

**Community Mental Health Plan for Children and Youth:  
2015-2016 Reporting Template for Phase Two Lead Agencies**

**Haliburton/CKL/Peterborough Service Area**

**Instructions and Guidelines for completing the Community Mental Health Plan**

Child and youth mental health is a shared responsibility. Reflecting this, Ministry of Children and Youth Services (MCYS) child and youth mental health lead agencies are responsible for engaging with their child and youth mental health and broader sector partners to develop a Community Mental Health Plan (CMHP) and a Core Services Delivery Plan (CSDP):

- The CMHP describes child and youth mental health services and supports delivered by other sectors (such as education, health, early years, child welfare and youth justice), as well as services delivered by the lead agency that are not core. This plan reflects the valuable role that broader sectors play in the delivery and funding of child and youth mental health services and will support the lead agency's work with their community partners to improve service delivery and pathways to, through and out of care.
- The CSDP focuses on describing the current delivery of core child and youth mental health services within a service area and how MCYS funding is being used to support these. It also identifies activities that will result in improvements to these services, and support a more effective and efficient system.

Program Guidelines and Requirements (PGRs) are under development which will describe the requirements for the plans at full implementation. The two plans are complementary, and together will support a fulsome description of, and action plan for, the child and youth mental health system, including steps to be undertaken by the lead agency, and others, within each service area.

The objectives of the CMHP 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 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.

Reflecting the shared nature of child and youth mental health a number of community partners may be involved in supporting these services at the local level, including, but not limited to:

- District School Boards
- Hospitals
- Community Care Access Centres
- Local Health Integration Networks
- Children's Aid Societies
- Youth justice providers
- Public health
- Local Centre for Addiction and Mental Health offices
- Early Years providers
- Specialized services
- Other "non-core" Child and youth mental health service providers
- Other community partners you may identify as appropriate

The expectation in 2015-16 is for lead agencies to undertake a realistic, achievable process that demonstrates progress. The 2015-16 CMHP will focus on understanding current services and pathways so that lead agencies build a foundational understanding of their service area from which they can build moving forward. Through the completion of the template lead agencies will be able to demonstrate progress in assuming the planning functions of a lead agency.

#### **Minimum Expectations for 2015-16:**

- Lead agencies are responsible for completing the 2015-16 CMHP and submitting it to their MCYS program supervisor by March 31, 2016 for approval. The lead agency is encouraged to obtain board support for their plan;
- the needs of particular diverse groups (e.g. Francophone, Aboriginal) in a service area should be considered (note: where comprehensive engagement mechanisms do not exist this should be noted and considered an area of focus for 2016-17);
- lead agencies must undertake appropriate engagement activities (as determined by lead agencies based on local service area composition) and describe their engagement with appropriate community partners in the plan; and
- the CMHP must describe current targeted prevention activities and mental health services delivered in the service area:
  - These services are those focused on meeting the needs of children/youth at levels 2, 3 and 4 on the Continuum of Needs outlined in the PGR #01: Core Services and Key Processes, (available online at [ontario.ca/movingonmentalhealth](http://ontario.ca/movingonmentalhealth)).
  - These services can be expected to have measureable mental health outcomes.

- Services for children and youth at level 1 of the Continuum of Needs (e.g. universal prevention) will be considered in further iterations of the CMHP.

While there is an expectation that lead agencies start to engage with their broader sector partners, it is up to the lead agencies to determine how far this work can be progressed in 2015-16, based on an assessment of the composition of the community and its planning processes (including existing/potential new mechanisms), timing etc. Examples are provided above of who this could include. There are no minimum expectations of who specifically should be engaged in 2015-16.

The following sections provide a description of each section in the 2015-16 CMHP reporting template, including additional context and what should be captured in each section.

**Section A: Community engagement:**

- In this section please describe the engagement process undertaken to inform this plan (see above for examples of community partners):
  - Who was engaged and a description of the engagement approach.
- Please note that youth and family engagement activities will be captured through the CSDP.

