

## 2016-17 Community Mental Health Plan for Children and Youth

### Section A – Executive Summary:

Children’s Mental Health of Leeds and Grenville has actively been working with Open Doors for Lanark Children and Youth on six priorities and our engagement efforts have been focused in these areas. The six priorities are: family engagement, youth engagement, service coordination, crisis coordination, youth addictions and continuous quality improvement. The planning mechanisms in place continue to meet the need of higher level planning within the tri-county area, but we have found that smaller working groups developed with key partners has allowed for greater impact. At this time we do not feel there is a need for a new entity or planning body to meet the needs of CYMH planning, but rather there is a need to clearly outline what aspects of planning can be completed at the planning tables currently in place within Lanark Leeds and Grenville. Services continue to be provided by community partners that support mandated services under MCYS in Lanark Leeds and Grenville and we are working to develop clearer pathways to care, both to and from these services. We are maintaining effort in the areas identified in March of 2016 by the community, and our Community Mental Health Plan Priorities for 2017-18 fiscal year are the following:

1. Crisis Coordination
2. Youth Addictions
3. Service Coordination

### Section B – Engagement Summary:

Following the gap analysis completed in March of 2016 we have been focusing on our priorities. Our six identified priorities under the system transformation portfolio for both Children’s Mental Health of Leeds and Grenville and Open Doors for Lanark Children and Youth are listed below with an engagement summary for both.

#### **FAMILY ENGAGEMENT**

Open Doors: Open Doors worked with PLEO in early 2016 to develop and implement a parent support group in North Lanark. This year they have worked with PLEO to further develop the framework of the parent support group by implementing short informational sessions regarding CYMH at the start of the parent group sessions.

CMHLG: CMHLG is currently working with PLEO and Kemptville District Hospital to develop and implement a parent support group in North Grenville. They will be following the new framework that Open Doors has found advantageous to encouraging parent participation.

**Next Steps:**

- Staff Training from the Centre of Excellence
- Working with Parents for Children's Mental Health to develop a parent support group in South Lanark.
- Working with the Centre of Excellence to develop a Family Engagement Plan for Open Doors that has regional aspects in collaboration with CMHLG
- Working with the Centre of Excellence to develop a Family Engagement Plan for CMHLG that has regional aspects in collaboration with Open Doors

**YOUTH ENGAGEMENT**

Open Doors: Open Doors is working on revitalizing their Youth Engagement programming. One of their clinicians acts as a youth engagement coordinator and has made progress on reconnecting youth to the program.

CMHLG: CMHLG started a Youth Engagement program in October 2016 and successfully received a "Dare to Dream" grant from the Centre of Excellence to create a video and present to community partners and schools.

The Youth Engagement staff at Open Doors and CMHLG participated in training provided by the Centre of Excellence. They also attended a youth forum where various organizations with youth engagement programs came together and the youth in attendance had the opportunity to plan civic engagement projects. CMHLG also has been working closely with the Centre of Excellence throughout the process of developing their Youth Engagement programming including providing training to the entire staff body.

**Next Steps:**

- Staff Training at Open Doors on Youth Engagement
- Centre of Excellence will continue to work with both agencies on their youth engagement plans
- Presentations and video launch of CMHLG's Youth Engagement Program "Real ; Talk"

**SERVICE COORDINATION**

CMHLG and Open Doors partnered with the Special Needs Strategy Committee to develop MOU which outlines the community partners' commitment to service coordination and processes, training on processes, and development of common forms that will help support further integration of service planning and coordination of services for clients who are working with more than one community agency. Training was delivered in February and March and will be held again in a few months for those partners who were unable to attend.

**Next Steps:**

- Work on ensuring that service coordination is a priority for services that go beyond Brief, which will be a slight cultural shift within CYMH agencies
- Develop best practices for how to engage service partners and create collaborative service coordination and treatment opportunities.

### **CRISIS COORDINATION**

As a service area, we have been focusing our engagement and planning efforts on working with our partners in the Champlain LHINS including: Kemptville District Hospital, Almonte Hospital, Carleton Place Hospital, CHEO, Centre of Excellence, Open Doors, and CMHLG. We are finalizing our pathways to care documents including a decision tree for emergency rooms and a rapid referral form.

#### **Next Steps:**

- Community training and implementation of the new protocol
- Evaluation and improvement after initial launch
- South East LHINS collaborative approach and development of similar protocol and documents

### **YOUTH ADDICTIONS**

As a service area, we have developed a working committee with representation from Open Doors, CMHLG, LLG Mental Health and Addictions and Lanark Mental Health to look at how to best provide services to youth who are experiencing addiction challenges. We are working towards how to better identify addiction concerns and how to best provide coordinated services to youth with a dual diagnosis or addictions and mental health.

#### **Next Steps:**

- Partnership agreement including pathways to care
- Cross training of staff at both agencies to increase knowledge

### **CONTINUOUS QUALITY IMPROVEMENT**

In September of 2016 we hired a Quality Assurance Manager who has been working extensively with the management and staff at both CMHLG and Open Doors to develop quality assurance programs. Much of their time has been spent ensuring that there is accuracy in data being collected and that data can be compared across the service area of Lanark, Leeds and Grenville. Engagement practices focused on staff engagement at both CMHLG & Open Doors. As a lead agency, CMHLG has worked to develop the relationship with our core service delivery partner, Open Doors.

**Next Steps:**

- Formalization of regional plans in Risk Management, Quality Assurance, and Continuous Quality Improvement
- Development of a process for making recommendations to the MCYS regarding allocations across Lanark, Leeds and Grenville
- Continued work on data integrity and comparability
- Engagement of second core service delivery partner: Lanark Community Programs

**PROVINCIAL ENGAGEMENT ACTIVITIES:****Consortium**

The Lead Agency Executive Director continues to attend and participate in Consortium meetings. The Executive Director joined a working group on data, comprised of other Executive Directors, while the Quality Assurance Manager joined a working committee of operational leads who are working with the ministry on developing and implementing the Business Intelligence Solution.

**Centre of Excellence Community of Practice**

The System Transformation Project Manager and the Quality Assurance manager attend the Community of Practice Committee meetings. The Quality Assurance Manager co-chairs a working committee that is looking at how to ensure that all agencies across the province are interpreting the definitions of the core services and key processes the same way as this will lead to ensuring that data is comparable across the province. The System Transformation Project Manager co-chairs a working committee that is looking at how to ensure that planning processes across the provinces are consistent and that information garnered is comparable.

Additional Local Engagement Practices are outlined in Section D as both CMHLG and Open Doors continue to be active members of the various community planning tables and committees outlined.

