

2016-17 Core Services Delivery Plan for Children and Youth in Dufferin Wellington Canadian Mental Health Association Waterloo Wellington March 31, 2017

The Core Services Delivery Plan (CSDP) for Children and Youth describes the current delivery of core child and youth mental health services within the Dufferin Wellington service area, and how MCYS funding is being used to support these. It also identifies activities that will result in improvements to these services and support a more effective and efficient system. This will assist the Lead Agency to:

- strategically align resources for the provision of core services with child and youth mental health system goals and service area needs;
- put forward a course of action for improvements to service provision based on evidence and service area priorities;
- facilitate constructive engagement with child and youth mental health core service providers, youth and families, about better meeting system and service needs within available resources;
- demonstrate accountability for the use of public funds by ensuring high-quality provision of core services in the service area;
- support effective transitions of children and youth through “core” services; and
- support an enhanced provincial understanding of the child and youth mental health system through analysis and identification of common themes and priorities.

Section A: Executive Summary

Moving on Mental Health (MOMH) Dufferin Wellington has made great progress towards our vision of “a system of community mental health services that supports children, youth and families to live their best possible life” since the 2015-16 Core Services Delivery Plan was submitted in March 2016.

Our local system transformation is focused around the following priorities:

- Access – making it easier for children, youth and families to find and access the mental health supports they need
- Support – enhancing support for young people and families as they navigate the mental health system
- Services – ensuring young people can access the right services/supports, at the right time, in the right place
- System capacity and cohesion – building the infrastructure needed to support effective system planning

Some of the key core services delivery achievements of 2016-17, and major directions for 2017-18, include:

Improving the service experience for children, youth and families

Strategies are underway to ensure services are better connected, more supportive, easier to navigate, more timely and more responsive to the diverse needs of stakeholders. In 2017-18 we will focus effort on reducing wait times for service; providing more support when individuals are waiting for service; connecting services and pathways more effectively; making it easier for staff and clients to access the information they need to support children and youth; simplifying access to services; and enhancing our capacity to provide services that are inclusive and accessible to diverse families (e.g., rural, First Nations, Metis, Inuit, Francophone, newcomers, etc.).

Addressing gaps in core service delivery

An initial service inventory was conducted late 2016-early 2017 to identify strengths and address needs and gaps in core child/youth mental health services across Dufferin and Wellington, which are included as items to address in our action plan for 2017-18. A more in-depth service review will be conducted in 2017-18, as well as a system inventory and mapping, and activities to enhance our capacity to use data to inform planning.

Meaningful engagement of youth, families and other stakeholders

We have made headway in terms of engagement of youth, families, First Nations/Metis/Inuit and Francophone communities, schools, health and other stakeholders, and have identified a plan for deepening engagement and building partnerships with key stakeholders in 2017-18, to ensure that their voices are informing improvements in core services delivery and the development of our community mental health strategy. The priorities that we have worked on during 2016-17 arose from engagement with youth, families and service providers in early 2016. Two parents have been directly involved in forming the priorities for 2017-18 as members of the MOMH Steering Committee, and 12 youth and parents/caregivers (as well as 69 service providers representing a diverse range of services to children, youth and families) participated in feedback sessions to provide input on some “big ideas” for improving the local CYMH system. We have been building relationships with community partners (including First Nations, Metis, Inuit; Francophone; school boards and health services, among others) to support meaningful engagement in planning and system transformation. The Lead Agency will work with Parents for Children’s Mental Health and the Ontario Centre of Excellence for Child/Youth Mental Health to develop an engagement framework in 2017-18.

In addition to these core services delivery priorities, our Community Mental Health Plan describes the broader priorities for our service system. These include:

- Creating a single point of access to child/youth mental health and special needs services across Dufferin, Wellington and Waterloo
- Merging our MOMH governance structure with the Dufferin Wellington Special Needs Strategy to ensure planning for both strategies is aligned and taking a systems view of local needs and opportunities
- Continuing to build local capacity for effective system planning

2016-17 has seen great progress on solidifying our goals for ensuring that core services are accessible, supportive and effective. The Core Services Delivery Plan describes several high-leverage activities that we believe will lead to significant improvements for children, youth and families accessing child/youth mental health services in future. 2017-18 will be a year of action, change, continued engagement, and learning, supported by strong, shared aspirations and vision for our community.

Section B: Core Services Summary

A summary of core services is provided in Appendix A.

Core Services Pathways and Referrals Chart

The table below provides an inventory of existing formalized referrals, protocols, and intake/access points that support effective transitions between and through core services.

Organizations/ partners	Relationship (e.g. MOU, Contract)	Description	Intended purpose (e.g. core service delivery, referrals, program, pathway)
Upper Grand District School Board, Wellington Catholic District School Board, Family & Children's Services, Wyndham House	Memorandum of Understanding	Educational and therapeutic support for at-risk students in Section 23 classrooms. A class for students in Grades 6-8 (Gateway Program) and at-risk secondary school programs (New Way)	Delivery of Core Services: <ul style="list-style-type: none"> • Intensive Treatment Services (A353)
Conseil scolaire district catholique Centre-Sud	Service Agreement	Provision of mental health services in the French language for the French Catholic School Board within Waterloo, Wellington and Dufferin	Delivery of Core Services: <ul style="list-style-type: none"> • Counselling and Therapy (A349)
Conseil scolaire Viamonde	Service Agreement	Provision of mental health services in the French language for the French Public School Board within Waterloo, Wellington and Dufferin	Delivery of Core Services: <ul style="list-style-type: none"> • Counselling and Therapy (A349)
Family Counselling and Support Services for Guelph-Wellington – Access	Service Agreement	Centralized intake and referral for children identified with a developmental disability and/or Autism in Guelph and Wellington County	Delivery of Core Services: <ul style="list-style-type: none"> • Access Intake Service Planning (A352) • Intensive Treatment

Organizations/ partners	Relationship (e.g. MOU, Contract)	Description	Intended purpose (e.g. core service delivery, referrals, program, pathway)
Information Referral			Services (A353) • Service Coordination (A354)
Upper Grand District School Board – Oasis Program	Memorandum of Understanding	Educational and Therapeutic Support for Section 23 classroom for students with Autism and an identified mental health need in Dufferin County.	Delivery of Core Services: Intensive Services (A353)
Peel Children’s Centre & DCAFS	Memorandum of Understanding	Access to two residential treatment beds for Dufferin children and youth. CYMH at DCAFS remains involved with the child/youth while in treatment and through discharge, promoting successful transition back to community.	Delivery of Core Services: Intensive Services (A353)
Reconnect & DCAFS	Memorandum of Understanding	Access to the Central West Concurrent Disorders Specialized Supports program for individuals age 16 years and older dealing with Concurrent Disorder.	Delivery of Core Services: Counselling & Therapy (A349)
Lutherwood & Carizon	Single Point of Access to Residential Placement Committee	Access to residential beds offered at Child and Parent Resource Institute (CPRI), Lutherwood, and Carizon	Review and finalize service recommendations for residential placement for children and youth, with mental health concerns, in Waterloo/Wellington. Delivery of Core Services: Intensive Services (A353). CMHA WW is working with Carizon regarding the change in their residential service delivery model
Lutherwood & CMHA WW	MoU	CMHA WW and Lutherwood are developing an MOU for transitioning Targeted Prevention funding to Waterloo.	Delivery of Core Services: Targeted Prevention (A356)

Organizations/ partners	Relationship (e.g. MOU, Contract)	Description	Intended purpose (e.g. core service delivery, referrals, program, pathway)
Associated Youth Services of Peel/Dufferin	Access point for youth with Concurrent Disorders involved with the Youth Justice System	Access to counselling services at DCAFS	Delivery of Core Services: Counselling & Therapy (A349)
Supportive Housing in Peel (SHIP)	Partnership	Access to DCAFS services for families accessing support from SHIP. Referrals to SHIP from DCAFS for support.	Delivery of Core Services: Counselling & Therapy (A349) Family & Caregiver Skill Building (A351)
Headwaters Health Care Centre	Protocol	Provision of Crisis Assessment at the Emergency Department at Headwaters Health Care Centre	Delivery of Core Services: Crisis Services (A350)
CMHA WW	Contract with community psychologists	Psychological assessments for children and youth with developmental and/or mental health concerns in Guelph and Wellington. Available on an as-needed basis for psychiatry and OT, based on availability of in-house human resources.	Delivery of Core Services: Specialized Consultation and Assessment (A355)
CMHA WW	Purchase of service	Referrals out for psychiatric services on an as-needed basis, based on availability of in-house human resources.	Delivery of Core Services: Specialized Consultation and Assessment (A355)
CMHA WW and DCAFS	Referral process	Supports for transgender youth at Centre for Addiction and Mental Health (CAMH)	Delivery of Core Services: Counselling & Therapy (A349)

Section C: Population Profile Summary

The section below provides a profile of demographic characteristics in the Dufferin Wellington service area.