**Section B: Current service provision and pathways to care:**

- For 2015-16 the plan will focus on understanding existing targeted prevention activities and child and youth mental health services delivered in the service area, as well as initial identification of some of the formalized processes that support pathways to-and out of child and youth mental health care.

Current service provision and pathways to care:

- In this section please describe the targeted prevention and mental health services in your service area, including target population, age, and geographic spread.
  - Services listed should include any services delivered by agencies that are not funded through MCYS' core services/key processes detail codes.
  - For each service please also describe the formalized protocols and/or processes (e.g. MOUs, operational agreements) that support pathways to and out of core child and youth mental health services
  - Note that pathways to support successful transitions through child and youth mental health core services will be addressed in the CSDP.

**Section C: local child and youth mental health community planning mechanisms:**

- This section focuses on describing local community planning mechanisms (e.g., planning tables) that have an impact on child and youth mental health, and undertaking an analysis of their future role in supporting child and youth mental health related discussions, including their potential role in supporting the development of the CMHP and CSDP.

**C.1: Existing Planning Mechanisms (Existing mechanisms):**

- In this section identify the existing local community planning mechanisms including who is at the table, their role etc. (add rows as necessary).

**C.2: Existing Planning Mechanisms (Analysis of mechanisms):**

- In this section please start to undertake an analysis of the appropriateness and effectiveness of existing mechanisms to support community mental health planning, and recommendations for improvements, including changes to existing mechanisms and/or new approaches where needed.

## 2015-16 Community Mental Health Plan for Children and Youth Template: Section A: Community Engagement

Please name the community partners you engaged and how they were engaged in the development of the CMHP.

1. Kinark Child and Family Services hosted two webinars open to all community partners identified to date. The webinars presented an overview of the Moving on Mental Health Strategy and the responsibilities of Lead Agency within the service area. Service providers who attended the webinars were:

Ontario Years Centre	Five Counties Children's Centre
Kawartha Sexual Assault Centre	Canadian Mental Health Association
Peterborough family Resource Centre	YWCA Peterborough
Ontario Provincial Police	Trillium Lakelands District School Board
Enterphase	Youth Emergency Shelter (YES)
Four Cast Addictions Services	Children's Services Council
PVNCCDSB	

All community partners identified on the concentric circle map (Appendix A) were invited to participate in the webinars.

2. On completion of the webinars Kinark asked each organization to complete a brief survey that highlighted:
  - Current programs and services that they provide to the service area
  - Current protocols and critical pathways for access to mental health service and supports
  - Current participation in community planning mechanisms that have impact on child and youth mental health supports
3. Kinark has met individually with the following organizations to further discuss the Moving on Mental Health strategy and answer questions related to the Lead Agency responsibilities.
  - Five Counties Children's Centre
  - Steering Committee – Family Health Teams
4. Kinark has been requested to attend both the Peterborough and Haliburton/CKL local children's planning tables. Dates have been booked for late April to present information on the Core Service Delivery Plan and Community Mental Health Plan.

## Section B: Current service provision and pathways to care

### Current Service Provision and Pathways to Care

Please complete the summary chart below describing targeted prevention activities and mental health services in the service area (n.b: this does not include core MCYS-funded child and youth mental health services which are captured through the CSDP).

- Kinark continues to gain a more fulsome understanding of the service landscape in the Haliburton/CKL/Peterborough service area, including where non MCYS-funded children's mental health services sit on the continuum of service, as well as the existing protocols and pathways to, through, and out of service, and their effectiveness. We anticipate that we will identify additional partners above and beyond the list provided in this plan in the year ahead.
- As a result of engagement, including both surveys and face to face meetings, a body of information has emerged. Similar to references in the CSDP, it is clear, and perhaps unsurprising, that there is currently no common understanding of the pathways and protocols that do exist or a common language for communicating information about them. The information collected to date reflects this and confirms the need for work in this area.
- Kinark has forecasted ongoing engagement and information gathering to complete the picture and this work has been identified in the Haliburton/CKL/Peterborough CSDP under Priorities #1 and #3.
- The summary below represents a beginning understanding of the service landscape and the multitude of service partners that could form part of a comprehensive CMHP for children and youth in the H/KL/P service area.

