

## **Core Services Delivery Plan for Children and Youth: 2015-16 Reporting Template for Phase Two Lead Agencies**

### **Instructions and Guidelines for Completing the Core Services Delivery 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 Core Services Delivery Plan (CSDP) and a Community Mental Health Plan (CMHP):

- 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.
- 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.

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 CSDP are to:

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

Over time, lead agencies will be responsible for ensuring the delivery of the full range of core services (ranging from targeted prevention through to intensive treatment services) and associated key processes, as described in PGR #01: Core Services and Key Processes. Reflecting this, services funded through the following detail codes should be included as part of the CSDP:

*Core Services*

- A356 – Targeted Prevention
- A348 – Brief Services
- A349 – Counselling/Therapy Services
- A350 – Crisis Services
- A351 – Family/Caregiver Skills Building and Support
- A353 – Intensive Treatment Services
- A355 – Specialized Consultation and Assessment Service

*Key Processes*

- A352 – Access Intake Service Planning
- A354 – Service Coordination

The expectation in 2015-16 is for phase two lead agencies to undertake a realistic, achievable process that also demonstrates progress. The 2015-16 CSDP will focus on a core services summary 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 demonstrate progress in assuming the planning functions of a lead agency.

**Minimum Expectations for 2015-16:**

- each lead agency is responsible for leading the completion of the CSDP template 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 CSDP;
- all service providers who deliver MCYS-funded core child and youth mental health services in a service area with an identified lead agency are expected to participate in the process;
- consideration should be given to integrating the perspectives and insights of youth and families:
  - Engagement with youth and family's needs to be an evidence-informed, planned and thoughtful process that is respectful, tailored and appropriate. Where mechanisms are already in place agencies should utilize these to integrate youth and families' perspectives into the identification of service needs and priorities.
  - Where appropriate mechanisms are not in place agencies should address this expectation by noting this and integrating this as an area of focus for 2016-17;

- the needs of particular diverse groups (e.g. Francophone, Aboriginal) in a community should be considered (note: where comprehensive mechanisms do not exist this should be noted and considered an area of focus for 2016-17); and
- identified priorities must be supported by a clear rationale associated with areas of need identified through work undertaken to support the completion of the CSDP template and/or the CMHP template.

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

### **Section A: Engagement Activities**

- Engagement is a critical component to understanding the local needs of children and youth as well as local realities facing service providers. This section will describe both the engagement that was undertaken to support the development of the 2015-16 plan, as well as the ongoing engagement plan moving forward over 2016-17.
- In this section please describe:
  1. Who was engaged and how they were engaged;
  2. Any challenges that arose through engagement, and how they were addressed; and
  3. How the lead agency will build on the engagement activities over the next fiscal year (e.g., where the agency does not have a comprehensive/evidence-informed approach to engaging with youth this section would speak to how this will be developed over the following year).

### **Section B: Core Services Summary**

- Understanding the service landscape is also a critical component of planning for service delivery. This section focuses on describing the current state of child and youth mental health services and processes in the service area. Ministry staff will also provide support in completing this activity.
- Please refer to the *Program Guidelines and Requirements #01: Core Services and Key Processes* for detailed descriptions of the core services and the levels of need on the service continuum.

#### **B.1: Core Services Summary (Core services):**

- In this section please describe the core services in your service area, including target population (e.g. cultural group), age, geographic spread, budget, targets and measures used to assess service quality associated with that program.
- Lead agencies should complete the summary chart in full. Where particular information is not available by service area (e.g., regional services), agencies should use their best estimate to determine the appropriate numbers for their service area. Ministry staff in the regional office will also provide support in completing this activity.

### B.2: Lead Agency 2015/16 Year End Report -- 2015 Service Delivery Investment:

- In this section the lead agency is required to summarize the use of the allocation of the 2015 service delivery investment in their service area.
  - This summary must include:
    - description of the service gaps being addressed and the results achieved through the first year of funding;
    - who the funding was allocated to and actuals for key indicators including number of workers and number of children and youth served; and
    - a narrative description of how allocating the service delivery investment contributed to your development as a lead agency.

### B.3: Core Services Summary (Transitions and pathways between and through core services):

- In this section please provide an inventory of existing formalized referrals, protocols, and intake/access points that support effective transitions and pathways between and through core services at the local level (note, referral into and out of core services from broader sector partners (e.g., the health and education sectors), will be captured in the CMHP Template).
- **Optional:** A separate space has been provided for you to document more informal relationships/practices with other MCYS- funded core service providers if you choose to. Please note this additional element is optional.