Demographic Variable	Dufferin Wellington	Ontario
Number of individuals aged 0-18 ¹	63,253	2,858,843
Percent of population between ages 0-18 ¹	22.3%	20.9%
Age ¹		
0-5	6.7%	6.3%
6-11	6.9%	6.5%
12-18	8.7%	8.0%
Projected population – average annual rate of increase, 2015-2025 ²		
0-5	1.3%	1.2%
6-11	0.6%	0.8%
12-18	0.0%	0.3%
0-18	0.6%	0.7%
Indigenous (0-18)	1,345 (2.1%)	3.4% ³
Francophone (0-19)	495 (0.7%)	
Mother tongue is neither English nor French (0-19)	9.4%	17.1%
Visible minority (0-18)	7,375 (11.5%) ³	31.7% ³
Immigrants (0-18)	2,600 (4.1%)	9.4%
Families headed by a lone parent	8.6% ⁴	18.0% ⁴
Living in a low-income situation	12.5% ⁴	18.0% ⁴
Unemployment rate (15-24)	17.1%	20.2% ³
Percent employed (15-24)	55.4%	46.7%

Source: Ministry of Children and Youth Services. MCYS Regional Socio-Economic & Demographic Profile (June 2016) and MCYS Socio-Economic & Demographic Profile (December 2015).

Dufferin Wellington has a larger percentage of children and youth aged 0-18 (22.3%) than the provincial population percentage (20.7%), and a larger concentration of its population in every age group between 0-18. Statistics indicate that there are 1,345 Indigenous children and youth aged 0-18 living in Dufferin Wellington (2.1% of people aged 0-18), compared to the provincial

¹ Statistics Canada estimates for 2015

² Ontario Ministry of Finance projections, Fall 2014

³ Year: 2011

⁴ Statistics Canada, Small Area and Administrative Data, Census Family Data, 2013.

average of 3.4%. However local Indigenous groups suggest that there are likely twice as many young Indigenous people in the service area, and approximately 30,000 Indigenous people in total. Indigenous-led services in Dufferin Wellington include a new Indigenous Health Promotion Coordinator through the Guelph Community Health Centre; White Owl Native Ancestry Association, based in Waterloo Region; and Anishnabeg Outreach, whose primary focus is Indigenous employment services.

495 children and youth aged 0-19 (0.7%), and 3,660 individuals in total (1.4%) have French as their mother tongue. Dufferin Wellington is not a designated French Language area. Local French Language Service providers include CMHA Waterloo Wellington; Conseil scolaire Viamonde; and Conseil scolaire de district catholique Centre-Sud.

35,645 people from all age groups in Dufferin Wellington (13.5%), and 9.4% of individuals aged 0-19, do not have English or French as their mother tongue, compared to the provincial averages of 25.7% and 17.1%, respectively. Dufferin Wellington is home to 7,375 visible minorities aged 0-18 years, accounting for 11.5% of its child and youth population, compared to the provincial average of 31.7%. The largest percentage of visible minorities aged 0-18 are South Asian (22.1%) and Chinese (15%). The most widely-used non-official mother tongue language is German (2.5%), followed by Italian (1.3%). There are 2,600 immigrant children and youth aged 0-18 in Dufferin Wellington (4.1% of the child and youth population, compared to the provincial average of 9.4%). Of this immigrant population aged 0-18 in Dufferin Wellington, 1,160 are recent immigrants (in Canada for 5-10 years, and 45 are very recent immigrants (in Canada for 0-5 years).

The Wellington Dufferin Guelph Report Card Coalition on the Well-being of Children conducted a Youth Survey in 2011/12, measuring a variety of health and well-being indicators, including mental health. The 2011/2012 Youth Survey was completed by 55% of students in grades 7 and 10 in Wellington, Dufferin, and Guelph. Selected, self-reported items from the survey are included in the tables below. Results indicate that many young people in Dufferin Wellington are struggling with depression, thoughts of self-harm, and thoughts of suicide.

% of students who:	Grade	Wellington	Dufferin	Guelph
Are at risk for depression ⁵	7	7%	7%	6%
	10	9%	16%	12%
Report thoughts of harming themselves in the last year (sometimes, often or always)	7	12%	10%	10%
	10	19%	24%	19%
Report thoughts of suicide in the last year (sometimes, often or always)	7	7%	7%	7%
	10	12%	15%	13%

⁵ Students are considered at risk for depression if they answered always or often to four questions related to feeling sad, lonely, depressed, or feel like crying.

% of students who:	Grade	Female	Male
Are at risk for depression ⁶	7	9%	5%
	10	18%	6%
Report thoughts of harming themselves in the last year (sometimes, often or always)	7	13%	9%
	10	26%	14%
Report thoughts of suicide in the last year (sometimes, often or always)	7	7%	7%
	10	15%	11%

12.5% of families in Dufferin Wellington are living in a low income situation, compared to 18.0% provincially. Wellington Dufferin Guelph's report Addressing Social Determinants of Health in Wellington Dufferin Guelph⁷ identified that the areas of lowest income across Dufferin Guelph include Wellington North, Minto, East Luther Grand Valley, Amaranth and Shelburne, as well as four neighbourhoods within the City of Guelph (Brant, Onward Willow, Downtown Sunny Acres Old University, and Two Rivers).

Section D: Engagement Activities

The following section describes the local engagement processes undertaken by the MOMH Steering Committee to develop the Core Services Delivery Plan, including challenges encountered and plans for addressing any gaps in engagement thus far. A summary of participants of the feedback sessions held in December 2016-January 2017 is attached as Appendix B.

Who was engaged	How they were engaged	Challenges and how they will be addressed
Youth	<ul style="list-style-type: none"> The Systems Coordinator met with the Giving Light Offers Worth and Wellness (GLOWW) Facilitator in April and July 2016, and the GLOWW and Youth TALK Facilitators in December 2016, to discuss current youth engagement processes at CMHA WW, the Moving on Mental Health priorities for 2016-17, and effective ways to involve youth in engagement activities for MOMH. Systems Coordinator attended a GLOWW youth group 	<ul style="list-style-type: none"> Very few youth attended the feedback sessions that we set up, and it was challenging to connect with youth groups that are meeting regularly (e.g., Shed the Light, Dufferin LBGTQ group) in order to bring a feedback session to them, partly due to the time of year (December holidays) when consultation

⁶ Students are considered at risk for depression if they answered always or often to four questions related to feeling sad, lonely, depressed, or feel like crying.

⁷ Wellington-Dufferin-Guelph Public Health (2013). Addressing Social Determinants of Health in Wellington-Dufferin-Guelph: A public health perspective on local health, policy and program needs. Guelph, Ontario.