**Section C – Sector Partner Services Summary:**

| Community Partner delivering service   | Description of service (include where the service falls on the continuum)   | Details of service  |             |  | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
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|  |   | Geographic coverage | Age range   | Specific population (e.g. Francophone, Aboriginal) |   |
| Children’s Hospital of Eastern Ontario | <p><b>Intensive Services</b></p> <p><b>Inpatient Services</b></p> <p>-CHEO mental health has a total of 25 inpatient beds which are located on 6East and 6North units</p> <p>-19 beds are for inpatient psychiatry for the purpose of stabilization of children and youth who are experiencing acute psychiatric crisis</p> <p>6 beds are for inpatient eating disorder for the purpose of stabilization of children and youth who are experiencing severe eating</p> | Champlain LHIN      | 12-16 years | English<br>French                                  |   |

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|   | disorders.   |                              |                             |  |   |
| <b>Children's Hospital of Eastern Ontario</b> | <p><b>Crisis Services</b></p> <p><b>Emergency Services</b></p> <p>-Provides emergency psychiatric, crisis intervention and urgent services in CHEO's Emergency Department</p>  | <p>Champlain</p> <p>LHIN</p> |                             |  |   |
| <b>Children's Hospital of Eastern Ontario</b> | <p><b>Specialized Consultation and Assessment</b></p> <p><b>-Urgent Care Program</b></p> <p>Provides assessment and consultation for children and youth who have urgent mental health needs such as suicidal behaviour, abrupt decrease in mood or functioning</p> <p>-Urgency or severity of need determines the priority for treatment</p> <p>-Patients are assessed and</p> | <p>Champlain</p> <p>LHIN</p> | <p>15 years and younger</p> | <p>English</p> <p>French</p> <p>French capacity for OTN is limited to 1 psychiatrist</p> | <p>Partnership agreement listed in CSDP</p> |

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|  | <p>diagnosed by psychiatrists and psychologists with particular attention to safety and risk</p> <p>-tele-mental health services provides the essential link to consultative and collaborative partnership for children/youth who require specialized psychiatric services</p> <p>There is a formalized referral process coordinated through Hands the Family.</p> |                       |   |                           |  |
| <p><b>Champlain Community Care Access Centre-Mental Health and Addiction Nurses (MHAN)</b></p> | <p><b>Specialized Consultation and Assessment</b></p> <p>Psychiatric nursing-expertise in managing complex diagnosis</p> <p>Initiate Tele-psychiatry</p>   | <p>Champlain LHIN</p> | <p>3-21 years registered at school (majority are high</p> | <p>English<br/>French</p> | <p>District School Boards</p> <p>Informal partnership with hospitals and psychiatrists</p> |

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|  |   |                   | school age)  |                   |   |
| <b>Champlain CCAC-Mental Health and Addiction Nursing (MHAN Program)</b> | <p><b>Youth /Family Mental Health Literacy</b></p> <p>Literacy around diagnosis, medication, short and long term coping strategies, other health conditions</p> <p>Capacity building for schools</p> <p><b>Prevention Programs</b></p> <p>Incorporated through health literacy activities at individual client level, based primarily on psychiatric diagnosis and other mental health conditions</p> <p>Some presentations to build capacity and knowledge in school boards (at request of individual school boards)</p> | Champlain<br>LHIN | 3-21 years Registered at school (majority are high school age) | English<br>French | Protocol agreement with District School Boards served in the region |
| <b>Champlain CCAC-Mental</b>   | <b>Brief Services</b>   | Champlain         | 3-21   | English           | District School Boards  |

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| <b>Health and Addiction Nurses (MHAN)</b>   | Supportive short-term - counselling offered – focus on health education and interventions  | LHIN           | years<br><br>Registered at school (majority are high school age) | French                |  |
| <b>Champlain Community Care Access Centre-Mental Health and Addiction Nurses (MHAN)</b> | <b>Family/Caregiver Skill Building and Support</b><br><br>Health literacy activities in coping with youth mental health and addiction issues<br><br>System navigation- This is a core role of the MHAN to assist students and families through system transitions<br><br>Transition points highlighted by the school boards include-<br><br>-Transition from | Champlain LHIN | 3-21 years, registered in school (majority high school age)      | English<br><br>French |  |

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|  | <p>inpatient/residential services to school/community services</p> <ul style="list-style-type: none"> <li>-Transition from home instruction to integrated classrooms</li> <li>-Transition from youth to adult services</li> <li>-Transition between services, waiting for services or during service interruption</li> </ul>                          |                       |                    |                           |   |
| <p><b>The Royal Ottawa Health Care Group</b></p> | <p><b>Specialized Consultation and Assessment</b></p> <ul style="list-style-type: none"> <li>-Provide the essential link to consultative and collaborative partnerships for youth suffering from major psychiatric disorders who are living in the Counties</li> <li>-Interdisciplinary mental health team works in collaboration with the</li> </ul> | <p>Champlain LHIN</p> | <p>16-18 years</p> | <p>English<br/>French</p> | <p>Partnership agreement listed in CSDP</p> |

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|   | community in which the youth lives to ensure that specialized psychiatric services are available to him/her   |                   |                |                       |   |
| <b>The Royal Ottawa Health Care Group</b> | <p><b>Intensive Services</b></p> <p><b>Inpatient Hospitalization Unit</b></p> <p>-For youth with early onset major psychiatric disorders and/or complex and treatment resistant psychiatric illnesses</p> <p>-Provides comprehensive assessment, stabilization and treatment for youth who have a serious psychiatric illness and are unable to function in less supportive environments</p> <p>Unit offers intensive programming and support to help youth successfully transition back to their</p> | Champlain<br>LHIN | 16-18<br>years | English<br><br>French | Protocol with Cornwall Community Hospital and L'équipe (see CSDP) |

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|   | <p>families and communities as quickly as possible</p> <ul style="list-style-type: none"> <li>-Access to service via CY-SPMHS intake and/or via CHEO 6 East transfer</li> <li>-Individual planning and goal setting, individualized treatment plans</li> <li>-An interdisciplinary team supports each youth and includes a psychiatrist, a psychologist, a social worker, nurses, CY counsellors, a recreation therapist, an addictions counsellor, an occupational therapist and a special education teacher</li> </ul> <p>8 bed program</p> |  |  |  |  |
| <p><b>Catholic District School Board of Eastern Ontario</b></p> | <p><b>safeTALK Workshops</b></p> <p>Is intended as "suicide alertness" training. It teaches you to recognise persons with thoughts of</p>   |  |  |  |  |