## **Section C: Service Priority Identification**

- Setting service priorities is the process where lead agencies, informed through their engagement with youth, families, other populations and service providers, as well as through analysis of data, assess local needs and develop a work plan for the next year for how these priorities will be addressed. Note that gaps being addressed through the service delivery investment are captured in section B.2 above.

### C.1: Service Priority Identification (Priorities):

- In this section, please identify three priorities that you as the lead agency, in partnership with other MCYS-funded child and youth mental health core service providers, will focus on over the next year. For each priority please outline an initial work plan indicating key activities that will result in demonstrable progress over the next 12 months.
- This is a preliminary work plan and it is expected that lead agencies will continue to refine it further through implementation.
- These priorities should focus on the 2016-17 fiscal year and be based on an assessment of needs identified through the CSDP and CMHP templates.
- Examples of priorities may include:
  - the establishment/enhancement of engagement mechanisms;
  - formalizing/enhancing relationships with a particular sector;

- taking initial steps to address an identified service need (e.g., a gap in provision of a particular core service or a gap in age coverage of a particular core service);
- addressing service quality/responsiveness; or
- unmet population need (e.g., the provision of French-language services where there is a Francophone population).

C.2: Service Priority Identification (Engagement plan for priorities):

- Where priorities and plans to address them involve potential changes to service delivery as above, please describe the engagement plan, including how any affected service providers have been and will be engaged in the process. Note that service delivery decisions remain with the ministry – where identified priorities may require changes to existing service provision, ministry staff must provide input. The identification of priorities should be clearly linked to information in the plans.

## 2015/16 Core Services Delivery Plan Template: Haliburton/CKL/Peterborough Service Area

### Section A: Engagement Activities

Complete a description of the local engagement processes undertaken by your agency to develop the CSDP, as well as a forward- looking engagement plan for the 2016-17 fiscal year.

Please document your engagement efforts, including:

1. Who was engaged, and how they were engaged

Who was engaged	How they were engaged
<p>Core Service Providers</p> <ul style="list-style-type: none"> <li>• Peterborough Regional Health Centre</li> <li>• Boys and Girls Club of Kawartha Lakes</li> <li>• Peterborough Youth Services</li> <li>• Peterborough Community Counselling and Resource Centre</li> <li>• Chimo Youth and Family Services</li> <li>• Point in Time Services</li> <li>• Ross Memorial Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• In December 2015 Kinark sent an initial letter to MCYS funded child and youth mental health (CYMH) core service providers in the Haliburton/CKL/Peterborough service area expressing our pleasure at being named lead agency and inviting them to a first meeting</li> <li>• On January 27, 2015 Kinark held its first core service provider (CSP) meeting to introduce the Moving on Mental Health (MOMH) strategy, our agency, our CYMH senior team and our new role as lead agency within the Haliburton/CKL/Peterborough service area</li> <li>• In advance of meeting individually with Kinark, each CSP was asked to complete an online survey to gather information about their core service provision and funding, to identify perceived service gaps and service priorities and to detail their current youth and family engagement mechanisms</li> <li>• This information, together with the funding and service activity data being provided to Kinark by MCYS, will be key input to the subsequent meetings with individual providers. The purpose of the individual meetings was to begin building the new relationship, discuss services and funding and responses to the surveys, as well as enable Kinark to learn more about each organization's unique organizational history, structure, and culture.</li> <li>• On February 25, 2016 Kinark held a second CSP meeting in the H/KL/P service area to provide share funding information provided by MCYS and begin discussion on priorities for the CSDP</li> <li>• Kinark was engaged in the investment funding collaboration and submission within the H/KL/P service area. However leadership to this activity was provided by MCYS Program Supervisors in the absence of</li> </ul>

	<ul style="list-style-type: none"> <li>being named Lead Agency</li> <li>For further definition of engagement please refer to '<b>Engagement Plan</b>' submitted to MCYS – appendix #2</li> </ul>
Family and Youth	<ul style="list-style-type: none"> <li>In 2008, as part of Kinark's commitment to parent and youth engagement (PYE), Kinark established a lead for PYE within the organization. This position has been actively fostering increased capacity in the agency by establishing parent advisory groups, developing and implementing policy to promote and guide the inclusion of the diverse perspectives of youth and families in our work and collaborating with community partners to build staff competence in PYE. This work and strong practices from H/KL/P providers are being leveraged to enhance engagement as we move forward.</li> <li>February 2016 met with core service providers to introduce need for engagement plan for families and youth in the H/KL/P/ service area. Engagement plan would include both family and youth inclusion at service level within individual providers and at regional level with respect to MOMH developments</li> <li><b>Engagement Plan framework is outlined in Priority #1 for 2016/17</b></li> <li>Based on best practice research/information the best community based vehicle to engage youth and families is through education networks</li> <li>Kinark and its partners will prioritize work and the development of relationships with local school boards (4) to establish appropriate engagement mechanism</li> </ul>
Community Stakeholders <ul style="list-style-type: none"> <li>Cross sectoral partners providing and seeking mental health services for children, youth and families</li> <li>Specialized populations</li> </ul>	<ul style="list-style-type: none"> <li>In January 2016 Kinark sent a letter to community stakeholders introducing our role as lead agency and inviting them to a webinar to further define MOMH and the role of lead agency</li> <li>On February 29<sup>th</sup> and March 2<sup>nd</sup>, 2016 Kinark presented community webinars to stakeholders within the H/K/P service area. The webinars provided an introduction to our organization and an overview of MOMH and its deliverables</li> <li>Kinark will continue to provide information about MOMH and create engagement opportunities as critical first steps with all providers to establish a common foundational understanding across the H/KL/P service system</li> <li><b>See Priority #1 and the Haliburton/CKL/Peterborough Community Mental Health Plan</b></li> </ul>