Who was engaged	How they were engaged	Challenges and how they will be addressed
	<p>meeting in September 2016 to meet the youth, describe the Moving on Mental Health priorities for 2016-17, gather general feedback on our direction, and set a foundation for engagement in future feedback processes.</p> <ul style="list-style-type: none"> • Four feedback sessions were set up for youth and families in various locations across Dufferin Wellington, including one youth-only session provided for the GLOWW group of youth, in December 2016 and January 2017. 	<p>occurred. Connections have been made that will support broader engagement in future, including a specific focus on youth who identify as LGBTQ or Indigenous.</p> <ul style="list-style-type: none"> • The Lead Agency is also organizing a full-day youth engagement session in June 2017, with the Centre of Excellence for Child/Youth Mental Health, to assess current youth engagement processes and identify opportunities to improve our engagement approaches.
Parents / Caregivers / Families	<ul style="list-style-type: none"> • Four feedback sessions were set up for youth and families in various locations across Dufferin Wellington. Nine parents/caregivers attended a feedback session in December 2016 or January 2017. • Two parents of children currently accessing children’s mental health services are ongoing members of the MOMH Steering Committee. They have participated fully in the process of identifying priorities. One of the parents has also been a member of the “prototyping team” that took our “big ideas”, developed prototypes to test these ideas, and conducted a stakeholder analysis to determine which stakeholders groups to include in our feedback sessions. 	<ul style="list-style-type: none"> • Additional parents had wanted to attend a feedback session, but for various reasons did not make it out to a session. The Lead Agency will consult our Regional Lead from Parents for Children’s Mental Health regarding ways to strengthen our future family engagement activities.
Core Service Providers (CMHA WW, DCAFS, FCSSGW)	<ul style="list-style-type: none"> • All core service agencies have been active members of the MOMH Steering Committee which met 10 times during 2016-17. • All core agencies also participated on the Prototyping Team and Service Inventory Sub-Committee. • Staff from the core agencies were invited to the feedback sessions that occurred in December 2016-January 2017. 	<ul style="list-style-type: none"> • No challenges were encountered with engagement of core service providers.
School	<ul style="list-style-type: none"> • The Systems Coordinator met with the Mental Health Leads 	<ul style="list-style-type: none"> • There is currently no mental health lead

Who was engaged	How they were engaged	Challenges and how they will be addressed
Boards	<p>from Upper Grand District School Board and Wellington Catholic District School Board in June 2017 to provide an overview of Moving on Mental Health and review the mental health services available at each school board.</p> <ul style="list-style-type: none"> • The Lead Agency met with the Mental Health Leads from Upper Grand District School Board, Wellington Catholic District School Board and Conseil scolaire Viamonde in January 2017 to review the services available at each board, the mental health action plans of each board, the CYMH service pathways between our organizations, and any challenges that we may be able to address in partnership. • A follow-up meeting has been scheduled, targeting May 2017. • School board representatives attended the feedback sessions in December and January. 	<p>in place with conseil scolaire de district catholique Centre-Sud, and no alternate was able to attend the meeting in January 2017. We will reach out again to invite a representative to attend our next meeting.</p> <ul style="list-style-type: none"> • Schools were anxious to get parents out to attend the MOMH feedback sessions in December and January. For future sessions more notice (at least one month was requested) will be provided to allow more parents/caregivers to participate.
Indigenous and Francophone service providers and families	<ul style="list-style-type: none"> • The Systems Coordinator has been meeting with Indigenous service providers (e.g., White Owl Native Ancestry Association, the Indigenous Education Lead at Upper Grand District School Board, the Indigenous health and well-being systems navigator at Guelph Community Health Centre, Anishnabeg Outreach, etc.) and community members during 2016-17 to build relationships and lay a foundation for ongoing, meaningful engagement. Invitations have been made for the Systems Coordinator to attend further meetings and local Indigenous circles and other events. • The Systems Coordinator has met with the FLS Coordinator at CMHA WW to review our Moving on Mental Health priorities and get input on ways to engage Francophone families in our planning. The FLS Coordinator assisted with engagement of Francophone service providers and families for the December/January feedback sessions. 	<ul style="list-style-type: none"> • There was some representation from participants who identified as newcomers, francophone, LGBTQ, or First Nations, Métis, or Inuit at the feedback sessions in December and January. In future sessions will be tailored more to the needs of these groups (e.g., a session offered in French, or co-hosted with a local Indigenous elder). • In 2017-18, Francophone and Indigenous service providers and community members will be consulted more extensively to ensure their perspectives are informing core service delivery and system planning.

Section E: 2016-17 Priority Summary

The Moving on Mental Health Steering Committee identified three key priorities for 2016-17. This section provides an update on:

- the status of each priority, and progress made against deliverables in 2016-17
- the partners involved in addressing the priority and their role in doing so
- any challenges or concerns that affected the plan to implement the priorities, and how they were addressed.

Priority #1: ACTING as ONE TEAM with CHILDREN, YOUTH and FAMILIES			
<p>Rationale: A common theme surfaced through the local engagement process, and has been noted in various national, provincial and local documents, by providers and those being supported alike: “Where do I go for help?”, “Who do I speak to about this issue?”, “Why is no one listening to me?”, “Who can I trust?”.</p>			
<p>Objective: What if every child, youth and family had a team that they felt “had their back” – one team for and with children, youth and families – a team that wraps around them and holds them as captain?</p> <p>The members of a person’s team might change - new members might be recruited - but it would be rare for someone to leave the team entirely. They would still wear the team colours and cheer on the person they support. This team would be experienced as a one-stop shop - the entire team would be dressed yet only those needed at that particular time would be on the ice. Some team members may ride the bench until their skills are called upon.</p> <p>This model respects the perspective and expertise of the person receiving support, and aims to provide the best service experience possible - unconstrained by mandates and silos. Built on a solid foundation of experience-driven metrics and governance, services will be based in empathy, and a shared understanding of what really matters to children, youth and families.</p> <p>This means:</p> <ul style="list-style-type: none"> • Building a “<i>One Team</i>” vision • Putting children, youth and families in the centre - recognizing and ensuring their “voice” and expertise are heard • Exploring how to maximize efficiency and effectiveness at the service and governance levels • Building a culture of measurement and evaluation based on “experience” 			
Deliverable(s)	Task(s)	Progress made in 2016-17	Any concerns / challenges, and how they were addressed

Proposed Activity 1: Building out the “One Team” Vision	<ul style="list-style-type: none"> • Achieve agreement on what “One Team” means, from the perspective of the child, youth, family. 	<p>The MOMH Steering Committee identified the development of “flexible, inter-agency, inter-disciplinary support teams” as a way to ensure children, youth and families are central to their own team and receiving the support they need.</p> <p>In order to test this hypothesis, a guide was developed for facilitating inter-agency conversations about what’s going on for a child, youth or family, and finding solutions that might help.</p> <p>This “team huddle guide” was tested with youth, families and service providers via 11 feedback sessions in December 2016 and January 2017. The findings have informed our priorities for 2017-18 (below).</p>	<p>It took longer than anticipated to get through planning and in to the testing stage for this priority, therefore implementation did not occur in 2016-17. A community meeting is booked for March 27, 2017 at DCAFS to learn more about Signs of Success and discuss the interconnectness of this approach with the Collaborative Care Planning Guide as well as the Coordinated Service Planning function through the Special Needs Strategy. The intent is to come to agreement on a common tool that could be used across the mental health and special needs partner agencies.</p>
	<ul style="list-style-type: none"> • As a priority within the One Team concept, define what could be done to help ensure children, youth and families feel they are at “centre ice”, being heard and recognized for their expertise. 		
	<ul style="list-style-type: none"> • How would we know we are making a difference? Define measurement(s) through an “experience with the service/system” lens. 		
	<ul style="list-style-type: none"> • Implement the change. May be a small test of change at first that can then be spread based on learnings. 		
	<ul style="list-style-type: none"> • Ongoing monitoring and adjustments as required. 		

Priority #2: LEADING with CLARITY, COURAGE and ACCOUNTABILITY to INSPIRE ACTION

Rationale:
 People being supported in the system want a clear understanding of everyone’s roles and what to expect from them. Service providers feel more confident when they too know where they fit in the system and that their resources (e.g., HR) are aligned with the needs, especially given that the number and complexity of individuals being supported is rising and associated funding is not. The critical nature of this understanding becomes even more heightened when several transformative agendas (e.g., Moving on Mental Health, Special Needs Strategy, Child Welfare Reform, etc.) are occurring simultaneously.

Objective:
 The identification of CMHA WW as Lead Agency is an opportunity for leadership, but not its only source.

Positive action in this system requires courageous and honest leadership from every level, and particularly system-level players. This project has already resulted in a shared vision - now, people across the system must play an active role in

realizing it.

Leadership from CMHA WW and others will drive clarity and understanding – helping individuals and services understand how the system works and their role in it. Significant change here will require an honest re-evaluation of risk. A consistent, system-wide approach to risk would facilitate efforts toward shared data, which will open up communication between services, providers and families.