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)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Aboriginal)	
Canadian Mental Health Association	Programs for Youth Early Psychosis Intervention Mental Health and Justice Youth Wellness Choices Program Family and Caregiver Group	Haliburton CKL Peterborough	16- adult	Early Psychosis	Direct Referral
Youth Justice Probation Service	Youth Justice Services is not a service provider to community at large; rather are service providers to YJS clients. YJS offers in-house preventative and readiness programs to our clients.  In order to service the MH needs of youth clients, YJS utilizes MH supports through core service providers in each of the communities within the service region	H/CKL/PTBO	12-18 years	Youth in conflict with the law	YJS utilizes pathways as they exist in the community at large. Probation Officers will refer clients to community agencies as needed, following referral/pathways determined by receiving agency
Peterborough Police and OPP Detachments	Children's Mental Health Support Team: Follow up on all incidents involving children and youth under the age of 16 involved with mental health issues and connect them with community partners, agencies, community treatment court and general community outreach to continue knowledge of services and service providers, familiar with members of the community	Peterborough Haliburton CKL	12 – 18 years	Youth in conflict with the law	<u>Police and School Board Protocol:</u> Developed with the understanding that cooperative involvement, prevention and intervention will facilitate compliance with the law, and the development of positive attitudes and acceptable student behaviour and to support a learning environment that is safe, nurturing, positive and respectful. This applies to all partners in this process. The end goal is safe and caring schools supported by this partnership  <u>Children's Mental Health Support Team:</u>

					ongoing informal partnerships with community resources to refer individuals to community resources/programs <u>Emergency Response</u> 911 support for all crisis
Peterborough, Victoria, Northumberland, Clarington Catholic District School Board	<p><b>Clinical Psychology</b> Early intervention, short term service and assessment of learning difficulties</p> <p><b>Attendance Counselling</b> Support to children, youth and families for regular attendance at school Case management/coordination of services or link to community services</p> <p><b>Section Classroom Partnerships</b> Small class placement for children and youth who experience significant MH difficulties and behavioural challenges – Partnerships with community MH organizations</p> <p><b>Expulsion/Exclusion Programs</b> Alternative classroom placements to further education during time of exclusion from main stream education as a result of identified risk</p> <p><b>Mental Health Lead/Strategy</b> Implementation of Board mental health strategy and integration with community stakeholders for connection of services</p>	H/CKL/PTBO		Legislated 4 – 21 years	All Board supports are internal referral mechanisms through elementary and secondary school pathways



<p>Kawartha Pine Ridge District School Board</p>	<p><b>Clinical Psychology</b>  Early intervention, short term service and assessment of learning difficulties</p> <p><b>Attendance Counselling</b>  Support to children, youth and families for regular attendance at school  Case management/coordination of services or link to community services</p> <p><b>Section Classroom Partnerships</b>  Small class placement for children and youth who experience significant MH difficulties and behavioural challenges – Partnerships with community MH organizations</p> <p><b>Expulsion/Exclusion Programs</b>  Alternative classroom placements to further education during time of exclusion from main stream education as a result of identified risk</p> <p><b>Mental Health Lead/Strategy</b>  Implementation of Board mental health strategy and integration with community stakeholders for connection of services</p>	<p>Peterborough</p>		<p>Legislated 4 – 21 years</p>	<p>All Board supports are an internal referral process through elementary and secondary pathways</p>
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Trillium Lakelands District School Board	<p><b>Clinical Psychology</b> Early intervention, short term service and assessment of learning difficulties</p> <p><b>Attendance Counselling</b> Support to children, youth and families for regular attendance at school Case management/coordination of services or link to community services</p> <p><b>Section Classroom Partnerships</b> Small class placement for children and youth who experience significant MH difficulties and behavioural challenges – Partnerships with community MH organizations</p> <p><b>Expulsion/Exclusion Programs</b> Alternative classroom placements to further education during time of exclusion from main stream education as a result of identified risk</p> <p><b>Mental Health Lead/Strategy</b> Implementation of Board mental health strategy and integration with community stakeholders for connection of services</p>	Haliburton CKL		Legislated 4 – 21 years	All Board supports are an internal referral process through elementary and secondary pathways
French School Board – Conseil Scolaire de District Catholique Centre-Sud	<b>TBD</b>				

