

The objectives of the Community Mental Health Plan for Children and Youth are to:

- **Describe the roles, responsibilities and services provided by other community providers within the service area, in the provision of child and youth mental health services across the continuum**
- **Identify priorities for the lead agency's work with community partners to address service needs/gaps and the work plan for addressing those priorities**
- **Describe and make transparent pathways to, through and out of care, and the plan to continuously enhance those pathways; and**
- **Support an enhanced provincial understanding of the child and youth mental health system through analysis and identification of common themes and priorities**

Agency Information:

* 1. Agency:

* 2. My agency serves:

- Lanark
- Leeds and Grenville
- Lanark, Leeds and Grenville (Tri-County)

* 3. In my agency I am a/an:

- Executive Director
- Manager
- Front Line Staff
- Administrative Support
- Other (please specify)

* 4. Please describe your agency mandate below:

5. Please provide your agency website (if applicable)

6. Please provide your agency address locations (including postal codes), if you have satellite offices please include those:

Main Office Address:

Main Office Address (2nd):

Satellite Office Address:

Satellite Office Address:

Satellite Office Address:

Satellite Office Address:

Satellite Office Address:

Satellite Office Address:

7. Do you provide broad universal mental health prevention programs?

YES

NO

IF YES, do you target children and youth under the age of 18

* 8. As part of your Agency's mandate do you provide any of the children's mental health core services:
(please check all that apply)

Targeted Prevention

Brief Services

Counselling Therapy

Crisis Support Services

Family Capacity Building and Support

Specialized Consultations and Assessments

Intensive Treatment Services

9. Do you provide any of the children's mental health core services that are not within your Agency's mandate: (please check all that apply)

- Targeted Prevention
- Brief Services
- Counselling Therapy
- Crisis Support Services
- Family Capacity Building and Support
- Specialized Consultations and Assessments
- Intensive Treatment Services

Program/Services Information

Please provide the following information for the children's mental health services that you provide.

Please provide information for each program/service separately

* 10. Name of Program/Service:

11. Is this program Mandated or Non-Mandated?

- Mandated
- Non-Mandated

12. Is this program core funded, fundraised supported or a combination of both?

- Core funded
- Fundraised supported
- Combination of both

13. Please provide a description of the program/service

* 14. Please select which core service this program fills:

- Targeted Prevention
- Brief Services
- Counselling Therapy
- Crisis Support Services
- Family Capacity Building and Support
- Specialized Consultations and Assessments
- Intensive Treatment Services

15. How often do you operate this program. (e.g. number of times a year)

16. Approximately how many clients does this program serve a year?

17. Where is this program geographically located/offered (e.g. Prescott, Brockville, Smiths Falls, Perth etc.)

18. What is the Eligibility criteria for this program?

19. What is the intake process for this program

20. What are the program wait times?

21. Please describe the "pathway" through and out of care for this program. (e.g. activities, referrals, interactions with etc.)

22. What is the criteria when making an external referral from this program, who are the referrals made to?

23. Please describe the "typical" client exit from this program. (e.g. successful completion, additional support/services required, self-withdraw etc.)

24. Do you have another program to enter?

YES

NO

Please provide the following information for the children's mental health services that you provide.

Please provide information for each program/service separately

* 25. Name of Program/Service:

26. Is this program Mandated or Non-Mandated?

- Mandated
- Non-Mandated

27. Is this program core funded, fundraised supported or a combination of both?

- Core funded
- Fundraised supported
- Combination of both

28. Please provide a description of the program/service

* 29. Please select which core service this program fills:

- Targeted Prevention
- Brief Services
- Counselling Therapy
- Crisis Support Services
- Family Capacity Building and Support
- Specialized Consultations and Assessments
- Intensive Treatment Services

30. How often do you operate this program. (e.g. number of times a year)

31. Approximately how many clients does this program serve a year?

32. Where is this program geographically located/offered (e.g. Prescott, Brockville, Smiths Falls, Perth etc.)

33. What is the Eligibility criteria for this program?

34. What is the intake process for this program

35. What are the program wait times?

36. Please describe the "pathway" through and out of care for this program. (e.g. activities, referrals, interactions with etc.)

37. What is the criteria when making an external referral from this program, who are the referrals made to?

38. Please describe the "typical" client exit from this program. (e.g. successful completion, additional support/services required, self-withdraw etc.)

39. Do you have another program to enter?

YES

NO

Please provide the following information for the children's mental health services that you provide.