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|  | <p>suicide and to connect them to suicide intervention resources. It is designed for communities or organisations that already have ASIST trained helpers in place to maximise intervention as the main suicide prevention focus.</p> <p><b>Defeat Depression Campaign</b></p> <p>Partnering with the Mood Disorders Society of Canada, the Board is raising awareness, acceptance and understanding of mental health needs.</p> <p>Defeat Depression is a mental health awareness, anti-stigma and fundraising campaign that provides hope and reduces stigma for people affected by depression and other mood</p> |  |  |  |  |
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|  | <p>disorders. The students participate in fundraising activities in their schools.</p> <p><b>Anti stigma- elephant in the room.</b> A blue elephant is a symbol that identifies to students safe places where they can talk about mental health issues</p> <p>All schools in CDSBEO are working to develop a strengths-based culture of practice where students are nurtured towards positive change. Partnering with Resiliency Initiatives, students participate in a survey designed around 31 Developmental Strengths which research indicates are key factors in building resiliency in an individual.</p> <p>Information from the resiliency survey is used to</p> |  |  |  |  |
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|  | <p>empower individuals and school teams to engage in, and better understand the strengths or skills that are essential for navigating life's challenges and becoming healthy adults. School Resiliency Response Plans and Student Resiliency Action Plans are developed to utilize internal and external strengths to build student resiliency and Mental Health wellness.</p> <p><b>Fill Your Bucket - Book and Activities Literacy Resources</b></p> <p>This simple picture book has become a basic teaching tool that encourages positive behaviour as children see how very easy and rewarding it is to express kindness, appreciation, and love on a daily basis.</p> |  |  |  |  |
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|  | <p>Children learn the meaning of the terms, bucket filling and bucket dipping and discover that when they fill someone's bucket, they fill their own.</p> <p><b>FRIENDS for life:</b></p> <p>The FRIENDS programs are a series of Resilience programs. The programs aim to increase social and emotional skills, promote resilience, and to prevent anxiety and depression across the lifespan. This program provides behavioural strategies to assist children, youths and adults in coping with stress and worry.</p> <p><b>Parent Involvement Committee</b></p> <p>The committee organizes discussions on various mental health topics in</p> |  |  |  |  |
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|  | <p>schools</p> <p><b>Programs WITS /LEADS</b></p> <p>The WITS Programs (<i>Walk Away, Ignore, Talk it Out, Seek Help</i>) bring together schools, families and communities to create responsive environments that help children deal with bullying and peer victimization. WITS has two components: the WITS Primary Program (Kindergarten - Grade 3) and the WITS LEADS Program (Grades 4 - 6).</p> <p><b>Roots of Empathy</b></p> <p>Evidence-based classroom program that has shown significant effect in reducing levels of aggression among schoolchildren by raising social/emotional competence and increasing empathy. The program</p> |  |  |  |  |
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|  | <p>reaches elementary schoolchildren from Kindergarten to Grade 8.</p> <p><b>Restorative practices/Proactive Circles / Restorative Leadership Team</b></p> <p>Restorative thinking involves moving from a consequence centered approach to a community building, positive response to challenging and difficult behaviours through dialogue, understanding, and repairing harm. Proactive circles become the foundation for this process as it encourages authentic dialogue and problem solving designed to create positive classrooms.</p> <p><b>Creating Communities of Peace</b></p> <p>An Administrative Resource</p> |  |  |  |  |
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|  | <p>document outlines how we respond as Catholics to situations involving bullying and inappropriate behaviour.</p> <p><b>Anti-bullying and community outreach mobile app</b></p> <p>The CDSBEO has partnered with In-Touch Mobile to develop an anti-bullying and community outreach app. It gives students and parents an avenue to quickly, conveniently and anonymously report incidents of bullying and victimization in schools. Once the concern is submitted, a report is generated (within 2 minutes) and forwarded via email to the school administrator(s) for investigation and follow-up.</p> |  |  |  |  |
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|   | <p><b>Triple- P</b></p> <ul style="list-style-type: none"> <li>-Open House offered to parents and students transitioning to grade 7.</li> <li>-Promotion of triple p website</li> </ul>   |  |  |  |   |
| <p><b>Catholic District School Board of Eastern Ontario</b></p> | <p><b>Crisis Support Services</b></p> <p>Crisis intervention that happens in the school re: suicide, violent threats; adverse events</p>  |  |  |  | <p>Signed VTRA Violence Threat Risk Assessment Protocol</p> <p>Signed Community Suicide Prevention, Intervention, and Risk Review Protocol (listed in CSDP)</p> |
| <p><b>Catholic District School Board of Eastern Ontario</b></p> | <p><b>Specialized Consultation and Assessments</b></p> <ul style="list-style-type: none"> <li>-Psycho-educational assessments completed by Psychologist/psychometrist</li> <li>-Referrals to tele-mental health services</li> </ul> |  |  |  |   |
| <p><b>Catholic District School Board of Eastern</b></p>         | <p><b>Family/Caregiver Skill Building and Support-</b></p> <ul style="list-style-type: none"> <li>-Triple P parenting program</li> </ul>  |  |  |  |   |

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| <p><b>Ontario</b></p>   | <p>open house for grade 7 parents</p> <p>-Promotion of Triple P through school newsletters</p> <p>-Checkered Flags document developed through Student Support Leadership Initiative provides teachers with information on early signs of mental health issues and provides strategies and list of community resources</p> <p>Support staff assist families with making referrals to community agencies for counseling and other supports</p> |  |  |  |  |
| <p><b>Catholic District School Board of Eastern Ontario</b></p> | <p><b>Brief Services</b></p> <p>Mental Health and Addiction Worker provides clinical support to students in specialized classroom</p>  |  |  |  |  |

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|  | (Turning Points)  |   |  |   |  |
| Upper Canada District School Board UCDSB | <p><b>Targeted Prevention : Level 1 services</b></p> <ul style="list-style-type: none"> <li>• MyHealthMagazine / Santour offered in secondary schools</li> <li>-Gr 7 &amp; 8: Bullying Prevention 30 Day Challenge</li> <li>-Gr. 9 &amp; 10: Mental Illness: What is it (mental health literacy)</li> <li>-Grade 9 &amp; 10: Stick to the Facts (intro to balanced thinking)</li> <li>-Grade 11 &amp; 12: Making the Grade</li> <li>-Character education</li> <li>-Provide opportunities for development in many areas outside academics – sports, the arts, specialized interests</li> </ul> | <p>SDG</p> <p>Prescott-Russell</p> <p>Leeds-Grenville and Lanark County</p> |  | <p>English</p> <p>Aboriginal youth living on or off reserve</p> <p>There is an aboriginal worker in one of the secondary high schools in Cornwall to assist with programming/specific needs</p> |  |

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|  | <ul style="list-style-type: none"><li>-Foster student leadership and support</li><li>-Provide feedback and social learning opportunities on playground, in class, other areas</li><li>-Mental health to be integrated in School and Board Success Plans</li><li>-Assistance to schools in selecting helpful promotion activities</li><li>-Safe Spaces / resources for mental health and sexual &amp; gender identity/preference</li><li>-Link Crew / mentoring to assist transitions</li></ul> <p><b>Targeted Prevention-Level 2 services-</b></p> <ul style="list-style-type: none"><li>-School identifies blockages: (Regional) Student Success Team meetings bring</li></ul> |  |  |  |  |
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|  | <p>forward students to discuss how to optimize their program , outside referrals</p> <ul style="list-style-type: none"><li>-Breakfast clubs, nutrition programs</li><li>-Groups / skill-building may be done on a school by school basis (e.g., Friends for Children, Circles of Intimacy, Girls Inc, PALS, Roots of Empathy, Incredible 5 Point Scale, Prepare Curriculum, Zones of Regulation, Goldstein Skill-streaming)</li><li>-Some, but not universal approach, coping skills (e.g. Zones, MindMasters practice, Respect Ed)</li><li>-Champions for Kids to provide funding to access recreation</li></ul> |  |  |  |  |
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| <p><b>Upper Canada District School Board</b></p> | <p><b><u>Brief Services Level 2</u></b></p> <p>Child Youth Workers in multiple secondary schools (and some elementary) to assist in crisis intervention, mental health promotion, referrals and motivation, and brief empathic problem solving</p> <p>-Access to Mental Health and Addiction Nurses (CCAC) to assist with transitions and medically complex (case management, family &amp; teacher education, brief empathic-problem solving)</p> |  |  |  | <p>Support staff refer families/youth to children's mental health services or make a recommendation to parents to self- refer</p> |
| <p><b>Upper Canada District School</b></p>       | <p><b>Brief services Level 2:</b></p> <p>-Skill building and provision of evidence based</p>  |  |  |  | <p>Special education staff refer to children's mental health programs or assist families with referrals</p>                       |

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| <b>Board</b>                              | <p>behavioral services by school board behaviourists</p> <ul style="list-style-type: none"> <li>-Child and Youth Workers in multiple secondary schools (and some elementary ) assist in referrals and motivation, and brief empathic problem solving</li> <li>-Access to MHAN to assist with transitions and medically complex (case management, family and teacher education, brief empathic problem solving</li> </ul> |  |  |  |  |
| <b>Upper Canada District School Board</b> | <p><b>Specialized Consultation and Assessment</b></p> <ul style="list-style-type: none"> <li>-Psycho-educational assessments completed by psychologist/psychometrist</li> <li>-Referrals to tele-mental health services for students</li> </ul>  |  |  |  |  |