Four Cast Addictions Services	Offers assessments, holistic treatment, biopsychological treatment, referrals to additional community supports, counselling and aftercare Referral pathway to detox treatment programs	Haliburton CKL Peterborough			Direct Referral
Kawartha Haliburton Children's Aid Society	Investigate allegations or evidence that children under the age of 16 may be in need of protection  Protect children where necessary, provide guidance, counselling and other services to families for protecting children or preventing circumstances requiring the protection of children, provide care for children assigned or committed to its care, supervise children assigned to its supervision, place children for adoption when necessary	Haliburton CKL Peterborough	0 – 18 years	Children and youth in need of protection from their caregiver(s)	CAS Intake Process
Five Counties Children's Centre	Central point of access, rehabilitation, clinical and specialty services for single plan of care	Haliburton CKL Peterborough	0 – 19 years	Children and youth experiencing physical, emotional and behavioral difficulties	Direct Referral from family physician or community provider
Public Health	<u>Healthy Babies, Healthy Children (HBHC)</u> Program offers the following to enhance parent child attachment: NCAST Parent-Child interaction Feeding (0-1yo) and Teaching Scales (1-3yo) <u>PIPE</u> is a program that focuses on strengthening the relationship	Haliburton CKL Peterborough	0 – 18 years		Direct referral from Hospitals and family physicians

	<p>between parent and child. The program is applicable to children from birth to three years of age, as parenting education has the most impact on the life of a child when started early. Parents who are emotionally available promote social and emotional competencies in their children that carry through into their adult lives</p> <p><u>Transition to Parenting</u> 12 week educational and support group for new mothers, prenatal women and their families experiencing challenges with the transition to parenting and/or coping with perinatal mood disorders such as anxiety or depression. The main purpose of the group is to increase participants' knowledge and confidence, develop coping skills and strategies for living with perinatal mood disorders and enhance parenting relationships</p> <p><u>Reproductive Health Program:</u> Provides prenatal health education to pregnant mothers and their partners and inform clients about the risks of Perinatal mood disorders</p>				
Primary Care Family Health Teams	<p>Universal Prevention/Wellness Early Identification Referral to community supports Case Management</p>	<p>Haliburton CKL Peterborough</p>			Sign up with family physician

Ontario Early Years Centre	Promote and support healthy development of children 0-6 years and their families/caregivers	Haliburton CKL Peterborough	0 – 6 years	Families/Care Givers	Walk in access and direct referral
Central East Access Center	<u>Mental Health Nurses</u> Partnerships (MOUs) with local school boards to assist students transitioning from inpatient stabilization back to school environments	Haliburton CKL Peterborough	12 – 18 years	Children/Youth transitioning from hospital based services to school environment	MOU with Boards of Education – direct referral from Boards of Education
Children’s Service Coordination	<u>Children’s Case Coordination</u> The child or youth and/or parents are currently involved with service providers in York. The child or youth has complex social, emotional, developmental and/or physical service needs	Peterborough	0 – 18 years	Children and youth with complex needs across more than one service sector or with co morbid conditions	Referral from family or community provider
Children’s Services Council	<u>Children’s Case Coordination</u> The child or youth and/or parents are currently involved with service providers in York. The child or youth has complex social, emotional, developmental and/or physical service needs	CKL Haliburton	0 – 18 years	Children and youth with complex needs across more than one service sector or with co morbid conditions	Referral from family or community provider
Municipal Social Services	Ontario Works ODSP Income Support and Vocational Training Programs	Peterborough CKL Haliburton	16 - adult	Inclusive process for all individuals who qualify according to criteria	Application process through local municipality
Youth Emergency Shelter (YES)	Youth Homeless Shelter	Peterborough Residence	14 - adult		Walk in
Learning Disabilities Association	<b>TBD</b>				