Please provide information for each program/service separately

* 40. Name of Program/Service:

41. Is this program Mandated or Non-Mandated?

- Mandated
- Non-Mandated

42. Is this program core funded, fundraised supported or a combination of both?

- Core funded
- Fundraised supported
- Combination of both

43. Please provide a description of the program/service

* 44. Please select which core service this program fills:

- Targeted Prevention
- Brief Services
- Counselling Therapy
- Crisis Support Services
- Family Capacity Building and Support
- Specialized Consultations and Assessments
- Intensive Treatment Services

45. How often do you operate this program. (e.g. number of times a year)

46. Approximately how many clients does this program serve a year?

47. Where is this program geographically located/offered (e.g. Prescott, Brockville, Smiths Falls, Perth etc.)

48. What is the Eligibility criteria for this program?

49. What is the intake process for this program

50. What are the program wait times?

51. Please describe the "pathway" through and out of care for this program. (e.g. activities, referrals, interactions with etc.)

52. What is the criteria when making an external referral from this program, who are the referrals made to?

53. Please describe the "typical" client exit from this program. (e.g. successful completion, additional support/services required, self-withdraw etc.)

54. Do you have another program to enter?

YES

NO

Please provide the following information for the children's mental health services that you provide.

Please provide information for each program/service separately

* 55. Name of Program/Service:

56. Is this program Mandated or Non-Mandated?

- Mandated
- Non-Mandated

57. Is this program core funded, fundraised supported or a combination of both?

- Core funded
- Fundraised supported
- Combination of both

58. Please provide a description of the program/service

* 59. Please select which core service this program fills:

- Targeted Prevention
- Brief Services
- Counselling Therapy
- Crisis Support Services
- Family Capacity Building and Support
- Specialized Consultations and Assessments
- Intensive Treatment Services

60. How often do you operate this program. (e.g. number of times a year)

61. Approximately how many clients does this program serve a year?

62. Where is this program geographically located/offered (e.g. Prescott, Brockville, Smiths Falls, Perth etc.)

63. What is the Eligibility criteria for this program?

64. What is the intake process for this program

65. What are the program wait times?

66. Please describe the "pathway" through and out of care for this program. (e.g. activities, referrals, interactions with etc.)

67. What is the criteria when making an external referral from this program, who are the referrals made to?

68. Please describe the "typical" client exit from this program. (e.g. successful completion, additional support/services required, self-withdraw etc.)

69. Do you have another program to enter?

YES

NO

Please provide the following information for the children's mental health services that you provide.

Please provide information for each program/service separately

* 70. Name of Program/Service:

71. Is this program Mandated or Non-Mandated?

- Mandated
- Non-Mandated

72. Is this program core funded, fundraised supported or a combination of both?

- Core funded
- Fundraised supported
- Combination of both

73. Please provide a description of the program/service

* 74. Please select which core service this program fills:

- Targeted Prevention
- Brief Services
- Counselling Therapy
- Crisis Support Services
- Family Capacity Building and Support
- Specialized Consultations and Assessments
- Intensive Treatment Services

75. How often do you operate this program. (e.g. number of times a year)

76. Approximately how many clients does this program serve a year?

77. Where is this program geographically located/offered (e.g. Prescott, Brockville, Smiths Falls, Perth etc.)

78. What is the Eligibility criteria for this program?

79. What is the intake process for this program

80. What are the program wait times?

81. Please describe the "pathway" through and out of care for this program. (e.g. activities, referrals, interactions with etc.)

82. What is the criteria when making an external referral from this program, who are the referrals made to?

83. Please describe the "typical" client exit from this program. (e.g. successful completion, additional support/services required, self-withdraw etc.)

Strengths/Challenges

84. Please describe the strengths/weaknesses of Children's Mental Health of Leeds and Grenville (agency). (e.g. programs/services, partnerships, what is working /not working well etc.)

85. Please describe the strengths/weaknesses of Open Doors for Lanark Children and Youth. (e.g. programs/services, partnerships, what is working /not working well etc.)

86. Please describe the strengths/weaknesses of the overall children's mental health system in Lanark Leeds and Grenville. (e.g. programs/services, partnerships, what is working /not working well etc.)

87. What would you describe as strengths in your agency's children's mental health programming?

88. What would your clients describe as strengths of your agency's children's mental health programming?

89. What would your community partners describe as strengths of your agency's children's mental health programming.

90. Please describe challenges within your own agency you face while navigating services for your children's mental health clients.

91. Please describe challenges when working with community partners you face while navigating services for your children's mental health clients.

92. What challenges do your clients identify when receiving children's mental health services?

93. What challenges do community partners share with you during referrals or case coordination of children's mental health cases?