Most importantly, positive change in any system requires talented people. It's just as important to attract talent as it is to develop and retain the talent already working in the system. To keep up with the evolving and complex needs of children, youth and families, providers need consistent opportunities to build their knowledge and develop their skills. This will help workers feel confident and capable in supporting people with complex needs, and contributing to system-wide change.

This means:

- Getting to clarity - understanding the system we need to change
- Creating a culture of empowerment – identify and face fears
- Implementing a shared approach to risk
- Attracting, developing and retaining talented staff
- Building skills that match needs
- Improving collective public relations capacity

Deliverable(s)	Task(s)	Progress made in 2016-17	Any concerns / challenges, and how they were addressed
Proposed Activity 1: Understanding the current state of MCYS funded services for children, youth and families.	Undertake a process that will result in a collective understanding of the breadth and depth of the MCYS child and youth mental health service sector in Wellington Dufferin	A Service Inventory Sub-Committee was struck to gather and review information about the core MCYS-funded programs, services, and supports that are part of the child and youth mental health system across Dufferin Wellington. The purpose was to identify strengths, needs and gaps in local services and data capacity, to support effective planning and decision-making by the MOMH Steering Committee	The sub-committee made use of the data that was easily available, and in cases where data was not available, developed recommendations for a data development process or 2017-18.
Deliverable(s)	Task(s)	Progress made in 2016-17	Any concerns / challenges, and how they were addressed
Proposed	Using data and	The MOMH Steering Committee, with	In order to ensure full and

<p>Activity 2: Defining “hot spots” that negatively impact equity and access to a high quality coordinated continuum of services in WD.</p>	<p>information from Proposed Activity 1, as well as demographic and socio- economic data, coupled with engagement information from children, youth, families and providers, glean “hot spots” that require deeper dives. Prioritize for action.</p>	<p>Overlap Associates, conducted a system mapping exercise in June 2016, and a facilitated discussion to identify “hot spots” in the system July 2016. These hot spots were used to identify “big ideas” for improving service experiences, and then developing prototypes that could be tested with stakeholders to determine whether our ideas were on the right track. This process has led to the identification of a number of specific actions for 2017-18 that will help us address the major hot spots in our service system.</p>	<p>meaningful engagement, our process took longer than anticipated, and so implementation of our ideas did not begin in 2016-17. They have been added to our workplan for 2016-17.</p>
<p>Proposed Activity 3: Local Alignment of “Moving on Mental Health” (MOMH) and the “Special Needs Strategy” (SNS).</p>	<p>Review of purpose, context, status and degree of overlap of these two initiatives in WD in order to collaboratively develop and implement a better, more coordinated approach to both planning and service delivery.</p>	<p>The purpose, context, status and degree of overlap between these initiatives was explored in June 2016 at a joint meeting of both strategy tables. Following this meeting, and through extensive discussion between the MOMH Steering Committee and the Special Needs Strategy Proposal Table, agreement has been reached to merge the work associated with these two strategies. Terms of Reference for a “Dual Strategy Steering Committee” have been drafted.</p>	<p>The decision to merge the Moving on Mental Health and Special Needs strategies and their sub-committees at the local level was a huge step forward that will allow our community to implement one system for mental health as well as special needs programs, services and supports. The alignment work this year will continue as we consider the role and function of other local children’s planning tables and look for synergies.</p>

Priority #3: FOSTERING and ACCEPTING SHARED RESPONSIBILITY for a SYSTEM THAT WORKS

Rationale:

To truly arrive at a system that works for children, youth and families means that funders, governors, service providers and families have to create it together.

Objective:

As this vision is built together, it’s critical that the system aligns with the needs and lives

of children, youth and families and is nimble enough to grow with them.

Regardless of organizational hierarchy in and across the system, every person is accountable and empowered to provide the best service experience possible, and to assist children, youth and families to get what they need.

Achieving this goal requires services and service providers to function in unison as a healthy system ecology rather than as a set of fragmented services - it requires a system-view rather than a service-view. This means opening up channels for clear communication and building capacity that facilitates collective problem solving.

With this goal in mind, unnecessary boundaries can be knocked down and constraints that limit the functionality of the system can be called into question. Working toward a system that works will be evident in conversations between ministry and local leaders, service providers and families, and every single interaction with those needing the services.

This means:

- Engaging all stakeholders in system design
- Creating capacity for collective problem solving (at system, program and direct service levels)
- Thinking and acting from a systems perspective
- Finding ways to communicate clearly with each other
- Creating opportunities for shared resources
- Engaging ministries in providing collective leadership

Deliverable(s)	Task(s)	Progress made in 2016-17	Any concerns / challenges, and how they were addressed
Proposed Activity 1: To implement Phase 2 of the engagement process.	Phase 2 will engage with individuals/groups that were not well represented in Phase 1 including hearing directly from more children and youth as well as those who identify as Francophone, LGBTQ, Newcomer, and First Nations, Inuit, Metis and Urban Aboriginal.	81 individuals shared their feedback on three prototypes in December 2016 and January 2017, including individuals who identify as Francophone, LGBTQ, First Nations, Metis or Inuit.	Only three youth participated in the feedback sessions. We will continue to work with youth to better understand how best to connect with them and to gather feedback as we move towards implementation of our “big ideas”.
Deliverable(s)	Task(s)	Progress made in 2016-17	Any concerns / challenges, and how they were addressed
Proposed Activity 2:	As we work to understand the current state and look toward a future state,	In bringing together the MOMH and Special Needs strategy	Although we have not reduced the number of local planning

<p>To create an effective and sustainable web of inclusion that maximizes our leadership and staffing resources related to the planning and ongoing operations of the system.</p>	<p>there is a need to review the mandates and membership of the various committees/groups that meet across WD to determine if there is a better way of working together to achieve the desired outcomes.</p>	<p>tables, we have made significant headway in integrated planning and working effectively together to achieve our shared outcomes. In addition, conversations have begun with the integrated children's planning tables in Dufferin (DuCK) and Wellington (GGG) around greater alignment of our planning in future.</p>	<p>tables beyond the alignment of mental health and special needs, important conversations have opened up, and a foundation is in place for exploring better ways of working together in 2017-18.</p>
<p>Proposed Activity 3: To collaboratively solidify agreements related to core service delivery.</p>	<p>Based on MCYS guidelines, the Lead Agency will be negotiating their Accountability Agreement (timeline tentative, to be completed by October 2016) with MCYS. The Lead Agency will also be negotiating service contracts with the relevant service providers throughout the year, as the specific plan for service is established.</p>	<p>During the course of 2016-17, MCYS determined that Lead Agencies would not negotiate accountability agreements with core service providers. Therefore, this activity is no longer relevant.</p>	<p>Not applicable.</p>

Section F: 2017-18 Priorities

The following priorities for 2017-18 focus on the delivery and planning of core services. Priorities involving working with broader sector partners are captured in the 2017-18 Community Mental Health Plan.

Priority #1: Decrease wait times for service

Young people, parents/caregivers and service providers have identified wait times as a key “hot spot” in our service system. For many young people, challenges intensify or become more complex as they wait to access the appropriate programs, services or supports. This challenge has been a consistent theme in conversations with the GLOWW group of youth in

Wellington; through feedback sessions with youth, caregivers and service providers across the service area; through a service inventory undertaken in 2016-17; in the Auditor General's report released in 2016; and in the provincial Moving on Mental Health Strategy. A prototype for "Check Ins While You Wait" was developed and tested in December 2016 and January 2017 with youth, families and service providers, and the learnings from that process are included in the deliverables below.