2. Any challenges that arose through engagement, and how they were addressed

Any challenges that arose through engagement	How these were addressed
<p>Kinark and the 7 cores service providers are fairly diverse, and their levels of funding for CYMH is quite variable. Two of the core service providers in addition to Kinark are child and youth mental health agencies. For the other providers, CYMH is a small portion of what they do. Five of the providers are also supporting health, youth justice and complex special needs initiatives/services within the H/K/P service area. This means that our providers have, and may continue to have, differential degrees of interest and capacity to engage with children and youth mental health.</p>	<ul style="list-style-type: none"> <li>Given the short timeframe in 2015/16 engagement activities and opportunities have been limited. As we begin to understand the range of interest and ability to participate amongst core providers we will tailor engagement and the scheduling of key working groups to encourage maximum participation</li> <li>A range of engagement/feedback mechanisms will continue to be employed to ensure relationships continue to be built and critical perspectives are gathered from all core provides. The use of various modes of communication both in person and electronic will need to be available to enable this work</li> </ul>
<p>Formalized Engagement Plan Submission to MCYS</p>	<ul style="list-style-type: none"> <li>Prior to engagement with CSPs Kinark was asked to develop an 'Engagement Plan' for submission to MCYS on January 29<sup>th</sup>, 2016. To date no feedback on Engagement Plan has received</li> </ul>



3. How you will build on the engagement activities over the next fiscal year (e.g., where the agency does not have a comprehensive/evidence-informed approach to engaging with youth this section would speak to how this will be developed over the following year).

Sector	Engagement Activities for 2016-17
Families (e.g., parents)	<ul style="list-style-type: none"> <li>• <b>See Priority #1</b></li> <li>• Kinark and our service partners will collaborate to build a consistent framework for family engagement at a service provider level and a regional level. Activities in the next fiscal year will include:               <ul style="list-style-type: none"> <li>○ Meet with local school boards to establish protocol for family engagement/outreach</li> <li>○ Draft and approve communication for H/K/P families updating them on work to date, relevance to them and next steps</li> <li>○ Review existing mechanisms/networks within core service providers and at a community level for family engagement. Identify strengths and opportunities for each</li> <li>○ Map current resources to create service landscape</li> <li>○ Provide support to core service providers to establish family engagement activity within organization or link to community engagement of families</li> <li>○ Training for core providers who identify need around building family engagement capacity – link to COE supports for training</li> <li>○ Core service providers draft an outline for H/K/P Family Reference Group</li> <li>○ Invitations for Reference Group to core providers for participants</li> <li>○ Communications framework developed to support key message to families and feedback from families with respect to current services and MOMH</li> <li>○ Provide venues for engagement within core providers and at a community level utilizing town hall events, web based events, website portal</li> </ul> </li> </ul>
Youth	<ul style="list-style-type: none"> <li>• <b>See Priority #1</b></li> <li>• Kinark and our service partners will collaborate to build a consistent framework for youth engagement at a service provider level and a regional level. Activities in the next fiscal year will include:               <ul style="list-style-type: none"> <li>○ Meet with local school boards to establish protocol for youth engagement/outreach</li> <li>○ Draft and approve communication for H/K/P youth updating them on work to date, relevance to them and next steps</li> <li>○ Review existing mechanisms/networks within core service providers and at a community level for youth engagement. Identify strengths and opportunities for each</li> <li>○ Map current resources to create service landscape</li> <li>○ Provide support to core service providers to establish youth engagement activity within</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>organization or link to community engagement opportunities</li> <li>○ Training for core providers who identify need around building youth engagement capacity – link to COE supports for training</li> <li>○ Core service providers draft an outline for H/K/P Youth Reference Group</li> <li>○ Invitations for Reference Group to core providers for participants</li> <li>○ Communications framework developed to support key message to youth and feedback from youth with respect to current services and MOMH</li> <li>○ Provide venues for engagement within core providers and at a community level utilizing town hall events, web based events, website portal</li> </ul>
Diverse Populations (including Francophone and Aboriginal)	<ul style="list-style-type: none"> <li>● Due to the timing of the LA announcement engagement with community stakeholders and diverse/specialized populations has been limited</li> <li>● Sustained and targeted outreach and partnership-building will be necessary to effectively engage a range of populations. We will leverage existing relationships and continue to develop strong partnerships with other organizations providing services to these populations to better understand service needs and to determine effective and sustainable engagement strategies</li> <li>● <b>See Priority #1 and the H/KL/P Community Mental Health Plan</b></li> </ul>
Other child and youth mental health sector providers:	<ul style="list-style-type: none"> <li>● Kinark will continue to provide information about MOMH and create engagement opportunities as critical first steps with all providers to establish a common foundational understanding across the H/K/P service system</li> <li>● <b>See Priority #1 and the H/KL/P Community Mental Health Plan</b></li> </ul>