94. Please select from the list of community agencies who you connect/interact with frequently (at least once a month). Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Assault Response and Care Centre | <input type="checkbox"/> Tri- County Addictions |
| <input type="checkbox"/> Big Brothers Big Sisters of Leeds-Grenville | <input type="checkbox"/> Ontario Early Years Centre |
| <input type="checkbox"/> Brockville District Association for Community Involvement | <input type="checkbox"/> United Counties of Leeds Grenville - Human Services Division |
| <input type="checkbox"/> Brockville Police | <input type="checkbox"/> Upper Canada District School Board |
| <input type="checkbox"/> Brockville and area YMCA | <input type="checkbox"/> Volunteer Centre of St. Lawrence Rideau |
| <input type="checkbox"/> Catholic District School Board of Eastern Ontario | <input type="checkbox"/> Youth Justice Services (Probation) |
| <input type="checkbox"/> Child Development Centre Hotel Dieu | <input type="checkbox"/> Ottawa Valley Family Health Team |
| <input type="checkbox"/> Children's Mental Health Leeds-Grenville | <input type="checkbox"/> Rideau Community Health Services |
| <input type="checkbox"/> Community Care Access Centre (CCAC) | <input type="checkbox"/> Perth Family Health Centre |
| <input type="checkbox"/> Community and Primary Health Care (CPHC) | <input type="checkbox"/> North Lanark Community Health Centre |
| <input type="checkbox"/> Connect Youth | <input type="checkbox"/> Kelford Youth Services |
| <input type="checkbox"/> Country Roads Community Health Centre | <input type="checkbox"/> Terrace Youth Residential Services |
| <input type="checkbox"/> Developmental Services of Leeds-Grenville | <input type="checkbox"/> Dalhousie Home for Youth |
| <input type="checkbox"/> Employment and Education Centre | <input type="checkbox"/> Office of the Children's Lawyer |
| <input type="checkbox"/> Family and Children's Services of LLG | <input type="checkbox"/> Town of Perth |
| <input type="checkbox"/> Girls Inc. | <input type="checkbox"/> Town of Mississippi Mills |
| <input type="checkbox"/> Leeds-Grenville Interval House | <input type="checkbox"/> Youth Mental Health Court Support |
| <input type="checkbox"/> Leeds-Grenville Lanark Health Unit | <input type="checkbox"/> Aboriginal Services/Peter Tyler |
| <input type="checkbox"/> Leeds-Grenville Mental Health | <input type="checkbox"/> Victim Services of Leeds and Grenville |
| <input type="checkbox"/> Making Play Possible | <input type="checkbox"/> Almonte General Hospital |
| <input type="checkbox"/> Merrickville District Community Health Centre | <input type="checkbox"/> Carleton Place Hospital |
| <input type="checkbox"/> North Grenville Preschool Coop | <input type="checkbox"/> Perth & Smiths Falls District Hospital |
| <input type="checkbox"/> The Children's Centre John Bosco (Ange Gabriel) | <input type="checkbox"/> Hotel Dieu |
| <input type="checkbox"/> Preschool Speech and Language | <input type="checkbox"/> Youth Probation – Brockville |
| <input type="checkbox"/> RNJ Youth Services | <input type="checkbox"/> Smiths Falls Police Service |
| <input type="checkbox"/> South East Region Autism Program | <input type="checkbox"/> YouthHab |
| <input type="checkbox"/> Other (please specify) | |