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|   | not involved with children's mental health services  |  |     |  |   |
| <b>Upper Canada District School Board</b>                       | <p><b><u>Crisis Support Services</u></b></p> <p>Crisis intervention that happens in the school re: suicide, coping after adverse events</p>  |  |     |  | <p>Signed VTRA Violence Threat Risk Assessment Protocol</p> <p>Signed Community Suicide Prevention, Intervention, and Risk Review Protocol (listed in CSDP)</p> |
| <b>Lanark, Leeds and Grenville Addictions and Mental Health</b> | <p><b>Mental Health Education and Awareness Promotion</b></p> <p>- Funding to go into schools, colleges, and community events to promote awareness of mental illness, mental health, fight stigma, build tolerance and acceptance of those with an illness, what illnesses look like, and supporting friends/getting help if you think they (or you) may have a mental illness</p> | All across tri-county area. High schools, colleges, community events, partnering with other groups that serve youth. | 14+ |  |   |
| <b>Lanark Leeds and Grenville Addictions</b>                    | <p><b>Transitional Aged Youth Mental Health and Addictions</b> - supports youth</p>  | Leeds and Grenville  |     |  | Memorandum of understanding between CMHLG and LLGMHA  |

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| <b>and Mental Health</b>  | who are transitioning from children's mental health services to adult mental health services in Leeds and Grenville in coordination with CMHLG  |  |  |  |  |
| <b>Lanark, Leeds and Grenville Addictions and Mental Health</b> | <b>Family Support Program</b> - Support for families in a one-on-one setting, family or a support group for families of those with a mental illness.  | Brockville but may be offered at satellite offices in the future |  |  |  |
| <b>Lanark Leeds and Grenville Addictions and Mental Health</b>  | <b>Addictions services</b> for all ages of children and youth   | Lanark<br>Leeds and<br>Grenville                                 |  |  |  |
| <b>Lanark, Leeds and Grenville Addictions and Mental Health</b> | <b>Provision of counselling and therapy (brief or longer) for those ages 16+</b> with a mental illness or mental health challenge. There are walk-in days at Brockville, Prescott, Kemptville, Gananoque, | Lanark,<br>Leeds and<br>Grenville                                |  |  |  |

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|                           | Delta, Smiths Falls and Lanark one day each week - no wait for a 1 hour consultation. If more help is needed/desired, go through centralized intake. If not going through open access, go through Centralized Intake and get counselling.                          |  |          |  |  |
| <b>RNJ Youth Services</b> | <b>Rebound</b> - 8 week social skills program for youth 12-17, that are connected to the justice system from first police contact and beyond. Pending alternate funding sources, the program can be delivered to participants not connected to the justice system. | Typically, Brockville and Smiths Falls but has been offered in other communities from time to time | 12 to 17 |  |  |
| <b>RNJ Youth Services</b> | <b>Youth Mental Health Court Support and Diversion</b> - Youth Mental Health Court Worker establishes effective linkages between individual youth, the youth justice court, and  | Lanark, Leeds and Grenville. Courts in Perth, Kemptville and                                       | youth    |  |  |

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|                           | appropriate mental health and youth justice resources and function as a short term "bridge" between these services for the purpose of support through the justice system and/or youth mental health diversion.   | Brockville.   |  |  |  |
| <b>RNJ Youth Services</b> | <b>Rebound Choices</b> - Partnership with LLGAMH who are provided core funding to deliver the program. They provide us with funding through agreement to deliver the program. Rebound Choices is a 10 week social skills program, with a focus on addiction and substance education. In partnership with LLGAMH and RNJ Youth Services. Program includes access to the youth counselor who can meet one on one with youth participants and their | Various locations through LLG. Most frequently offered in a school setting. |  |  |  |

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|                           | family.  |  |  |  |  |
| <b>RNJ Youth Services</b> | <p><b>Intersections</b> - We have received MCYS fiscal funding for 2017-2018. Not annualized at this time. Intersections is an early intervention program that focuses on navigation and coordination of services for children and youth with suspected mental health, developmental disabilities and/or substance use issues, who are at risk of becoming justice involved. Interim support is provided which could include Triple P. The aim is to improve well-being and reduce involvement with police services.</p> | <p>Lanark, Leeds and Grenville Children and youth 8-17. Can also support parents to get connected to services if identified as a need.</p> |  |  |  |
| <b>RNJ Youth Services</b> | <p><b>Reintegration Program</b> - Youth on probation can be referred to the Connections Youth Justice Worker who</p>   | <p>Youth aged 12 to 17. Lanark, Leeds and</p>  |  |  |  |

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|                           | can assist with life skills, cognitive behavioural programs and skills development, and support linkages to other services.   | Grenville |          |  |  |
| <b>YAK Youth Services</b> | <b>Move It! After School Program and Summer Camps</b> - Funded primarily by the Ontario Ministry of Tourism Culture & Sport. The program provides at risk youth 10 to 18 with opportunities to engage in sport, healthy living, healthy eating and community engagement programs. Includes daily snack. | Perth     | 10 to 18 |  |  |
| <b>YAK Youth Services</b> | <b>Youth Centre Drop in</b> - Safe, inclusive environment for youth to participate in a number of activities that build confidence, esteem and skills in a youth friendly atmosphere. Staff are present to act as mentors,  | Perth     | youth    |  |  |

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|                           | talk one on one with youth, mitigate crisis and to provide referrals to the appropriate service providers.  |  |  |  |  |
| <b>YAK Youth Services</b> | <b>Skills Link</b> - Funded through Service Canada. This is a paid employment readiness and life skills program for youth 18 to 26. Youth receive a stipend while participating in Employment based workshops and certification courses (First Aid, Smart Serve, Safe Food Handling, Mental Health First Aid, etc). Youth are then matched with employers in a career field of their choosing and receive a pay cheque while they gain work experience. YAK provides a staff person to follow up with the youth on a daily basis to ensure that the youth are succeeding in | Workshops in Perth. Youth are matched with work placements in their home communities anywhere in Lanark Leeds Grenville. |  |  |  |

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|  | <p>their placements and that they have the emotional support and mentoring that they need. Referrals are made for/with youth when issues and crises arise.</p>   |   |  |  |  |
| <p><b>St. Lawrence Youth Association</b></p> | <p><b>Community Support Team -</b><br/> The CST offers intensive, short term and flexible support to 12-17 year old persons in conflict with the law. A range of individualized programs are offered based on their criminogenic needs as well as the youth and family's strengths and resources. The CST Specialists cover topics including emotion management, problem solving, life skills, crisis support, family support, substance use counselling, school and employment support, positive relationship building and other areas of need.</p> | <p>The CST serves six county regions including: Hastings, Prince Edward, Lennox &amp; Addington, Frontenac, Lanark and Leeds &amp; Grenville.</p> |  |  |  |

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|  | <p>Referrals are made by youth probation officers. The CST serves six county regions including: Hastings, Prince Edward, Lennox &amp; Addington, Frontenac, Lanark and Leeds &amp; Grenville.</p>  |  |  |  |  |
| <p><b>St. Lawrence Youth Association</b></p> | <p><b>Intensive Support and Supervision Program</b> - The ISSP is a sentencing option under the YCJA. It is an alternative to custody that provides intensive services in a community setting to youth with serious mental health issues who would likely have been sentenced to custody but can be appropriately supported and supervised in the community. The ISSP Specialists are supervised by a psychologist and work with the youth and the family to implement</p> | <p>The ISSP serves six county regions including: Hastings, Prince Edward, Lennox &amp; Addington, Frontenac, Lanark and Leeds &amp; Grenville.</p> |  |  |  |