## Section B: Core Services Summary

### B.1: Core Services Summary (Core services):

Please complete the summary chart below describing all MCYS-funded core child and youth mental health service delivery in the service area.

- With minor modifications, the information contained in Section B.1 is the information that MCYS provided to Kinark in March 2016. It has been excerpted from the 2015-16 service description schedules of Haliburton/CKL/Peterborough funded, 'mapped' core service providers.
- Due to the timing of when the information was received by Kinark, we have not yet had an opportunity to engage with the core service providers in a discussion on strengths or opportunities regarding the information. The information has only just been circulated to the core service providers within the submission of this plan
- The activity of validating this data is included in our Priority #3 for 2016-17 and Kinark cannot confirm the accuracy of the data below. Priority #3 in the core services plan will provide the opportunity to more accurately understand and clarify the data associated with the service plans of core service providers and will drive to a more comprehensive and shared understanding of the service landscape in H/K/P.

Core Service and Key Processes (based on PGR #01)	Agency Delivering Service (lead agency or other MCYS-funded child and youth mental health core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to assess service quality (e.g., CANS, client satisfaction survey)
		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
Targeted Prevention								
Brief Services								
Counselling and therapy								
Family/ caregiver capacity building and support								
Specialized consultation and assessment								
Crisis Services								
Intensive services								
Service Coordination								
Access Intake Service Planning								

## B.2: Lead Agency 2015/16 Year End Report -- 2015 Service Delivery Investment

<b>Core Service Gap</b> <i>Identify the core services gap(s) you targeted with the investment.</i>	<b>Activities</b> <i>Briefly summarize the related activities undertaken in 2015/16, including start-up activities</i>	<b>Results Achieved</b> <i>Describe the results and impact, including whether the results anticipated in the allocation plan were achieved.</i>
Crisis Services	<ul style="list-style-type: none"> <li>• Enhance crisis supports across Haliburton/CKL/Peterborough</li> <li>• 1.4 FTEs be allocated across the service area to provide immediate access to crisis supports and provide transition support to residential and hospital services</li> <li>• Joint training opportunities for staff in dealing with crisis situations</li> <li>• Startup and orientation for new staff coming into positions – onboarding</li> </ul>	Actuals to be reported in May 2016

**Service Delivery Investment Report:**

Service Provider(s)	Core Service Detail Code	2015/16 Initial Funding	2015/16 Estimated/ Actuals expenditures	Estimated/ Actuals #1: Children and Youth Served	Estimated/ Actuals #2: New CYMH Workers	Actuals #3: [Target identified in funding plan]	Actuals #4: [Target identified in funding plan]	Variance Explanations
<i>Chimo Youth and Family Services</i>	A350	28,089	28,089	200	0.34	<i>Immediate access to service</i>	Increased stability of youth served	Actuals to be reported in May 2016
<i>Point In Time Centre for Children, Youth and Parents</i>	A350	28,089	28,089	100	0.44	Immediate access to service	Increased stability of youth served	Actuals to be reported in May 2016
<i>PTBO Youth Services</i>	A350/A353	28,089	42,133	156 (6) Referrals being received directly from Kinark	0.62	Immediate access to service	Increased stability of youth served	Actuals to be reported in May 2016
<b>Total</b>		84,267	126,4000	456	1.40			

## **Service Delivery Investment Narrative**

*How has the experience of planning and implementing the 2015 Service Delivery Investment contributed to your development as a lead agency? Please consider: relationships with core services providers, identification of existing strengths and opportunities for improvement in the areas of leadership, service planning, funding and allocation, performance management, and service delivery and program alignment.*

Kinark was not named Lead Agency for the Haliburton/CKL/Peterborough service area until December 2015. The investment planning and submission was led by MCYS Program Supervisors in collaboration with core service providers. Kinark actively participated in planning process for the enhancement to crisis services within the area. The process was an opportunity for Kinark to build relationships with core providers and to promote effective community planning principles.