Community Living Peterborough, CKL, Haliburton	Children's Case management In home individual and family support Residential Services Day Programming Funding Supports	Haliburton CKL Peterborough	0 – 18 years	Developmental Delay	Referral upon confirmation of cognitive impairment (IQ below 70)
Tri-County Behavioural Services	In home behavioural intervention Case Management TAY Program	Haliburton CKL Peterborough	0 – 18 years		Direct Referral
Nijkiwendidaa Anishnabekwewag Services Circle	Support for individuals who witness violence Individual and family counselling Healthy babies/children supports Life Skills Training Youth in Transition	Haliburton CKL Peterborough		Aboriginal Populations	Walk in direct referral
New Canadians Centre	Community provider referrals Financial supports Housing supports	Peterborough		Immigrants	Walk in

## Section C: Local Child and Youth Mental Health Community Planning Mechanisms

This section focuses on describing local community planning mechanisms (e.g. planning tables) that have an impact on child and youth mental health, and undertaking analysis of their potential utility for the development of the CMHP and CSDP.

- In a very short period of time and in collaboration with our core service providers, Kinark has gathered information identifying key planning mechanisms and service coordination processes that have an intersection or impact on children’s mental health service delivery. We continue to gather further information regarding timing, frequency of meetings and outcomes/products emerging from these local tables
- As identified in H/KL/P Core Service Delivery Plan 2015/16 there is an opportunity to determine the most appropriate mechanism required in the Haliburton/CKL/Peterborough to ensure that the right information and diverse perspectives are available to inform collaborative planning. Kinark in collaboration with its core partners plans to implement a process to assess current planning mechanisms, to develop key success criteria for planning mechanisms moving forward, and establish an implementation plan to ensure cross-table/sector collaboration. Planning mechanisms will also need to be inclusive of the youth/family voice.

### C.1: Existing Planning Mechanisms (Existing mechanisms):

Process/mechanism (including frequency/timing)	Partners involved	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
Mental Health Collaborative Peterborough	PRHC, CMHA, PYS, Kinark, PVNCCDSB, KPRDSB, YES	Member Participant	Committee receiving referrals for case review and recommendations for complex cases transitioning to adult services	Terms of Reference
Mental Health Collaborative Haliburton CKL	<b>TBD</b>			
4 Counties 4 Kids Planning	Senior Executive Group (SEG) Integrated Planning Committee (IPC) Regional	Member Participant	Proposed Four County community planning framework inclusive of all children’s stakeholders se	Draft outline attached in appendix #1

	<u>Community Tables and Working Groups</u>  <b>(see appendix #1)</b>			
Best Start Early Childhood Development Network	Service Providers 0-6 years of age	Member Participant	To support the development and implementation of a dynamic responsive, high quality, accessible and integrated child and family services system. The network will plan, implement and monitor integrated service delivery at the local level	Terms of Reference
Four Counties Allocations Committee	Service Coordination for Children and Youth (PTBO/North)  Children's Services Council (CKL/Hal)	Referrer	Committee that reviews and plans for - Application and Planning process for access to Hard to Serve funding and Complex Special Needs funding and designation with MCYS	Terms of Reference
PFLAG	<b>TBD</b>		Addressing needs and services for LBGT communities	
CE LHIN Redefining Pediatric Mental Health Supports across Service Area	CE LHIN Hospitals Kinark CMHO	Member Participant	CE LHIN supported committee for phase 3 of the planning and implementation of consistent pediatric mental health supports across all participating hospital based services	Terms of Reference  Implementation plan documented – implementation by March 31, 2017
Four Rap – Residential Access Program/Planning	Four Counties Core Service Providers and MCYS Rep	Member Participant	Individual case vetting and prioritization for access to residential treatment beds in service area	Referral from Core Providers
Central East Specialized Network of Care	Network of Central East Region Developmental Service Providers		Service System planning and pathway development	Terms of Reference
Community Threat Assessment	Boards of Ed. Core Providers Police and OPP Youth Justice - Probation	Peterborough and County	Individual case planning for students who are at risk of being excluded from school due to criminal or at risk behaviours	School Board activation of committee