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|  | <p>individualized programming that target areas that reduce the likelihood of recidivism. The program provides clinically proven and skill oriented programming, mental health stabilization, crisis support, advocacy and liaises with community agencies such as CAS, Children’s Mental Health Services, doctors, schools, and youth justice agencies.</p> |   |  |  |  |
| <p><b>Victim Services of Leeds &amp; Grenville</b></p> | <p><b>Supporting Teens at Risk (STAR) Program</b> - The S.T.A.R. Program provides direct services to adolescents and is aimed to improve the health and wellness of youth who are struggling with victimization and trauma. The program is open to all youth regardless of gender or orientation and does provide safety</p>                                 | <p>Brockville, Prescott and Carlton Place</p> |  |  |  |

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|  | planning on request.   |   |  |  |  |
| <b>Victim Services Lanark County</b>       | <b>Victim Quick Response Program - VQRP</b> if approved provides home safety expenses, trauma counseling including assistance with transportation, resources for family members who have (or currently are) experiencing any abuse in the home.  | Smiths Falls, Lanark, Leeds and Grenville |  |  |  |
| <b>Victim Witness Assistance Program -</b> | <b>Court preparation -</b><br>Answer questions about the criminal justice system, courtroom procedures and your role in court; Help you understand what to expect and help you prepare for your appearance in court and offer on-going emotional support; referrals and assistance with filling out a Victim Impact Statement. | Lanark<br>Leeds and Grenville             |  |  |  |

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| <p><b>Leeds &amp; Grenville Interval House</b></p> | <p><b>The Children's Witness program</b> - Provides education and support to children and youth (ages 0-18) who have been impacted by domestic violence. This program provides services to clients throughout Leeds &amp; Grenville in both individual and group delivery methods. Topics of education include emotional literacy, positive expression of anger, types of abuse, responsibility for abuse, safety planning and self-esteem. Individual services are catered to each client and involve additional support around personal experiences with domestic violence. Support is also provided to the parent/guardian of the children in the CWP program. This may be</p> | <p>Groups are offered in various locations depending on referrals. Individual services are offered on an outreach basis (i.e. in schools) close to the client's home.</p> |  |  |  |
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|                              | through brief regular contact, or through targeted programming such as Triple P.  |  |  |  |  |
| <b>Lanark Interval House</b> | <b>The Children's Witness program</b> - Provides education and support to children and youth (ages 0-18) who have been impacted by domestic violence. This program provides services to clients throughout Lanark in both individual and group delivery methods. Topics of education include emotional literacy, positive expression of anger, types of abuse, responsibility for abuse, safety planning and self-esteem. Individual services are catered to each client and involve additional support around personal experiences with domestic violence. Support is also provided to the | Groups are offered in various locations depending on referrals. Individual services are offered on an outreach basis (i.e. in schools) close to the client's home. |  |  |  |

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|   | parent/guardian of the children in the CWP program.  |            |  |  |  |
| <b>Brockville General Hospital Mental Health Crisis Team</b><br><br><b>And Emergency Room</b> | <b>Mental Health Crisis Team</b> - Youth who are between the ages of 16 and 18 years are also seen by Children's Mental Health of Leeds & Grenville #613-498-4844 (CMH). As a general rule, those youth who are going to be in need of ongoing, longer term services are usually serviced by BGH Outpatient services. If the youth is suffering from current psychosocial stressors which are contributing to a dip in functioning, and it is likely that the client will not need services past the age of 18, then a referral to CMH would be more appropriate. Should a client, 16 years of age require inpatient hospitalization, consult with | Brockville |  |  |  |

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|                                    | <p>the on call Psychiatrist as a referral to the adolescent unit in Kingston may be more appropriate than an admission to our MH inpatient unit.</p> <p>Children/Youth between the ages of 12-17 can also be referred to the Child &amp; Adolescent Mental Health Urgent Consult Clinic at Hotel Dieu Hospital in Kingston.</p> |               |       |  |  |
| <b>Lanark County Mental Health</b> | <b>Case Management</b> - intensive case management services to support youth in their community with face to face home visits, life skills, access to other community resources via Transitional Connector  | Lanark County | 16-18 |  |  |
| <b>Lanark County Mental Health</b> | <b>Counseling</b> - short term solution focused counseling, including youth   | Lanark County | 16-18 |  |  |

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|  | group for transitional aged youth in collaboration with Open Doors, Youth Habilitation,   |                                 |       |  |  |
| <b>Lanark County Mental Health</b>                     | <b>Crisis intervention assessment and consultation</b> - initial referral process including face to face bio-psychosocial assessment, crisis intervention and stabilization with referral to other services and resources as identified during referral process in consultation with referral source and client needs based on client-centred approach. | Lanark County                   | 16-18 |  |  |
| <b>Big Brothers Big Sisters of Leeds and Grenville</b> | <b>Traditional Match Program, In School Mentoring, Kids In Care</b> - Traditional Match Program- A child in need aged 6-16 is matched with a caring adult mentor to spend 2-4 hours a week  | throughout Leeds and Grenville. | 6-16  |  |  |

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|  | <p>doing activities that they both enjoy/ participating in planned agency activities including monthly bus trips, activity nights and sports nights. The child and mentor form a supportive relationship.</p>  |                          |  |  |  |
| <p><b>Big Brothers Big Sisters of Lanark</b></p> | <p><b>Traditional Match Program, In School Mentoring, Kids In Care</b> - Traditional Match Program- A child in need aged 6-16 is matched with a caring adult mentor to spend 2-4 hours a week doing activities that they both enjoy/ participating in planned agency activities including monthly bus trips, activity nights and sports nights. The child and mentor form a supportive relationship.</p> | <p>Throughout Lanark</p> |  |  |  |

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| <b>Connect Youth</b>             | <b>Referral Services/Crisis Intervention</b> - Connect Youth provides one-on-one non-therapeutic support while bridging the gap in accessing services for youth when seeking mental health services.  | South Grenville                          | 14-21 |  |  |
| <b>Connect Youth</b>             | <b>Housing Support</b> – Housing program with an apartment in Kemptville, Prescott and bed availability in Brockville to ensure that homeless youth are provided with an opportunity with counselling and case management support to transition out of homelessness | North and South Grenville and Brockville | 16-21 |  |  |
| <b>Lanark Community Programs</b> | <b>ABA program - L, L &amp; G</b> - This a short-term, group based service for children on the autism spectrum  | Across Lanark, Leeds and Grenville;      | 0-18  |  |  |

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|  | (must have an autism diagnosis) focusing on social skills, communication, behaviour, self-help.  | clustered as per need  |      |  |  |
| <b>Lanark Community Programs</b>             | <b>Intensive Behavioural Intervention (IBI)</b> - Autism Services - We provide intensive intervention to eligible children with autism. We also provide parent education/consultation and support to families whose children are receiving services. | Services are provided in the natural environment in L, L & G | 0-18 |  |  |
| <b>Country Roads Community Health Centre</b> | <b>Social Work, and Early Years</b> - Individual couple and family counseling and support Early years - drop in support groups with access to nursing, dietician and social work   | Portland, Delta, Elgin                                       | 0-6  |  |  |
| <b>Parent(s) Lifelines of Eastern</b>        | <b>Family Support and Navigation Program</b> - Peer support program aimed at   | Champlain LHIN   | N/A  |  |  |

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| <b>Ontario</b>                     | <p>building parents/caregivers capacity and resiliency so that they are better able to support their child. Family Navigators are all parents with lived experience, trained to provide empathic support and help in navigating a complex mental health system. Offered to parents and caregivers of children, youth and young adults dealing with mental health and/or addiction issues. Confidential, bilingual Telephone helpline accessible Monday to Friday 9:00 am to 7:00 pm monthly parent peer support groups (open groups, no registration required)</p> |                 |  |  |  |
| <b>Hotel Dieu Child Psychiatry</b> | <p><b>Intensive Services</b><br/><b>Inpatient Services</b></p>   | South East LHIN |  |  |  |

