports the development of a learning organization. As a learning organization, PCC/NYS is committed to performance development, strives to achieve a positive climate which engages employees, and fosters professional development, ultimately creating a culture of excellence, innovation and wellness.