### **Core Provider Experience/Feedback**

Within the Haliburton/CKL/Peterborough service area the process of planning for the new investment funding was led by MCYS program supervisor. The consensus among core service provides is that the process was fair and equitable.

**B.3: Core Services Summary (Transitions and pathways between and through core services):**

Inventory existing formalized referrals, protocols, and intake/access points that support effective transitions between and through core services.

<b>Organizations/ partners</b>	<b>Relationship (e.g. MOU, Contract)</b>	<b>Description</b>	<b>Intended purpose (e.g. core service delivery, referrals, program, pathway)</b>
CCRC, Kinark	Contract	Cross referrals for counselling youth and families	Core service delivery
CCRC, PYS	Contract	Cross referrals for counselling youth and families	Core service delivery
CCRC, PRHC	Contract	Cross Referrals for counselling youth and families	Core service delivery
CCRC, KHCAS	Contract	Cross referrals for families who have experienced violence	Core service delivery
CCRC, Hospice	MOU	Caregiver support services	Core service delivery
CCRC, City of Peterborough	Contract	Worker to support housing resource center	Pathways/referrals
PRHC, CMHA	MOU	Referral pathways	Referrals/pathways
PRHC, Forecast	MOU	Referral pathways	Referral pathway
PYS, KHCAS	Contract	Adolescent differential response	Core service delivery
PYS, Four County Crisis	MOU	After hours crisis response	Core service delivery
PYS, PRHC	MOU	Collaboration with crisis clients presenting at emergency department	Referrals, pathways
PYS, KPRDSB, PVNCCDSB	Service Level Agreement	Referral pathway for kids in crisis	Referral, pathways
PYS, Youth Justice	Contract - MCYS	Range of youth justice services	Core service delivery – youth justice
Ross Memorial Hospital, Chimo	MOU	Service pathway when family and youth come through emergency department	Referral, pathways
Ross Memorial Hospital, Point in Time	MOU	Service pathway when family and youth come through emergency department	Referral, pathway
Point in Time, BGCKL	MOU	Resource sharing and expertise sharing	Core service delivery



Point in Time, Chimo	MOU	Operational cost effectiveness, sharing of resources, enhance capabilities of staff	Core service delivery
Point in Time, Community Living Haliburton	MOU	Sharing of resources, sharing of expertise	Core service delivery
Point in Time, Integrated Mental Health Program	MOU	Resource sharing, coordination of services	Core service delivery, pathways to service
Point in Time, Peterborough Aids Resource Network	MOU	Strengthen response to LGBTQ youth, create positive gathering spaces	Core service delivery, pathways to service
Point in Time, Kinark	Formal	Provision of psychiatric services	Core service delivery
Point in Time, KHCAS	MOU	Intensive outreach to youth and families in crisis	Core service delivery, pathway to service
Point in Time, PYS	MOU	Resource sharing, enhancing staff capacity	Core service delivery, pathway to service
Point in Time, Children's Services Council	Contract	Purchase of service coordination, hard to serve, CSN	Pathway to service
Point in Time, SIRCH	MOU	CAPC Program	Core service delivery
Point in Time, CMHA	MOU	Crisis support	Core service delivery
Point in Time, Early Years Centre	MOU	Promote early learning, integration of children with special needs	Pathways to service
Point in Time, TLLDSB	MOU	Counselling implemented in school environments - hubs	Core service delivery
Point in Time, Ryerson University	MOU	Data analysis and program evaluation	Program evaluation
Point in Time, Integra	MOU	Sharing of expertise to build staff capacity	Clinical program support
Chimo, CSPs	MOU	4WRAP – Residential Services	Core service delivery
Chimo, TLLDSB, DDSB	MOU	Mental Health Workers in Schools, day treatment	Core service delivery