Objectives:

- Ensure young people can access the right services, at the right times, in the right location(s)
- Offer useful supports while people wait

Deliverable(s)	Task(s)	Roles	Start dates
Appointment reminders sent to all clients	Develop an appointment reminder process that makes sense for young people/families.	Lead: Here 24/7 & Access Working Group	Late 2017
Clients receive communication from the programs/services they are waiting for	Develop a process (e.g., a one-way wait list letter) to keep in contact with people who are on a wait list, to help them know what they are waiting for and understand what is happening in the meantime.		
Clients receive useful supports while they are waiting	Explore a partnership with Big White Wall to provide online and phone support, tools, referrals to Here 24/7 where needed, etc.	Lead: CMHA WW	Spring 2017
Clients are better supported to move forward towards their goals	Develop a process to weight cases, along with more robust caseload supervisions processes	Lead: Tools and Training Work Group	2017
Valid, system-wide wait list data to support planning	Validate and use local wait list data more effectively	Lead: Intake Working Group and Here 24/7 (CMHA WW)	2017
System-wide wait list management process	Develop a system-wide wait list management process		2017-18

Priority #2: Conduct an in-depth service review

A service inventory was conducted by a sub-committee of the Moving on Mental Health Steering Committee in 2016-17 to identify any core service gaps, assess data capacity and develop recommendations to improve child/youth mental health services. Recommendations included more in-depth exploration of service availability and accessibility

Objectives:

- Address gaps in core service provision
- Enhance our capacity to use high-quality data to inform decision-making

Deliverable(s)	Task(s)	Roles	Start dates
Reduce barriers to service identified in the service inventory	Explore ways to reduce barriers including transportation, location of services and service hours; and gaps including trauma and DBT services, youth and caregiver groups in Dufferin, and access to French Language Services in Dufferin.	Lead: A Working Group will be established to lead this work	2017
Ensure all core services are delivered across the service area	Explore what is needed related to targeted prevention in Wellington, and associated funding.	Lead: CMHA WW	2017
Additional data to inform planning	Gather and use data elements including: <ul style="list-style-type: none"> • Service levels • Service data at the office level • French Language Services • Wait times • Caseload demographics • Cultural, linguistic and rural area needs • Ensure existing services address priority needs • Review programs against the Program Guidelines and Responsibilities (in detail) • Review detailed information on Intensive Services 	Lead: Data Working Group / Services and Pathways Working Group	2017

Priority #3: Equitable, inclusive, culturally-competent service delivery across the service area

One of the goals of the provincial Moving on Mental Health strategy is to ensure core services are inclusive of a diverse range of local needs, strengths and perspectives. While much is done locally to provide effective, inclusive, equitable service, this is an ongoing, evolving process for all organizations. Consultation with stakeholders has made it clear that there is room to grow towards service provision and planning that reflect the perspectives of diverse communities.

Objectives:

- Enhance local capacity to provide equitable, inclusive, and culturally competent services to Francophone, Indigenous, newcomer, rural and other communities.

Deliverable(s)	Task(s)	Roles	Start dates
More equitable, inclusive and culturally competent service delivery across the service area	Build relationships and awareness, and explore ways to partner with Francophone, Indigenous and other local providers/communities, in order to improve the responsiveness of services to local needs.	Lead: MOMH System Coordinator and SNS System Navigator	Continue work begun in 2016-17

Section G: French Language System Partners

French Language Service Providers for child/youth mental health in Dufferin and Wellington include CMHA WW, conseil scolaire Viamonde and conseil scolaire de district catholique Centre-Sud. French Language Service Providers were invited to participate in the feedback sessions that took place in December 2016-January 2017, as well as a meeting of the Lead Agency and local English and French school boards' Mental Health Leads in January 2017. Discussion centred around the mental health plans/priorities of each organization, including the MOMH priorities for 2016-18.

One challenge includes the geographic span of the French school boards. While the mental health leads would like to participate in local planning activities, their service area essentially covers all of Southwestern Ontario, which poses a challenge for attending meetings and consultations. In addition, the French catholic school board does not currently have a mental health lead in place.

French language system partners have identified challenges that families experience in trying to access mental health services in French in their local communities, often having to travel to larger centres (e.g., Toronto) to access the services they need. Service providers in Dufferin have noted that while French-speaking clinical services based at CMHA WW are available to families in Dufferin, the service could be used more frequently. Efforts to increase awareness of this service will be made.

Appendix A: Core Services Summary

The table below describes all MCYS-funded core child and youth mental health service delivery in the Dufferin Wellington service area. Changes from the 2015-16 plan are identified by *italics*.

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served	Target population if applicable			
Targeted Prevention (A356)	Canadian Mental Health Association Waterloo Wellington	The funding for this prevention program supports the operation of the "Friends" program in Waterloo Region. Discussions are underway to develop an MoU with Lutherwood to transition the accountability for the Friends program to Lutherwood from CMHA WW.	Region of Waterloo	Elementary school students	N/A	\$61,702	TPPART# 250	Employing a comprehensive management information system, utilization review is conducted on a quarterly and annual basis. Additionally, an agency wide continuous quality improvement program ensures continuous program evaluation. Questionnaires are used annually to obtain information about effectiveness and satisfaction from parents, children, teachers, principals and volunteers. The results are used in program planning for subsequent years.
	Dufferin Child and Family Services	Services include: - increasing awareness about mental health, addiction and trauma issues and identifying local services and supports - working with other community partners to develop a more comprehensive system around targeted prevention - providing supports and programming for parents of high-conflict separation/divorce and for at-risk	Dufferin County	Children / Youth 6-18	LGBTQ youth; youth involved with substance misuse; parents involved in separation & divorce; at-risk youth.	\$55,549	TPPART# 75	

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served	Target population if applicable			
		<p>youth - ongoing Allies for Kids Mental Health information and education sessions for parents/care-givers and those who coach and work with children and youth</p> <ul style="list-style-type: none"> - specific activities around Child and Youth Mental Health Awareness Week, Sexual Assault Prevention Month, World Suicide Prevention Day, Child Abuse Prevention Month, etc - promotion internally and externally of the Mental Health Promotion and Substance Misuse Prevention Framework - Positive Parenting From Separate Homes (two 3-hour sessions offered 3 times each year) - LGBTQ Social and Support Group (recognizing that this population of youth is 4x more likely to choose suicide than the general population of youth) 						
Brief Services (A348)	Canadian Mental Health Association Waterloo Wellington	Walk-In service is provided at 485 Silvercreek Pkwy N. in Guelph every Tuesday for children and youth ages 6-18. Individuals are served on a first come, first served basis between 11:00am-7:00pm. Scheduled sessions are offered bi-weekly in Centre and North Wellington on Tuesday afternoon and evening. An individual session with a mental health clinician determines next steps for the individual. Up to 3	The City of Guelph and Wellington County	Children / Youth 6-18	N/A	\$172,308	INDSER# 390 MHWT# 2,340 MHSD# 15,600 HOUDIRS# 975 BSNOS# 130	Employing a comprehensive management information system, utilization review is conducted on a quarterly and annual basis. Children's Services utilizes the Child and Adolescent Needs and Strengths (CANS) Assessment tool to develop the treatment plan. Client satisfaction surveys are given

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served	Target population if applicable			
		additional sessions with a clinician are offered if appropriate to meet the immediate needs of the family. Referrals for children ages 0-6 are received through Growing Great Kids and are scheduled at the convenience of the family. Service planning follows with the assigned clinician.						at the end of each session to determine satisfaction with the interaction. Data is collected through the Caseworks Software program which allows agency to track required data elements.
	Dufferin Child and Family Services	Walk-in service is provided every Tuesday from 1:00-8:00 (with the last appointment starting at 7:00), whereby individuals and their families receive an individual session with a clinician on a first come, first served basis. Should there be a barrier to attending the Walk-In Clinic, individuals can schedule a single session at a time and location that works for them. DCAFS offers a Brief Service model with quick access to up to 3 sessions of counselling or consultation to address the immediate or presenting needs of a child or youth. These are a timely response to requests for service, maximizing readiness for change and diverting from wait lists.	Dufferin County	Children / Youth 6-18	N/A	\$199,868	INDSER# 300 MHWT# 2,511 MHSD# 14,350 HOUDIRS# 1,350 BSNOS# 276	Client Feedback Survey Clinical Supervision Case Management Checklist Anecdotal Reporting by Clients/Parents and Other Service Providers Monthly, Quarterly and Yearly Statistical Review Quarterly Roll-Up and Reporting of Client Feedback
Counselling and Therapy (A349)	Canadian Mental Health Association Waterloo Wellington	Counselling and therapy services are offered in both an individual and group format. Groups include: CBT for Teens Anxiety groups- Tools for Life- Managing Your Emotions Specialized Treatment Programs - Tapp C: The Arson Prevention Program for Children	The City of Guelph and Wellington County	Children / Youth 0-18 and their families	Francophone	\$1,525,538	INDSER# 1,150 MHWT# 1,450 MHSD# 235,000 HOUDIRS# 9,750 MHBNA# 485 MHENA# 635 MHSNA# 230	Employing a comprehensive management information system, utilization review is conducted on a quarterly and annual basis. Additionally, an agency wide continuous quality improvement program ensures continuous program