95. Please select from the list of community agencies who you connect/interact with regularly (at least once a month). Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Assault Response and Care Centre | <input type="checkbox"/> Tri- County Addictions |
| <input type="checkbox"/> Big Brothers Big Sisters of Leeds-Grenville | <input type="checkbox"/> Ontario Early Years Centre |
| <input type="checkbox"/> Brockville District Association for Community Involvement | <input type="checkbox"/> United Counties of Leeds Grenville - Human Services Division |
| <input type="checkbox"/> Brockville Police | <input type="checkbox"/> Upper Canada District School Board |
| <input type="checkbox"/> Brockville and area YMCA | <input type="checkbox"/> Volunteer Centre of St. Lawrence Rideau |
| <input type="checkbox"/> Catholic District School Board of Eastern Ontario | <input type="checkbox"/> Youth Justice Services (Probation) |
| <input type="checkbox"/> Child Development Centre Hotel Dieu | <input type="checkbox"/> Ottawa Valley Family Health Team |
| <input type="checkbox"/> Children's Mental Health Leeds-Grenville | <input type="checkbox"/> Rideau Community Health Services |
| <input type="checkbox"/> Community Care Access Centre (CCAC) | <input type="checkbox"/> Perth Family Health Centre |
| <input type="checkbox"/> Community and Primary Health Care (CPHC) | <input type="checkbox"/> North Lanark Community Health Centre |
| <input type="checkbox"/> Connect Youth | <input type="checkbox"/> Kelford Youth Services |
| <input type="checkbox"/> Country Roads Community Health Centre | <input type="checkbox"/> Terrace Youth Residential Services |
| <input type="checkbox"/> Developmental Services of Leeds-Grenville | <input type="checkbox"/> Dalhousie Home for Youth |
| <input type="checkbox"/> Employment and Education Centre | <input type="checkbox"/> Office of the Children's Lawyer |
| <input type="checkbox"/> Family and Children's Services of LLG | <input type="checkbox"/> Town of Perth |
| <input type="checkbox"/> Girls Inc. | <input type="checkbox"/> Town of Mississippi Mills |
| <input type="checkbox"/> Leeds-Grenville Interval House | <input type="checkbox"/> Youth Mental Health Court Support |
| <input type="checkbox"/> Leeds-Grenville Lanark Health Unit | <input type="checkbox"/> Aboriginal Services/Peter Tyler |
| <input type="checkbox"/> Leeds-Grenville Mental Health | <input type="checkbox"/> Victim Services of Leeds and Grenville |
| <input type="checkbox"/> Making Play Possible | <input type="checkbox"/> Almonte General Hospital |
| <input type="checkbox"/> Merrickville District Community Health Centre | <input type="checkbox"/> Carleton Place Hospital |
| <input type="checkbox"/> North Grenville Preschool Coop | <input type="checkbox"/> Perth & Smiths Falls District Hospital |
| <input type="checkbox"/> The Children's Centre John Bosco (Ange Gabriel) | <input type="checkbox"/> Hotel Dieu |
| <input type="checkbox"/> Preschool Speech and Language | <input type="checkbox"/> Youth Probation – Brockville |
| <input type="checkbox"/> RNJ Youth Services | <input type="checkbox"/> Smiths Falls Police Service |
| <input type="checkbox"/> South East Region Autism Program | <input type="checkbox"/> YouthHab |
| <input type="checkbox"/> Other (please specify) | |

96. My organization receives referrals from this agency (please select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Assault Response and Care Centre | <input type="checkbox"/> Tri- County Addictions |
| <input type="checkbox"/> Big Brothers Big Sisters of Leeds-Grenville | <input type="checkbox"/> Ontario Early Years Centre |
| <input type="checkbox"/> Brockville District Association for Community Involvement | <input type="checkbox"/> United Counties of Leeds Grenville - Human Services Division |
| <input type="checkbox"/> Brockville Police | <input type="checkbox"/> Upper Canada District School Board |
| <input type="checkbox"/> Brockville and area YMCA | <input type="checkbox"/> Volunteer Centre of St. Lawrence Rideau |
| <input type="checkbox"/> Catholic District School Board of Eastern Ontario | <input type="checkbox"/> Youth Justice Services (Probation) |
| <input type="checkbox"/> Child Development Centre Hotel Dieu | <input type="checkbox"/> Ottawa Valley Family Health Team |
| <input type="checkbox"/> Children's Mental Health Leeds-Grenville | <input type="checkbox"/> Rideau Community Health Services |
| <input type="checkbox"/> Community Care Access Centre (CCAC) | <input type="checkbox"/> Perth Family Health Centre |
| <input type="checkbox"/> Community and Primary Health Care (CPHC) | <input type="checkbox"/> North Lanark Community Health Centre |
| <input type="checkbox"/> Connect Youth | <input type="checkbox"/> Kelford Youth Services |
| <input type="checkbox"/> Country Roads Community Health Centre | <input type="checkbox"/> Terrace Youth Residential Services |
| <input type="checkbox"/> Developmental Services of Leeds-Grenville | <input type="checkbox"/> Dalhousie Home for Youth |
| <input type="checkbox"/> Employment and Education Centre | <input type="checkbox"/> Office of the Children's Lawyer |
| <input type="checkbox"/> Family and Children's Services of LLG | <input type="checkbox"/> Town of Perth |
| <input type="checkbox"/> Girls Inc. | <input type="checkbox"/> Town of Mississippi Mills |
| <input type="checkbox"/> Leeds-Grenville Interval House | <input type="checkbox"/> Youth Mental Health Court Support |
| <input type="checkbox"/> Leeds-Grenville Lanark Health Unit | <input type="checkbox"/> Aboriginal Services/Peter Tyler |
| <input type="checkbox"/> Leeds-Grenville Mental Health | <input type="checkbox"/> Victim Services of Leeds and Grenville |
| <input type="checkbox"/> Making Play Possible | <input type="checkbox"/> Almonte General Hospital |
| <input type="checkbox"/> Merrickville District Community Health Centre | <input type="checkbox"/> Carleton Place Hospital |
| <input type="checkbox"/> North Grenville Preschool Coop | <input type="checkbox"/> Perth & Smiths Falls District Hospital |
| <input type="checkbox"/> The Children's Centre John Bosco (Ange Gabriel) | <input type="checkbox"/> Hotel Dieu |
| <input type="checkbox"/> Preschool Speech and Language | <input type="checkbox"/> Youth Probation – Brockville |
| <input type="checkbox"/> RNJ Youth Services | <input type="checkbox"/> Smiths Falls Police Service |
| <input type="checkbox"/> South East Region Autism Program | <input type="checkbox"/> YouthHab |
| <input type="checkbox"/> Other (please specify) | |