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|                   | <p>-Hotel Dieu mental health has inpatient beds for the purpose of stabilization of children and youth who are experiencing acute psychiatric crisis</p> <p>They also have beds for inpatient eating disorder for the purpose of stabilization of children and youth who are experiencing severe eating disorders.</p> |                    |  |  |  |
| <b>Hotel Dieu</b> | <p><b>Crisis Services</b></p> <p><b>Emergency Services</b></p> <p>-Provide emergency psychiatric, crisis intervention and urgent services in Hotel Dieu Emergency Department</p>   | South East<br>LHIN |  |  |  |
| <b>Hotel Dieu</b> | <p><b>Specialized Consultation and Assessment</b></p>  | South East<br>LHIN |  |  |  |

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|   | <p><b>-Urgent Care Program</b></p> <p>Provides assessment and consultation for children and youth who have urgent mental health needs such as suicidal behaviour, abrupt decrease in mood or functioning</p> <p>-Urgency or severity of need determines the priority for treatment</p>       |        |      |  |  |
| <b>Ottawa Valley Family Health Team</b> | <p><b>Counselling – SW</b></p> <p>Children and youth and families can receive counselling services directly in the location where their doctor is located rather than attending the local children’s mental health agency as they may see entering a second door as a barrier to service</p> | Almont | 0-18 |  |  |

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| <p><b>South East Community Care Access Centre-Mental Health and Addiction Nurses (MHAN)</b></p> | <p><b>Specialized Consultation and Assessment</b></p> <p>Psychiatric nursing- expertise in managing complex diagnosis</p> <p>Initiate Tele-psychiatry</p>  | <p>South East LHIN</p> | <p>3-21 years registered at school (majority are high school age)</p> | <p>English</p> | <p>District School Boards &amp; partnership with hospitals and psychiatrists</p> |
| <p><b>South East CCAC-Mental Health and Addiction Nursing (MHAN Program)</b></p>                | <p><b>Youth /Family Mental Health Literacy</b></p> <p>Literacy around diagnosis, medication, short and long term coping strategies, other health conditions</p> <p>Capacity building for schools</p> <p><b>Prevention Programs</b></p> <p>Incorporated through health literacy activities at</p> | <p>South East LHIN</p> | <p>3-21 years Registered at school (majority are high school age)</p> | <p>English</p> | <p>Protocol agreement with District School Boards served in the region</p>       |

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|   | <p>individual client level based primarily on psychiatric diagnosis and other mental health conditions</p> <p>Some presentations to build capacity and knowledge in school boards (at request of individual school boards)</p> |                        |  |                           |                               |
| <p><b>South East CCAC-Mental Health and Addiction Nurses (MHAN)</b></p> | <p><b>Brief Services</b></p> <p>Supportive short-term - counselling offered – focus on health education and interventions</p>  | <p>South East LHIN</p> | <p>3-21 years</p> <p>Registered at school (majority are high school age)</p> | <p>English</p>            | <p>District School Boards</p> |
| <p><b>South East Community Care Access</b></p>                          | <p><b>Family/Caregiver Skill Building and Support</b></p> <p>Health literacy activities in</p>   | <p>South East LHIN</p> | <p>3-21 years, regist</p>  | <p>English<br/>French</p> |                               |

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| <p><b>Centre-Mental Health and Addiction Nurses (MHAN)</b></p> | <p>copied with youth mental health and addiction issues</p> <p>System navigation- This is a core role of the MHAN to assist students and families through system transitions</p> <p>Transition points highlighted by the school boards include-</p> <ul style="list-style-type: none"> <li>-Transition from inpatient/residential services to school/community services</li> <li>-Transition from home instruction to integrated classrooms</li> <li>-Transition from youth to adult services</li> <li>-Transition between services, waiting for services or during service interruption</li> </ul> |  | <p>ered in school (majority high school age)</p> |  |  |
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| <p><b>Lanark County Sexual Assault/Domestic Violence Program</b></p> | <p>The Program supports a comprehensive and multi-disciplinary response to domestic violence and sexual assault. The Emergency Departments of the Perth and Smiths Falls District Hospitals, Carleton Place &amp; District Memorial Hospital and the Almonte General Hospital provide specialized medical and nursing care to victims of domestic violence and sexual assault. This includes immediate crisis intervention, crisis counseling, safety planning, follow-up, referrals, advocacy and forensic evidence collection. We recognize that healthcare providers have a unique opportunity as one of the first and possibly only avenues where a victim will seek assistance. We therefore have a responsibility to provide appropriate and sensitive interventions that recognize a victim's right to self-</p> | <p>Lanark County</p> | <p>Youth experiencing sexual violence or domestic abuse</p> |  |  |
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|  | determination.   |                     |  |  |  |
| <b>Assault Response and Care Centre of Leeds and Grenville</b> | The Program supports a comprehensive and multi-disciplinary response to domestic violence and sexual assault. Through BGH we provide specialized medical and nursing care to victims of domestic violence and sexual assault. This includes immediate crisis intervention, crisis counseling, safety planning, follow-up, referrals, advocacy and forensic evidence collection. We recognize that healthcare providers have a unique opportunity as one of the first and possibly only avenues where a victim will seek assistance. We therefore have a responsibility to provide appropriate and sensitive interventions that recognize a victim's right to self-determination. | Leeds and Grenville | Youth experiencing sexual violence or domestic abuse |  |  |
| <b>Kemptville District</b>                                     | ER – triaging potential Mental Health Crisis situations  | Kemptville          | 0-18   |  |  |

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| <b>Hospital Emergency Room</b>                          |   |                             |      |  |  |
| <b>Carleton Place and District Memorial Hospital ER</b> | ER – triaging potential health crisis situations for all youth have a partnership with Lanark Mental Health directly in ER to service 16-18 year olds beyond triaging | Carleton Place and District | 0-18 |  |  |
| <b>Perth Smiths Falls Hospital ER</b>                   | ER – triaging potential health crisis situations for all youth have a partnership with Lanark Mental Health directly in ER to service 16-18 year olds beyond triaging | Smiths Falls and area       | 0-18 |  |  |
| <b>Almonte Hospital ER</b>                              | ER – triaging potential health crisis situations for all youth have a partnership with Lanark Mental Health directly in ER to service 16-18 year olds beyond triaging | Almonte and Area            | 0-18 |  |  |
| <b>Lanark, Leeds and Grenville Public Health Unit</b>   | Targeted prevention through their health promoters and nurses they also provide Triple P  | Lanark Leeds and Grenville  | 0-18 |  |  |

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| <p><b>Family and Children's Services<br/>Lanark Leeds and Grenville</b></p> | <p>Signs of Safety is an approach to child welfare work, created in Australia by Andrew Turnell and Steve Edwards. It is a specific way of working with families that allows everyone to have a voice and to work together to keep a child safe. Signs of Safety meetings are held to assess risk, look at worries and strengths and make decisions about a child's safety. A Signs of Safety meeting helps families and caregivers to work with the agency and other services to keep a child safe.</p> | <p>Lanark<br/>Leeds and<br/>Grenville</p>           | <p>0-18</p> |  |  |
| <p><b>Connections</b></p>   | <p>Purpose: To provide evidence based services in the Counties of Lanark, Leeds and Grenville, for youth in grades 6-12 who are showing evidence of disengaging from the school system as seen through suspensions, progression toward suspensions or difficulty participating in school programming and with as-risk youth who have had or</p>  | <p>Brockville<br/>and<br/>Surroundin<br/>g area</p> | <p>6-12</p> |  |  |