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served	Target population if applicable			
		<ul style="list-style-type: none"> - Child and Youth Sexual Assault Team (CYSAT) - Early Psychosis Program - Counselling and Therapy Services are also offered by the French Language Worker to students within the French Language School Boards as well as other families where French is their first language. - Counselling and Therapy Services are also offered by the Mental Health Workers in the School program. The four areas of focus for this program are: Provide supports for students re-entering schools after non-attendance, modified attendance or where the student is at risk for non-attendance - Enhance the home/school connection - Assist family and school to navigate the mental health service system, and engage in a full complement of services - Support educators and school support teams to enhance educator capacity to identify and respond to the mental health needs of all students. Referrals are made through an established protocol that has been negotiated with each school board. Referrals may also originate at CMHA WW to capture students who have fallen outside of the formal school system due to mental health concerns. 					MHSUNA# 20 MHTNA# 130 MHCNA# 50	evaluation. Children's Services utilizes the Child and Adolescent Needs and Strengths (CANS) Assessment tool to develop and evaluate the plan of care plan. Satisfaction surveys will be implemented to evaluate client satisfaction with their service. Agency will assess outputs through their Caseworks software program with qualitative evaluation reflected through client surveys.
	Dufferin Child and Family Services	DCAFS provides the following types of Counselling/Therapy Services: Individual Therapy; Family Therapy; Parent-Child	Dufferin County	Children / Youth 6-18	N/A	\$391,991	INDSER# 410 MHWTS# 8,150 MHSD# 37,900	Clinical Supervision by Manager Case Management Checklist

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served	Target population if applicable			
		Therapy, Sexual Assault Counselling; and Parent Coaching using a variety of modalities. These sessions occur both in our office and in the community, wherever best suits the service recipient. Service is provided Mon/Thurs/Friday 8:30-5:00m. Tues/Wed 8:30-8:30. Group Services (Psycho-Education/Support or Treatment), including Change 4 U, LGBTQ Youth Group are also offered.					HOUDIRS# 6,150 MHBNA# 305 MHENA# 380 MHSNA# 320 MHSUNA# 60 MHTNA# 60 MHCNA# 350	Client Feedback Survey (on IPAD or DCAFS website) Service Plan/Progress Review Reports
Family / Caregiver Capacity Building and Support (A351)	Canadian Mental Health Association Waterloo Wellington	The Family Support Consultants work from a trauma informed and relationship based approach and offer support to families through individual family plans and group services. Group Services involved are: Through the Eyes of a Child, Eyes Full of Wonder, Circle of Security and Connect, <i>Adolescent DBT, Cool Kids, Tools for Life, and Managing Your Emotions</i> which are all groups for caregivers with their child as well as a Grandparent's group for grandparents raising their grandchildren. <i>Family consultants also provide support at school meetings, Social Inclusion support, help with basic needs, outreach, emotional regulation, linkages to community resources and ongoing support. Family Consultants provide education, coaching and practical problem-solving about how to support the child's optimal mental health.</i> Family consultants also identify	The City of Guelph and Wellington County	Families and caregivers of Children / Youth 0 - 18	N/A	\$470,667	FSFAMSER# 275 TPPART# 875	Employing a comprehensive management information system, utilization review is conducted on a quarterly and annual basis. Additionally, an agency wide continuous quality improvement program ensures continuous program evaluation. Data will be collected through the Caseworks software program. Some groups involve a pre/post test format to evaluate outcomes. Client satisfaction surveys will also be employed.

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program			Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)	
		Brief description of the program	Geographic coverage in service area	Age group served				Target population if applicable
		crisis, risk, emergent mental health issues and other family mental health needs and link them to the appropriate supports both within and outside of CMHA WW. Family Consultation is open to parents and other caregivers who are accessing service through CMHA WW. Caregivers may access service when their child/youth is resistant to treatment, when a child is involved with Family Consultation, there must be a clinician involved.						
	Dufferin Child and Family Services	<i>Mon/Thurs/Fri 8:30-5:00. Tues/Wed 8:30-8:30.</i> Through Clinicians as well as our Parent Coach and Intensive Workers, families/caregivers are provided information, education and supports to better understand and build skills for responding to their child or youth's mental health challenges. Individual and group sessions to enhance awareness and understanding of the challenges and to develop parent/caregiver skills. DCAFS staff provide this service in the office, community or family's home. A behavioural based approach is often utilized with the goal of helping parents/caregivers understand a child/youth/s mental health issue and behaviours, and respond in a way that will lead to positive outcomes. Advocacy and support for further service is also provided. Advocacy and support for	Dufferin County	Children / Youth 6-18	N/A	\$46,219	FSFAMSER# 680 TPPART# 150	Clinical Supervision. Case Management Checklist Client Feedback Survey (DCAFS's website) Quarterly Roll-up of Client Feedback Survey

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served	Target population if applicable			
		respite and other services and supports.						
Specialized Consultation and Assessment (A355)	Canadian Mental Health Association Waterloo Wellington	Children and youth with complex mental health issues can be referred for specialized assessments within CMHA WW. These resources are utilized in the more complex and multi-problem case where diagnostics are difficult to ascertain or where treatment approaches to date have failed.	The City of Guelph and Wellington County	Children / Youth 0 - 18	N/A	\$93,657	INDSER# 70 CLIENTCON# 100 EDSESSAS# 8	Employing a comprehensive management information system, utilization review is conducted on a quarterly and annual basis. Additionally, an agency wide continuous quality improvement program ensures continuous program evaluation. Quantitative data will be collected through the Caseworks software program. Client satisfaction surveys will be used to determine satisfaction with the process where applicable.
	Dufferin Child and Family Services	Children and youth who present with complex mental health issues can be referred for specialized assessments within DCAFS including a Psychiatrist or Psychologist. These resources are utilized in the more complex and multi-problem case where diagnostics are difficult to ascertain or where treatment approaches to date have failed.	Dufferin County	Children / Youth 6-18	N/A	\$47,500	INDSER# 102 CLIENTCON# 102 EDSESSAS# 3 PROGCONAS# 102 MHWTS# 1,270 INTPNA# 92 MHCNA# 102	Verbal feedback and Client Feedback Survey. Specialized Consultation/Assessment Services
Crisis Services (A350)	Canadian Mental Health Association Waterloo Wellington	Children's Crisis Support Services are operated through the Coordinated Access Service. Mobile Crisis assessments and intervention are offered in the home, school and community between the hours of 9 a.m. to 5 p.m. Monday to Friday by	The City of Guelph and Wellington County	Children / Youth 0-18	N/A	\$243,839	INDSER# 550 MHWTS# 3,200 HOUDIRS# 1,200	Employing a comprehensive management information system, utilization review is conducted on a quarterly and annual basis. Additionally, an agency wide continuous quality improvement program

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served	Target population if applicable			
		Specialized children's crisis workers to those who present with serious and acute mental health concerns such as suicidal or homicidal risk. Coordinated Access staff provides service during the night and over the weekends to allow for coverage for the entire week. The service works collaboratively with the family and other service providers to arrange a safety plan to maintain the child/youth in the community and/or to assist in facilitating hospital placement when appropriate.						ensures continuous program evaluation. Quantitative data is collected through the Caseworks Software program monitoring the length of wait for service as well as the Length of stay in service.
	Dufferin Child and Family Services	Mobile Crisis Response and Assessment Services are provided by DCAFS Mon-Friday 8:30 – 10pm. <i>Saturdays & Sundays from 12pm-10pm.</i> In school, community settings and at the Emergency Department of Headwaters Health Care Centre for those who present with serious and acute mental health concerns including risk of suicide or homicide. The service works collaboratively with the family and other service providers to arrange a safety plan to maintain the child/youth in the community and/or to assist in facilitating hospital placement when appropriate. These services are provided by staff who have had specialized training in crisis services. <i>TAPP-C.</i>	Dufferin County	Children / Youth 6-18	N/A	\$128,125	INDSER# 180 MHWT# 0 MHSD# 5,280 HOUDIRS# 720	Clinical Supervision by Manger Client Feedback Survey Monthly Statistical Review Quarterly Roll-Up of Client Feedback Surveys Anecdotal Feedback by Clients, Families and other Service Providers
Intensive Services	Canadian Mental Health	Intensive Services funding is utilized to provide a Day Treatment/Section	The City of Guelph and	Children / Youth	N/A	\$273,941	INDSER# 180 RESSER# 0	Employing a comprehensive management information