97. Our agency would like to create or increase our partnerships with these agencies.

- | | |
|---|--|
| <input type="radio"/> Assault Response and Care Centre | <input type="radio"/> Tri- County Addictions |
| <input type="radio"/> Big Brothers Big Sisters of Leeds-Grenville | <input type="radio"/> Ontario Early Years Centre |
| <input type="radio"/> Brockville District Association for Community Involvement | <input type="radio"/> United Counties of Leeds Grenville - Human Services Division |
| <input type="radio"/> Brockville Police | <input type="radio"/> Upper Canada District School Board |
| <input type="radio"/> Brockville and area YMCA | <input type="radio"/> Volunteer Centre of St. Lawrence Rideau |
| <input type="radio"/> Catholic District School Board of Eastern Ontario | <input type="radio"/> Youth Justice Services (Probation) |
| <input type="radio"/> Child Development Centre Hotel Dieu | <input type="radio"/> Ottawa Valley Family Health Team |
| <input type="radio"/> Children's Mental Health Leeds-Grenville | <input type="radio"/> Rideau Community Health Services |
| <input type="radio"/> Community Care Access Centre (CCAC) | <input type="radio"/> Perth Family Health Centre |
| <input type="radio"/> Community and Primary Health Care (CPHC) | <input type="radio"/> North Lanark Community Health Centre |
| <input type="radio"/> Connect Youth | <input type="radio"/> Kelford Youth Services |
| <input type="radio"/> Country Roads Community Health Centre | <input type="radio"/> Terrace Youth Residential Services |
| <input type="radio"/> Developmental Services of Leeds-Grenville | <input type="radio"/> Dalhousie Home for Youth |
| <input type="radio"/> Employment and Education Centre | <input type="radio"/> Office of the Children's Lawyer |
| <input type="radio"/> Family and Children's Services of LLG | <input type="radio"/> Town of Perth |
| <input type="radio"/> Girls Inc. | <input type="radio"/> Town of Mississippi Mills |
| <input type="radio"/> Leeds-Grenville Interval House | <input type="radio"/> Youth Mental Health Court Support |
| <input type="radio"/> Leeds-Grenville Lanark Health Unit | <input type="radio"/> Aboriginal Services/Peter Tyler |
| <input type="radio"/> Leeds-Grenville Mental Health | <input type="radio"/> Victim Services of Leeds and Grenville |
| <input type="radio"/> Making Play Possible | <input type="radio"/> Almonte General Hospital |
| <input type="radio"/> Merrickville District Community Health Centre | <input type="radio"/> Carleton Place Hospital |
| <input type="radio"/> North Grenville Preschool Coop | <input type="radio"/> Perth & Smiths Falls District Hospital |
| <input type="radio"/> The Children's Centre John Bosco (Ange Gabriel) | <input type="radio"/> Hotel Dieu |
| <input type="radio"/> Preschool Speech and Language | <input type="radio"/> Youth Probation – Brockville |
| <input type="radio"/> RNJ Youth Services | <input type="radio"/> Smiths Falls Police Service |
| <input type="radio"/> South East Region Autism Program | <input type="radio"/> YouthHab |
| <input type="radio"/> Other (please specify) | |

98. Please provide any additional information for the Community Mental Health Plan for Children and Youth below:

A large, empty rectangular box with a thin black border, intended for providing additional information for the Community Mental Health Plan for Children and Youth.