Chimo, KH CAS	Reporting Protocol	Children, youth in need of protection	Pathways to service
Chimo, RMH	Referral Protocol	Partnership on referral pathway	Pathways to service
Chimo, Womens Resources of KL	MOU	Group Work	Core Service Delivery
Chimo, Point in Time	MOU	Operational support agreement	
Chimo, BGCKL	Service Contract	Adventure Quest Program	Core Service Delivery
Chimo, BGCKL	Service Contract	Crisis Support	Core Service Delivery
BGCKL, Point in Time	MOU	Assessment, youth in transition, community planning	Service pathways, core service delivery
BGCKL, TLLDSB	Service Level Agreement	Mental health supports and recreational supports in schools	Core service delivery
BGCKL, Community Living CKL	Service Level Agreement	Community planning and training, mental health support , early development child care	Core service delivery
BGCKL, OPP	MOU	Situation Table	Service Pathways
BGCKL, KHCAS	Service Level Agreement	Differential Response Program	Core Service Delivery
Kinark, Service Collaborative	MOU	Transitional aged youth supports	Service pathways
Kinark, Four Counties ABA Collaborative	MOU	Planning	Service Pathways
Kinark, 4 WRAP	MOU	Residential Access and treatment	Service pathway and core service delivery
Kinark, boards of ed.	MOU	Day treatment, mental health supports in schools, SNAP	Core service delivery
Kinark, KPRDSB	MOU	Strive	Core service delivery
Kinark, local fire services	MOU	TAPP-C	Core service delivery
Kinark, 5-Counties Children's Centre	MOU	Pre-school consultation program	Core service delivery

**Optional:** If you choose to, please use the following space to document informal relationships/practices with other MCYS-funded core service providers that support effective transitions/pathways between and through core service providers

1. CSPs with Jumpstart Canada – providing recreational opportunities to youth in the service area
2. CSPs with Bell Canada – providing backpacks and school supplies to youth in the service area
3. CSPs with Youthdale – providing assessment to youth within the service area
4. CSPs with Kerry’s Place – providing consultation, funding and service delivery to clients with autism
5. CSPs with Curve Lake First Nations – crisis support and sharing of staff development opportunities
6. PYS with Peterborough Victim Services – providing crisis support when identified by police
7. B&GCKL and Chimo – collaboration around training, referrals, crisis
8. BGCKL and PVNCCDSB – mental health supports in schools
9. BGCKL and Children’s Services Council – service pathways
10. Peterborough planning table – information sharing all children’s services
11. Best Start Network – children’s planning
12. Youth suicide prevention – adoption of practice standards amongst core service providers

## Section C: Service Priority Identification

To meet the expectations of the Moving on Mental Health strategy and to fulfill our responsibilities as Lead Agency in each of our service areas, Kinark and our group of core service providers have identified the need to establish a planning foundation that promotes community wide planning, provides clarification of the current service landscape and identifies the client and family population that is currently accessing funded services. The priorities identified in this CSDP are the initial steps in putting in place this common foundation.

### C.1: Service Priority Identification (Priorities)

Based on the work undertaken to support the completion of the CSDP template and the CMHP template, please identify **three** priorities that you as the lead agency, in partnership with other MCYS-funded child and youth mental health core service providers, will focus on over the next year. For each priority please outline an initial work plan indicating key activities that will result in demonstrable progress over the next 12 months. Note these priorities should be distinct from the gaps being addressed through the service delivery investment.

#### **Name of Priority #1: Strengthening Engagement/Building a Community Planning Framework**

##### **Rationale:**

Understanding that effective engagement is a cornerstone of good planning, providers in Haliburton/ CKL/Peterborough have agreed to invest considerable time and effort in 2016/17 to ensure that the engagement mechanisms required to facilitate future work are appropriately inclusive, efficient and effective.

At the outset of planning in the context of MOMH in H/KL/P, core service providers were asked to contribute to an inventory of all those organizations that were involved in child and youth mental health service provision and the current planning mechanisms, advisory committees, and service delivery collaborative initiatives currently in place to support this work.

Kinark and its partners have developed a tool to document all child and youth mental health providers in H/K/P and all of the broader community providers whose services currently support the CYMH system to assist in identifying services available, current H/K/P capacity, duplication and gaps. This mapping is represented in a series of concentric circles (see Appendix 1). These circles include:

- i. At the centre – Core Service Providers: Kinark and six other core service providers, including hospitals, that are delivering core CYMH services funded by MCYS
- ii. The second circle – other agencies providing core CYMH services not funded by MCYS and agencies providing services funded by MCYS that are not ‘mapped’ as core services.
- iii. The third circle – other entities closely involved with/referring children and youth requiring CYMH and related services including: school boards, hospitals, public health, child welfare, youth justice, family physicians, police, Community Care Access Centres and planning entities such as Local Health Integration Networks.

Collaborative planning processes among providers are not new to the H/K/P service area and H/K/P has a number of “tables” addressing aspects of child and youth mental health and other children’s services, these are well attended and well supported by H/KL/P providers and others. An identification and evaluation process for the current landscape of community planning is necessary. General consensus among core providers is that each of the tables operates with a specific mandate/goal that does not necessarily support community wide planning for the provision of child and youth mental health services.