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program			Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served			
(A353)	Association Waterloo Wellington	23 School program and In- and Out-of-Home Respite supports. Additional resources have allowed for a Youth Outreach Position to be developed for 2016/17. The Elementary School Treatment Program is a collaborative partnership between CMHA WW, Upper Grand District School Board and the Wellington District Catholic School Board. This program serves up to 8 students at one time. The School team consists of an elementary school teacher, an educational assistant and a Child and Youth Counsellor. In addition to this team, each student is assigned a CMHA WW clinician who works in the classroom and with the family to assist the school team in the development and implementation of the treatment plan. Also involved is an identified partner from the "community school". The School program provides service to children between the ages of 11-13 (grades 6-8) who struggle with emotional, social and behavioural difficulties that impact their success at school. Respite Supports are provided to families of children with mental health concerns in two ways: Out of Home Respite: A mental health bed is available through our local children's developmental services home for 8 nights of service per month. Children need to be within the ages of 6 – 17 years and be	Wellington County	6 - 17 and their families		DTSER# 10 DAYREC# 0 MHWT# 1,700 MHCNA# 180 MHSD# 17,500 HOUDIRS# 2,000 INFAMSERV # 140 OUTCHILD# 20	system, utilization review is conducted on a quarterly and annual basis. Additionally, an agency wide continuous quality improvement program ensures continuous program evaluation. Agency utilizes the CANS Assessment Tool to assist in evaluation processes and post service to evaluate change. Usage is monitored regularly through the Caseworks software program. Client Satisfaction surveys are given at the end of service

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program			Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served			
		accessing mental health services through CMHA WW. Families must attend an interview with Stephanie Home Director prior to respite visit and agree with all protocols developed between Hopewell Homes and CMHA WW. Children must meet the eligibility criteria to access this service. Families are offered a 3 month schedule of respite at Stephanie Home and this is reviewed every three months. The flexible respite fund provides less formal respite options such as camp fees, memberships to Y programs and other recreational options that may have therapeutic benefit along with providing respite. The Youth Outreach Worker will engage with youth aged 14-21 who are street-engaged and at risk of being involved in criminal activity or at risk of homelessness. Support will be provided to encourage positive lifestyle choices and assist with engagement of appropriate services.					
	Dufferin Child and Family Services	Intensive Treatment Services are customized to meet the needs of those who require more intensive intervention particularly in their home or school settings. These services may involve 1-1 support/skill-building for the child or youth and/or in-home parent coaching. Most often, these services	Dufferin County	Children / Youth 6-18	N/A	\$99,335 + \$75,000	INDSER# 80 RESSER# 0 DTSER# 0 DAYREC# 0 MHWT# 618 MHCNA# 80 MHSD# 7,080 HOUDIRS# 480

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served	Target population if applicable			
		are offered within the family's home in order to support parents with developing and implementing strategies related to conflict resolution, the impact of trauma and mental health, coping and behaviour within the natural setting. DCAFS and UGDSB have a partnership to provide a Section 23 classroom, OASIS. This class consists primarily of 11-14 year olds who are on the Autism Spectrum and who experience significant barriers to engaging within the mainstream school setting. It provides a significant level of individualized and group support for both the children and parents/ caregivers. <i>Intensive Services are designed to provide flexible service times throughout the week to meet the needs of the family.</i>					INFAMSERV# 60 OUTCHILD# 0	
	Family Counselling and Support Services for Guelph-Wellington	Treatment services are customized to meet the individualized needs of each child or youth, and family. These services match the child, youth or family's level of need with the most appropriate intensity of service. A Plan of Care is determined for each client including: establishment and agreement upon time and hours per week for treatment, <i>Monday-Thursday 9am-5pm, occasional evenings;</i> establishment of goals that are strength-based and individual-centered;	The City of Guelph and Wellington County	Children / Youth 0 - 18 and their families	N/A	\$45,980	INDSER# 40 RESSER# 0 DTSER# 0 DAYREC# 0 MHWT# 700 MHCNA# 10 MHSD# 1000 HOUDIRS# 600 INFAMSERV# 25 OUTCHILD# 0	Agency is committed to evaluating the Wonder of Me program once resources are secured in collaboration with community partner. Regular case reviews will be completed with manager to assess the progress with each client's case. The Case Closure notes will be evaluated by the manager upon closure. Once evaluated, the impact of the

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served	Target population if applicable			
		sign off is obtained from the primary caregiver; temporary extra supports are provided to ensure identified plan is helpful in meeting the goals of the family/group home/significant support people; "Wonder of Me" - peer group is offered, teaching to further normalize, motivate and support strategies already established on an individual level. Intensive family support is provided which encompasses: teaching strategies to the client to understand the roots of their behavior helping them to develop coping strategies to support emotional regulation; modeling and practicing coping strategies with all appropriate individuals; providing parent/ caregiver /sibling support, problem-solving and training; providing trauma training, anger management strategies and conflict resolution where needed.						Wonder of Me program will be established within the community. The client/family will use the emotional regulation and coping strategies during their day-to-day life and within the community and the family is able to manage independently.
Service Coordination (A354)	Canadian Mental Health Association Waterloo Wellington	CMHA WW utilizes funding to operate a coordinated continuum of service to meet children's mental health needs. Intensive Case Managers coordinate services for families where there is involvement with 3 or more service providers A Resource Coordinator is available to assist families to access Respite opportunities and other community supports to reduce the stress within the family. Access to local respite and leisure opportunities are	The City of Guelph and Wellington County	Children / Youth 0 - 18 and their families	N/A	\$340,418	INDSER# 100 MHENDCY# 1,750 POSOC# 1,300 CPOSOC# 1,225 CPOSEX# 1,050 SCTCY# 875	Employing a comprehensive management information system, utilization review is conducted on a quarterly and annual basis. Additionally, an agency wide continuous quality improvement program ensures continuous program evaluation. Agency utilizes the CANS Assessment Tool to assist in evaluation

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program			Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)	
		Brief description of the program	Geographic coverage in service area	Age group served				Target population if applicable
		coordinated to ensure equitable access for families within our system of care. Service coordination is also the process utilized by all service providers to develop the coordinated service plan and monitor the needs being addressed.					processes and post service to evaluate change. Usage is monitored regularly through Caseworks software program. Client Satisfaction surveys are given at the end of service.	
	Dufferin Child and Family Services	Service Coordination begins at the initial contact with client/family and is about the process of developing an individualized Service Plan including the needs to be addressed, the services to be provided, the lead professional (where multiple services are involved), goals/objectives to be achieved and referrals to be made during or following services. Service Coordination is about case management and monitoring service responses and outcomes and transition planning (between services or discharge planning).	Dufferin County	Children / Youth 6-18	N/A	\$118,510	CPOSEX# 650 CPOSOC# 650 INDSER# 815 MHENDCY# 815 POSOC# 650 SCTCY# 200	Client Feedback Survey (on IPAD and on DCAFS website) Clinician Observation/Impressions Clinical Supervision by Manager including Case Management Checklist Anecdotal Feedback by Clients and other Service Providers Yearly Reporting of youth/care-giver Feedback # of youth/care-givers reporting positive outcomes # of youth/care-givers reporting positive experiences with service system
	Family Counselling and Support Services for Guelph-Wellington	Service coordination is the process which places the child or youth and family at the centre and brings together the key partners in service delivery to provide an integrated and coordinated service response to best meet the needs. Provide each client with a written service plan to guide and monitor process. Strengthening and increasing community resources around	The City of Guelph and Wellington County	Children / Youth 0 - 18	N/A	\$7,502	INDSER #40 MHENDCY# 10 POSOC #10 CPOSEX# 30 SCTCY# 0	Agency is committed to evaluating the Wonder of Me program once resources are secured in collaboration with community partners. A record of Partner Agencies that are involved with the client will be listed along with their contact information and role within the case. Notes from Case