## **C.2: Existing Planning Mechanisms (Analysis of mechanisms):**

### **Analysis of community planning mechanisms:**

Based on the information described above, please consider the following and provide an analysis of the appropriateness and effectiveness of existing mechanism to support community mental health planning, and recommendations for enhancements:

- As identified in H/KL/P CSDP for 2016/17 (Priority #1), there is both an opportunity and a need to determine the planning mechanism(s) required in Haliburton/CKL/Peterborough to ensure that the right information and diverse perspectives are available to inform collaborative CYMH service planning. H/KL/P core providers will be implementing a process in 2015-16 to assess current planning mechanisms, to develop key success criteria for planning mechanisms moving forward, and move forward with an implementation plan that promotes and sustains cross-table/sector collaboration.

### **1. Is there a range of mechanisms that support planning at the local level?**

There is a range of planning and information sharing mechanisms totaling over 30 in the service area. To date we have identified ten core planning mechanisms in the H/KL/P service area that potentially intersect with, or impact, child and youth mental health planning. A number of these tables also have active sub-committees. These tables identify a variety of purposes including:

- information sharing
- networking
- service provision planning and oversight for individual clients
- service coordination
- service resolution
- advisory
- service planning

Some of the identified planning mechanisms have a focus on specific interventions or specific populations. The current standing children's planning tables of H/KL and PTBO/North have a long history of cross sectoral planning inclusive of all children's community services.

In discussions with core service providers in Haliburton/CKL/Peterborough It appears that the service area has done significant work to draft a planning structure for communities across the geography. There is currently no mechanism that brings together all core providers and cross sectoral mental health supports that impact on child, youth and families. Currently the family/youth voice is included at an organizational level, but not in the planning function at the service area level.

**1. Do any of these mechanisms bring together all key sectors involved in the continuum of child and youth mental health services, including:**

Youth and families;  
Child and youth mental health service providers;  
District School Boards;  
Hospitals;  
Primary Health Care;  
Public Health;  
Child Welfare;  
Youth Justice;  
Specialized Services; and  
Early Years.

The proposed '4 Counties 4 Kids Framework' appears to be the only structure with a dedicated focus of inclusive planning for services to children, youth and families. It does not have a dedicated focus of planning for mental health, as well the community planning function splits current core providers into separate planning tables aligning Haliburton and CKL and then Peterborough and Northumberland.

Given the proposed framework continues to be under development there is possibly an opportunity to investigate where appropriate the children's mental health planning should be leveraged. As well, the core providers will need to look at children's mental health planning within Northumberland and how that function is supported within Northumberland's new service area designation.

**2. Does the identified mechanism(s) have the support and confidence of community partners?**

While the above framework is draft the community planning tables have been in existence for over 10 years and are well attended by cross sectoral partners. However, the role of the tables has not focused on service planning or decision making, but on information sharing.

**3. Does the identified mechanism(s) have the demonstrated capacity (i.e., knowledge, expertise) to identify concrete priorities that will result in real change?**

Currently there is no strategic planning document for the proposed framework or with specific community planning tables. The purpose and/or role and responsibilities of the community planning function is identified as:

- work on specific projects that support the vision and direction of 4C4K plan
- respond to local issues
- influence, educate, collaborate and integrate with others
- communicate and connect with two additional levels of planning framework – SEG and IPC

At this time the structure does not support children’s mental health planning to realize the objectives of Moving on Mental Health.