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|  | <p>are moving toward contact with the criminal justice system.</p> <p>Practice: Services will be offered in an individualized manner to address the root causes of behaviour; and assist in navigation and coordination of services including mental health and addictions. Participation is voluntary.</p> <p>Services will be provided by a professional educator and youth workers who will create a personal achievement plan for each child. The team will implement activities that promote life skills, the arts, recreational skills, social and emotional skills and support educational goals.</p> |  |  |  |  |
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**Section D - Local Child and Youth Mental Health Community Planning Mechanisms:**

Outlined below are the committees that as CYMH agencies CMHLG and Open Doors participate on that have aspects of CYMH planning. There are other committees that we attend; however, they are geared more towards information sharing or clinical discussions.

| Name of Committee or Working Group   | Partners Involved  | Role of the Lead Agency and Core Service Partner Agencies  | Purpose of the Committee or Working Group  | How Committee Can Help with CYMH Planning   | Changes or Proposed Developments that will Impact CYMH Planning   | Recommendations on How to Use Committee or Working Group More Effectively With Respect to CYMH Planning   |
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| Every Kid in Our Communities of Leeds and Grenville<br><br>And<br><br>Lanark Children’s Planning Table | Each planning table has over 35 Community Agencies from across Lanark, Leeds and Grenville who provide services to children and youth. | Executive Director of CMHLG acts as Co-Chair on EKIOC and the Executive Director of Open Doors sits on the coordination committee for the Lanark Children’s Planning Table. Both agencies are active members at these tables and communicate information | A community approach to have collaborative planning in place for children and youth programming, services and community needs. | EKIOC and LCPT provide a location where information regarding CYMH can be shared and community partners can be engaged to have an opportunity to provide feedback on progress of community priorities. It allows community partners to be | EKIOC is actively developing a relationship with LCPT to allow for more discussions that span across Lanark, Leeds and Grenville. This is not only for the purposes of CYMH planning, as many sectors including education, child protective services and the Health Unit have | As a Lead Agency we will be working with our Core Service Partners to ensure that EKIOC and LCPT are more actively used as a communication forum to update our community partners on our progress with respect to system transformation and improvements to pathways to |

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|   |   | transparently back and forth. Many of the organizations sitting on these tables have tri-county representation and therefore attend both.   |   | aware of upcoming service changes. Also allows for community partners to identify concerns to access and pathways to care, to increase service coordination, and to not duplicate services.   | responsibilities across the entire region.  | care across the service area.   |
| Best Start Leeds and Grenville<br><br>And<br><br>Best Start Lanark County | Each Best Start table has approximately 30 community partners with an invested interest in collaborating on services offered to children 0-6. | A program director from the Lead Agency acts as co-chair on Best Start Leeds and Grenville and a Clinical Director from Open Doors acts as co-chair of Best Start Lanark County. Many of the organizations that sit on these tables have tri-county | A community approach to have collaborative planning in place for programming, services and community needs for children aged 0-6. | Information shared at Best Start allows clinical services within the community to be tailored to the needs that are being identified across the region. It also ensures that limited resources within organizations are not used to | As Best Start is a Sub-Committee of the planning tables EKIOC and LCPT, these tables are also working towards more collaboration across the region to ensure that services are integrated across Lanark Leeds and Grenville | Pathways to care and Service Coordination will be key discussions to take to the Best Start Tables this year to support the priorities outlined in both the CMHP and the CSDP |

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|  |  | <p>representation and sit on both tables.</p> <p>Information is shared freely and transparently.</p> |  | <p>duplicate services that are already present in the community.</p> <p>Pathways to care can be formalized and service coordination can be fostered and developed.</p>   |  |   |
| <p>Youth Justice Partners Lanark Leeds and Grenville</p> | <p>CYMH, local and provincial Police, RNJ Youth Services, Probation Developmental Services, Adult Mental Health and Addictions</p> | <p>CMHLG and Open Doors are active participants on this committee</p>                                | <p>Service planning and service coordination of Youth Justice programming across Lanark, Leeds and Grenville – partners are dedicated to ensuring the continuity of care for youth aged 9-17 with suspected mental health illness and addiction issues who are at risk of becoming</p> | <p>This committee provides a forum to discuss how CYMH interacts or connects to youth justice. Much of the work over the past few years has been to develop clearer pathways to care and programming that fills in gaps such as alternative programming for youth who are on suspension from school.</p> | <p>Youth Addictions is a CMHP priority and CMHLG and Open Doors are actively working with Lanark, Leeds and Grenville Mental Health and Addictions to develop service coordination processes and pathways to care that better meet the needs of youth experiencing addiction</p> | <p>This committee will be a key table when we start working on how to ensure the pathways to care are clearly meeting the needs of youth who are at risk.</p> |

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|                         |  |   | involved with the judicial system.  |   | challenges.  |  |
| ASD Committee           | Service providers who work closely with children and youth who are on the Autism Spectrum. | CMHLG and Open Doors sit on this committee  | Collaborative Committee working on ensuring that services for children and youth on the ASD continuum have access to services in the communities of Lanark, Leeds and Grenville and that services are provided in a coordinated approach. | This committee has worked diligently to identify all of the pathways to care for children and youth who are on the spectrum creating an online and hard copy document that helps parents and service providers know where to turn to for help and what type of help can be offered. | The committee is currently working on updating their pathways to care document both hard copy and online version. They are also working together to provide training on ASD services to community partners to better support service coordination efforts and to help adapt approaches to best meet the need of clients. |  |
| Intersections Committee | Youth Justice Partners and CYMH  | CMHLG and Open Doors actively sit on the committee and are a signed member of the | Early Intervention program that has helped ensure that pathways to care are clear and   | This committee is from the perspective of youth justice but paramount to  |  | Continue as active members of the committee and keep apprised of projects or |

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|  |   | MOU  | accessible and that service coordination is a priority for youth who are at risk of entering the judicial system.  | ensuring the pathways to care area developed and maintained for this specific sub-set of difficult to engage youth who are in need of help.  |  | programs that are being created to support early intervention efforts in the youth justice sector.           |
| Mental Health and Addictions Coalition         | Ministry of Health, Youth Justice Partners, Adult Mental Health Partners and CYMH | CMHLG and Open Doors are active participants on this committee | The Lanark, Leeds and Grenville Coalition facilitates the operation and improvement of a network of organizations concerned and involved in the provision of mental health and addiction services. | This committee is our link to adult mental health services and gives us an opportunity for planning with respect to transitional aged youth. | Work that is developed from our Youth Addictions committee will be shared and discussed with this committee. | Services for transitional aged youth continue to be discussed and coordinated through work at this committee |
| Mental Health and Addiction Protocol Committee | Education, Addictions, CYMH, Youth Justice  | CMHLG and Open Doors are active participants on this committee | This committee is working on developing a protocol that will formalize pathways to care  | This committee helps ensure that we are actively planning with our education partners and  | Development of the protocol and how it will intersect with committee work that is focused on                 | Communication of work being completed at both tables that are working on separate aspects                    |