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served	Target population if applicable			
		client in order to sustain the plan. Provide training to staff and family members to help ensure consistency and follow-through within every environment each individual lives in. Facilitate linkage to community service to enhance and support family's named goals such as: Specialized assessments/ consultation, Respite, Occupational Therapy, Monies for recreational activities, tutoring, camp, basic needs, etc. Attend Case Conferences with internal and community service providers and contribute information on results achieved by the individual as well as further needs.						Conferences attended will be added to the file to track decision-making and evaluation. Once evaluated, the impact of the Wonder of Me program will be established within the community. A greater level of communication within the circle of care surrounding the client will be achieved to support on-going success of the individual and family. An accurate record of Partner Agencies involved will be kept and be able to be referenced throughout the case.
Access Intake Service Planning (A352)	Canadian Mental Health Association Waterloo Wellington	Access/Intake is provided on a 24/7 basis through the Coordinated Access System. Individuals and families may call directly to 1-844-HERE24/7 and begin the access process. Coordinated Access is located in 5 hubs across Waterloo Wellington. Service for children is limited to Wellington County. Intake for children ages 0-6 is completed through the Growing Great Kids System of Care. Referrals are sent to Here 24/7 to be entered in the Caseworks database, and there is a warm transfer to GGK for contact to be made with the family.	The City of Guelph and Wellington County	Children / Youth 7 - 18	N/A	\$246,055	MHUCYS# 2600 MHGM# 1,100 MHGF# 950 MHGO# 550 MHINA# 1550 MH0-5# 850 MH6-10# 550 MH11-14# 500 MH15-18# 700	Coordinated Access uses CA Risk Screener to determine the need for Mobile Crisis service intervention. The Caseworks software system collects the children accessing service and the required demographic information. It also tracks the need for further resources and referrals.

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served	Target population if applicable			
	Dufferin Child and Family Services	DCAFS main number is accessible 24 hours a day, 7 days a week. When clients call for non-crisis service, they speak with a Central Intake Worker who advises regarding the Tuesday Talk In, as well as provides others community support service information. Over the past 7 years, the main access to service has been through the Tuesday Talk In (walk-in) Clinic which provides quick access to trained Clinicians, immediate problem-solving, therapeutic conversations and connections to other DCAFS and community services. For those not able to access this service on a Tuesday or who may require a more specialized initial meeting, a scheduled Talk In session can be arranged at DCAFS office or in a school or other community setting. Single-session, walk-in counselling is for children, youth and families (or others living in the home) or for parents/guardians who want help supporting their child/youth. Issues may be new/ recent or have been around for a long time. Youth (12-18) can attend on their own and most often, parents are involved initially or at some point. <i>Due to the multi service nature of DCAFS, an internal referral process is in place as of Dec 1.2016 in order to better facilitate referrals from DSS & CPS.</i>	Dufferin County	Children / Youth 6-18 and their families	N/A	\$127,707	MHUCYS# 776 MHGM# 360 MHGF# 415 MHGO# 1 MHINA# 480 MH0-5# 80 MH6-10# 180 MH11-14# 220 MH15-18# 296	Talk In Clinic' Client Evaluation (on IPAD) Review by Team and Manager at De-Brief Session Clinician Supervision by Manager Peer Supervision Anecdotal Reporting by Clients and/or Other Community Services Weekly, monthly, quarterly and yearly Service Volume Reports Quarterly, Qualitative Roll-up and Reporting of Client Feedback

Core Services and Key Processes	Agency Delivering Service (lead agency or core provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets per the service contract)	Method to Assess Service Quality (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served	Target population if applicable			
	Family Counselling and Support Services for Guelph-Wellington	The intake process often represents the first point of contact for the child, youth or family into the CYMH service system and involves the collection of basic information about the child or youth requiring service. The intake process also involves the identification of strengths, needs and risks. Prioritization information is obtained from the central client point of access agency for the region resulting from their intake assessment. Further prioritization for the client is determined during Initial Contact based on a Risk Assessment and safety planning required. A Needs Assessment is conducted to determine and prioritize needs that include: Individual client strengths, Client interests, a list of challenging behaviours and the resulting needs. Existing helpful strategies, Priority behaviour to focus on, Determine fit for "Wonder of Me" group to build on individual support strategies in a peer group setting to further normalize and motivate- Client Record is built using information provided by the central client point of access agency for the region Appropriate Informed Client Consents are obtained to add to the Client Record - A "Checklist of Client Record/ Assessment" will be completed.	The City of Guelph and Wellington County	Children / Youth 0 - 18	N/A	\$21,407	MHUCYS# 40 MHGM# 20 MHGF# 20 MHGO# 0 MHINA# 200 MH0-5# 0 MH6- 10# 10 MH11-14# 10 MH15-18# 20	Agency is committed to evaluating the Wonder of Me program once resources are secured in collaboration with community partners. Service objectives for this program "Access Intake" will be evaluated based on a quarterly audit of the "Checklist of Client Record/Assessment" created for each client. Once evaluated, the impact of the Wonder of Me program will be established within the community. Clients are successfully admitted to the program after obtaining all information. Clients not appropriate for this program are connected to the appropriate service agencies.

Appendix B: Feedback Sessions - Participant Demographics

From November 28th, 2016 to January 12th, 2017 the MOMH Prototyping Team held 11 feedback sessions across Dufferin

Wellington: (Y) = Youth, (F) = Families, (S) = Staff

November 28 – Ensuring School Success group (S)	January 9 – CMHA WW Guelph Pod (S)
November 29 – Family & Children's Services Guelph Wellington (S)	January 9 – CMHA WW Guelph (F)
December 13 – Dufferin Child and Family Services (S)	January 10 – Guelph Service Providers (S, F)
December 13 – Dufferin Child and Family Services (F)	January 12 – CMHA WW Mt. Forest (S, F)
December 14 – GLOWW group of youth (Wellington) (Y, S)	January 12 – CMHA WW Mt. Forest (F)
December 20 – CMHA WW Fergus Rural Pod (S)	

Participant Totals

Youth	3	Youth: Ages 12-18 (x2), ages 19+ (x1), currently accessing service (x3), English speaking (x3) LGBTQ+ (x2), Inuit (x1)
Parents/Caregivers	9	Parents/Caregivers: Parent (x6), friend (x2), French speaking (x1), currently accessing service (x6), First Nations/Métis/Inuit (x2)
Service Staff	69	
Total	81	

Service Organizations Represented

Canadian Mental Health Association Waterloo Wellington	Homewood—Community Addiction Services
CCAC, MHAN team (mental health & addiction nurses)	Kerry's Place Autism Services
Centre for Psychological Services, University of Guelph	Ministry of Child & Youth Services
Community of First Nations, Metis, Inuit	Norfolk Psychological Services
Dufferin Child and Family Services (DCAFS)	Psychologist in private practice
Dufferin-Peel Catholic District School Board	Upper Grand District School Board
Family & Children's Services of Guelph-Wellington	Waterloo Catholic District School Board
Family Counselling and Support Services for Guelph-Wellington	Waterloo-Wellington CCAC
Guelph Community Health Centre	Wellington Catholic District School Board
GLOWW Youth Group	WCDSB, St John Bosco Alternative Learning High School

Reported Populations Served by Organizations In Attendance

Adults (x28)	Newcomer (x17)
Children, 0-11 (x62)	Immigrant (x23)
Youth, 12-18 (x65)	LGBTQ+ (x26)
First Nations (x23)	French Language (x7)
Métis (x21)	Other populations mentioned: parents (x5), caregivers (x2), non-English-speaking families (x1), special education needs (x1), early psychosis 14-35 (x1), schools (x1)
Inuit (x20)	

Appendix C: Process for Identifying MOMH Priorities for 2017-18



3 local priorities



4 MOMH phase one themes



885 need statements



19 design principles



4 hotspots



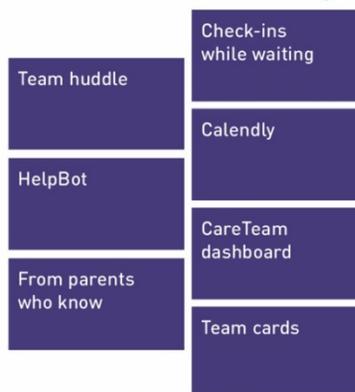
6 big ideas



3 prototypes



7 more specific ideas



11 feedback sessions



Conclusions

OVERLAP