With the new emphasis on planning provided by MOMH, there is both an opportunity and a need to determine what mechanisms we require in H/KL/P and what changes to existing mechanisms are required to ensure we have the right information and diverse perspectives to inform our collaborative planning.

**Objective**

- *Based on further analysis of existing mechanisms for engagement in Haliburton/KL/Peterborough and the effectiveness, build and validate the engagement mechanisms that will be used as the primary means to transform child and youth mental health services in the service area*

Over the course of 2016/17, H/KL/P core service providers and other service providers will be engaged to consider what type of mechanisms are required to effectively optimize the new planning opportunities. A comprehensive analysis of the existing mechanisms will be undertaken, including identifying the perspectives that are currently well represented, or perhaps over-represented, and those perspectives that need to be more effectively engaged and providing a perspective on their functionality. A scan of planning mechanisms in other jurisdictions will be undertaken to identify models that might inform H/K/P structures.

We will continue to engage families and youth to help shape planning processes and to gather their perceptions and input on how to better deliver CYMH services in H/K/P. Formal consultation with the Aboriginal and other specialized populations will be initiated to gauge interest in establishing integrated or collaborative planning processes. Kinark will work closely with core service providers to assist with this engagement by drawing on their existing parent and youth engagement processes

By the end of the year, a planning mechanism or mechanisms for CYMH planning will be confirmed in H/K/P, with established terms of reference, links to other planning tables and an evaluation framework. This will position us to begin to identify service priorities for 2017/18.

Key indicators of success will include:

- A common understanding of the current planning mechanisms in H/K/P and their effectiveness
- Common definitions and understanding of the purpose of current mechanisms
- Information on effective planning mechanisms supported by evidence (literature review)
- A better understanding of the most appropriate approaches to engaging specialized/diverse communities
- Family and youth engagement framework
- Common vision/plan for an effective planning mechanism and Terms of Reference, and success criteria
- Implementation of a new mechanism

<b>Deliverable(s)</b>	<b>Task(s)</b>	<b>Estimated Timelines</b>
Activity 1:	Review literature on effective community planning mechanisms in human services	Q1
Activity 2:	Confirm inventory of existing mechanisms and engaging with them to better determine their current purpose and effectiveness – self assessment survey tool	Q2
Activity 3:	Develop and implement family/ youth engagement framework	Q3
Activity 3:	Define criteria for inclusive, effective, efficient and successful planning mechanisms	Q3
Activity 4:	Determine changes required to the child and youth mental health planning environment in H/K/P in order to effectively plan for MOMH	Q3
Activity 5:	Create implementation plan for planning function in H/K/P	Q4

## **Name of Priority #2: Validating the current service landscape for children's mental health funding**

### **Rationale:**

*Moving on Mental Health* has at its core the requirement to establish clear service pathways so that children youth and families can better access and understand the CYMH system. Implicit is the requirement for service providers (both core and non-core) to understand the respective roles they each play in effective service provision and the alignment of that service provision with defined core services and key processes. Building on Priority #1 (Strengthening engagement) and Priority #3 (Understanding our clients and their service needs), it is essential to validate our current service landscape before we contemplate any further development of services.

In March 2016 MCYS provided Kinark, as Lead Agency for Haliburton/CKL/Peterborough, a summary of information extracted from the 2015/16 service plans of core service providers. The information included service description schedules and service targets for 2015/16, as well as financial allocations for core services and key processes.

The information provided did not include actual expenditure and outputs against the submission nor was any information available with respect to outcomes achieved. In the course of engagement with core service providers and through the development of this CSDP Kinark shared a summary of this data as well as an aggregate summary of levels of funding per core service and cumulative service targets for the defined service area.

Due to the timing of the information being received the core providers have not had an opportunity to review the service schedules in any depth. Prior to the information being received the core providers articulated the importance of access to this type of information and its role in collaborative service planning. It also became evident during discussions that each of us had approached the 2014/15 service mapping work somewhat differently based on unique historical contexts and diverse understandings of the new requirements. It was clear that additional work would be required before H/K/P service providers could use this critical data as a common basis for future service planning. In the absence of that shared understanding there was only limited ability to articulate, using a common language, what services organizations are actually providing, how many of what profile of clients are receiving services, and at what level of intensity.

### **Objective:**

- *By establishing a common approach to MCYS' service framework, develop a shared understanding of the current service landscape in Haliburton/CKL/Peterborough.*

In 2016/17 Kinark will engage with both core and non-core CYMH providers to better understand and clarify the data associated with the current service plans of core service providers and the service delivery of non-core providers, and drive to a more comprehensive and common understanding of the service landscape in H/K/P including:

- common mapping of like services to core services and key processes
- common approaches to forecasting and counting service volumes
- common approaches to establishing service catchments and priority populations.