**4. Does the identified mechanism(s) incorporate the perspective of youth and families?**

At this time family/youth voice is not incorporated into the proposed planning framework or within the long standing community planning tables. This is an opportunity to develop the family and youth perspective into the service area planning function and the increase their voice within each core service provider organization.

**5. Is the identified mechanism representative of diverse population groups in the service area? For example, does the planning table have adequate representation from members who can speak about the specific needs of the families living in rural/northern areas, the francophone community in areas designated for French language services or Aboriginal communities?**

The Haliburton/CKL/Peterborough service area is growing with diverse domains including culturally, ethnically, linguistically and economically. The current community planning tables strive to be inclusive and to have representation that focuses on supporting diverse populations. Adequate representation to support the needs of all children, youth and families continues to be the goal.

Please provide a summary of the analysis and identify recommended changes needed to ensure there are appropriate processes to support community planning around the full continuum of child and youth mental health services, and the development of transparent pathways to, through and out of care.

Summary of Analysis:

- At this time there appears to be no existing planning mechanism in the Haliburton/CKL/Peterborough service area with the experience, capacity and structure that could readily assume the function of children and youth mental health planning. In addition the current community planning structures are confined to specific communities and do not cover the entire service area outlined for MOMH. While the proposed framework attempts to bridge the service area and be inclusive of key stakeholders, the size and diverse mandate may limit the potential for informed decision making for any one sector/focus.

Recommendations:

- Priority #1 in our Haliburton/CKL/Peterborough CSDP for 2016/17 is to confirm our inventory of existing mechanisms and engage with them to better determine their current purpose and effectiveness and speaks directly to the work of establishing the required function(s) to support CYMH planning in the Haliburton/CKL/Peterborough service area.

Specific activities will include:

- Develop assessment tool for current planning mechanisms
- Define criteria for inclusive, effective, efficient and successful planning mechanisms
- Determine changes required to the child and youth mental health planning environment in the service area in order to effectively plan for MOMH
- Establish an implementation plan and identify priorities for action
- Develop terms of reference and key success criteria for planning mechanism for CYMH and strategies for cross sector collaboration
- Implement new mechanism

# Community & Key Pathway Partners

## Secondary Core

(Providing MH/Funded/Not mapped)

## Core Service Providers

Children, youth & families

YWCA Peterborough

Children's Services Council

Youth Emergency Shelter

Brock Mission

Youth Justice Community Program

Community Care Access Centre

United Way for City of Kawartha Lakes

Tri-County Support Services

Addiction Services Initiative

Crossroads Shelter

Trillium Lakes District School Board

Peterborough Family Resource Centre

Canadian Mental Health Association

Curve Lake First Nation

Salvation Army Community & Family Services

MonAmi Children's Services

Boys & Girls Club of Kawartha Lakes  
CHIMO Youth Services  
Kinark Child and Family Services

City of Peterborough – Public Health

Haliburton, Kawartha, Pine Ridge Health Unit

Hand in Hand Children's Services

Service Coordination for Children & Youth

Peterborough Police Service

LHIN

Community Counselling and Resource Centre

Hospice Peterborough

Peterborough, Victoria, Northumberland & Clarington Catholic School Board

Kawartha-Haliburton Children's Aid Society

Peterborough Regional Health Centre  
Peterborough Youth Services  
Point in Time  
Ross Memorial Hospital

COPE Mental Health Program

Kawartha Family Court Assessment Service

Peterborough Learning Disability Assoc.

Haliburton Highlands Health Services

Enterphase Child & Family

Kawartha Lakes Community Centre

Peterborough and District Association for Community Living

Four Cast-Lakeshore Counselling

Five Counties Children

Kawartha Lakes Police Services

Peterborough County City Health Unit

Kawartha Pine Ridge District School Board

Nogojwanogn Friendship Centre

KCCS Compass Early Learning & Care

Kawartha Sexual Assault Centre

Nijkiwendidaa OPP

New Canadian Centre Peterborough