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|                        |   |   | from education to CYMH and addictions. This protocol will cover the entire region of the school board incorporating thee of the CYMH service regions. | develop clear and accessible pathways to care. In the past there has been two other protocols developed VTRA and Suicide prevention. | creating more collaborative approaches to treatment for youth experiencing addiction challenges.   | of youth addictions will have to be ensured so that programming and pathways to care support each other.                            |
| FASD Committee         | Community Partners who provide services to clients with Fetal Alcohol Spectrum Disorder | CMHLG and Open Doors are active members on this committee | Improve awareness, education, planning and resource sharing regarding this high risk population which often falls between services                    | Provided community wide training to service providers to ensure there is a better understanding of FASD                              | The committee will continue to work to ensure that this group of youth have access to services that meet their needs through service coordination efforts. |   |
| Special Needs Strategy | Over 25 community partners and parents of complex needs children                        | CMHLG and Open Doors are active members of this committee | A strategy to have a coordinated process for addressing the needs of children and youth with special needs  | This committee provides two avenues for planning – 1. It allows for planning of services of children and                             | Training was provided to service providers in Lanark Leeds and Grenville on best practices with respect to service   | Internal training at both CMHLG and Open Doors to ensure that service coordination and coordination of treatment planning is made a |

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|             |  |   |  | <p>youth with intensive mental health needs. 2. It provided a partnership to work towards better service coordination across the region of Lanark Leeds and Grenville</p> | <p>coordination including the support that will be offered in the community regarding highly complex needs children and youth</p> | <p>priority for services that go beyond brief.</p>  |
| <p>HSJC</p> | <p>CYMH, local and provincial Police, RNJ Youth Services, Probation Developmental Services, Adult Mental Health and Addictions</p> | <p>CMHLG and Open Doors are active participants on this committee</p> | <p>Service planning and service coordination of Justice programming across Lanark Leeds and Grenville – partners are dedicated to ensuring the continuity of care of individuals with suspected mental health illness and addiction issues who are at risk of becoming</p> | <p>This committee provides a forum to discuss how transitional aged youth interact or connect to the judicial system.</p>   |   | <p>This committee will be a key table when we start working on how to ensure the pathways to care are clearly meeting the needs of transitional aged youth who are at risk.</p> |

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|  |  |  | involved with the judicial system. |  |  |  |
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**Section E - Priority Identification:**

| <b>Name of Priority #1: Crisis Coordination</b>  |  |   |
|--|--|---|
| <b>Rationale:</b><br>During our gap analysis conducted with our community partners, parents and youth in early 2016, crisis coordination was identified as a priority. The concern was that youth who were attending the Emergency Rooms in the region were often sent to CHEO or Hotel Dieu but not admitted. This would often repeat with similar outcomes in which youth were never connected back to their community mental health agency. We have been working with partners in the Champlain LHINS to develop pathways to care that will better ensure that children and youth presenting with mental health concerns at local ERs are effectively connected to their CYMH community agency. We need to replicate the work with hospitals with ERs in the South East LHINS. Conversations have also begun with South East LHIN, however we have strategically decided to wait as they are consumed with their work associated with the Mental Health and Addictions re-design. |  |   |
| <b>Objective –</b> describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets where possible (e.g. waitlists, protocol developed):   |  |   |
| <b>Deliverable(s)</b>  | <b>Task(s)</b>   | <b>Estimated Timelines</b>                                  |
| Proposed Activity 1 (e.g. engagement, mapping, client engagement):   | Community Engagement   | December 2016 for Phase One and December 2017 for Phase Two |
|  | Develop a framework for crisis coordination for youth presenting at local emergency rooms in the Champlain LHINS                         | June 2017   |
| Proposed Activity 2:   | Communicate Framework and train hospital staff on how to implement protocol  | Summer 2017   |
| Proposed Activity 3:   | Evaluate implementation and then use lessons learned to repeat planning process with South East LHINS Partners                           | Fiscal Year 2017-18   |
| Proposed Activity 4:   | Pre and Post Evaluation of Emergency Rooms to see how well the framework meets the needs of youth presenting with mental health concerns | Throughout the Project                                      |
| Proposed Activity 5:   | Evaluate Protocols with each hospital and make improvements where necessary  | March 2018 forward  |

| <b>Name of Priority #2: Youth Addictions</b>  |  |   |
|---|--|---|
| <b>Rationale:</b><br>During our gap analysis conducted with our community partners, parents and youth in early 2016, youth addictions was identified as a priority. There are two concerns: 1. Parents find it difficult to know where to go for services and 2. There is a clinical movement that is recognizing that treating a concurrent disorder concurrently is beneficial to success. It was recognized that even though youth addictions was identified as a priority, that the number of clients receiving services at CMHLG and Open Doors with youth addictions identified as a concern was relatively low even through the community was identifying addictions as a growing concern. This led to the identification of training needs associated with how to ask youth if they have an addiction challenge in a way that engages the youth to want positive change. The school boards have Youth Addictions as a priority as well and are focusing on pathways to care from education to mental health and addictions. |  |   |
| <b>Objective</b> – describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets where possible (e.g. waitlists, protocol developed):  |  |   |
| <b>Deliverable(s)</b>   | <b>Task(s)</b>   | <b>Estimated Timelines</b>  |
| Proposed Activity 1 (e.g. engagement, mapping, client engagement):  | Community Engagement   | September 2016 Phase One September 2017 Phase Two   |
|   | Identify barriers, concerns and opportunities regarding concurrent treatment opportunities in the service area                         | March 2017  |
| Proposed Activity 2:  | Identify areas where training is required to ensure that clients with additional concerns are comfortable self-identifying their needs | Complete – Addiction Staff require training on how to engage families in treatment<br>Children’s Mental Health Staff require training in identifying addiction concerns<br>Both agencies require training in concurrent disorder treatment with youth |
| Proposed Activity 3:  | Develop framework and partnership agreement with respect to service coordination between agencies                                      | By March 2018   |
| Proposed Activity 4:  | Training of Service Agreement and Clinical Training  | by March 2018   |
| Proposed Activity 5:  | Evaluation and improvements  | March 2018 forward  |

| <b>Name of Priority #3: Service Coordination</b>  |   |                            |
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| <b>Rationale:</b><br>During our gap analysis conducted with our community partners, parents and youth in early 2016, service coordination was identified as a priority. Families and youth are asking their communities to provide more integrated services so that they are receiving services that are coordinated and support the families' goals. We have completed community wide training that provided all community agencies with documentation for service coordination efforts that can be used universally. This was done in partnership with the Special Needs Strategy to ensure that forms and processes were already in place to support additional needs identified for children and youth experiencing complex needs and fall under the responsibility of the Special Needs Coordinator. |   |                            |
| <b>Objective –</b> describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets where possible (e.g. waitlists, protocol developed):  |   |                            |
| <b>Deliverable(s)</b>   | <b>Task(s)</b>  | <b>Estimated Timelines</b> |
| Proposed Activity 1 (e.g. engagement, mapping, client engagement):  | Internal training and cultural change to ensure that service coordination is made a priority for services that continue past brief services | April to December 2017     |
|   | Sharing of best practices to strengthen process   | December 2017              |
| Proposed Activity 2:  | Continued work with the Special Needs Strategy to support service coordination and processes for complex needs children and youth           | On-going                   |
| Proposed Activity 3:  | Ask our parents, youth and community partners if they have seen an improvement in service coordination efforts across sectors               | February 2018              |

## **Section F – French Language System Partners**

Lanark Leeds and Grenville is not a French designated service area. Should we have clients who refer to services and ask for French as a first language, we either work with a translator or we work with a partner from a French designated service area to help

provide services to the child or youth. We do have a French Speaking Catholic School Board with 4 schools in the region. We will be working on an engagement project with these schools in 2017-18 fiscal year to determine how we can best partner to ensure that their students and families are aware of services and how to access services within their own communities.

### **Section G – Approvals**

Children's Mental Health of Leeds and Grenville approved the priorities for the Community Mental Health Plan on March 22, 2017.