From this shared understanding, and the work completed in Priorities #1 and #3, we will be better positioned to identify any actual gaps in service provision and duplication in order to inform service planning in 2017/18 and beyond. Notwithstanding the importance of using 2016/17 to build a solid planning foundation, while engaged in this work service providers will be encouraged to identify any potential opportunities in-year to consider realignment of current resources as appropriate to contribute to better outcomes for Haliburton/CKL/Peterborough children and families.

Key indicators of success will include:

- A common and shared operational understanding of actual service delivery in H/K/P against MCYS defined core services and key processes
- A more accurate mapping of current service delivery against MCYS defined core services and key processes.
- A beginning rationalization of the current inventory of identified core services and the identification of duplication and gaps
- A more fulsome understanding of non-mapped services in H/K/P
- The establishment of more consistent and reasonable service targets for each core service provider
- A clearer understanding of service partners in H/K/P service area

<b>Deliverable(s)</b>	<b>Task(s)</b>	<b>Estimated Timelines</b>
Activity 1:	Analysis of 2016/17 budget submissions for service landscape clarification	Q2
Activity 2:	Operationally define with Core Service Providers: <ul style="list-style-type: none"> <li>▪ Core services and key processes leading to a consistent understanding of MCYS – defined core services/key processes</li> <li>▪ Service activity – setting and counting</li> <li>▪ Definitions of service catchments</li> <li>▪ Definitions of client populations</li> </ul>	Q3
Activity 3:	Apply the consistent understanding to re-cast, as needed, the current service landscape in H/K/P in terms of: <ul style="list-style-type: none"> <li>▪ Provision of core services/key processes</li> <li>▪ Service catchments</li> <li>▪ Client populations</li> </ul>	Q3
Activity 4:	Apply the consistent understanding to recast, as needed, the current service landscape in H/K/P in terms of : <ul style="list-style-type: none"> <li>▪ Service activity target setting and reporting</li> </ul>	Q4



### **Name of Priority #3: Determining the current client profile in the Haliburton/KL /Peterborough service area**

#### **Rationale:**

In order to effectively deliver CYMH services in H/K/P, in addition to the appropriate planning mechanisms (Priority #1), Kinark and all Haliburton/CKL/Peterborough core service providers identified the need to establish a common understanding of the profiles of children, youth and their families who are currently accessing funded services, the services they are accessing and the potentially unmet needs of children and families now and in the future. As with Priority #1, this shared understanding is a crucial building block for future service changes and investments.

Kinark has recently completed an analysis of the demographic and clinical profiles of clients who have received services between April 1, 2012 and March 31, 2014. This work involved linking administrative data with BCFPI and CAFAS data; databases that previously were not connected to be able to understand clients in a comprehensive way. Building on this, Kinark completed a cluster profile, resulting in eight clusters of clients that were then mapped to MCYS' level 1-4 scale of service needs. This enables Kinark to better understand our client mix; which clients are coming to our door, which potential clients are not, and the acuity of need.

This analysis assists Kinark to better align our services to demand and in the future, to need. Kinark has partnered with two other agencies to undertake a similar analysis with the larger data set built by adding their administrative data. By extending this client profiling work to core service partners in H/K/P, Kinark hopes to garner a clearer picture of children and youth accessing CYMH services in the service area. This work will be a key input to planning for service needs in Haliburton/CKL/Peterborough.

Concurrently Kinark will be working with organizations in H/K/P and elsewhere with access to child population data to determine methodologies for forecasting future need for services in H/K/P based on mental health prevalence and incidence data as well as projected growth in the child and youth population over time.

#### **Objective:**

- *Create a profile of current Haliburton/CKL/Peterborough child and youth mental health service recipients and their families to better understand who is in service, their clinical needs and the services they are receiving*
- *Analyze the current and future child and youth population in H/K/P to establish Haliburton/CKL/Peterborough population's needs for child and youth mental health services and assess to what extent current services meet needs*

In the next year Kinark proposes to introduce this process to H/K/P core service providers and together to undertake an analysis of the profile of children and youth who have received child and youth mental health services over a defined period of time. This data will be used to establish a better understanding of the profiles and clinical needs of the children and youth who have been accessing services in H/K/P.

This will involve meeting with each of the seven other core service providers to assess the feasibility of this application, or modifications required, as well as supports necessary for this work. Results from these engagements will help to inform the next steps and the degree to

which there is some capacity building required or additional resources required to facilitate the linking of administrative data with clinical measures. Over the course of the year, Kinark anticipates the development a database that houses all linked and matched administrative and assessment data for those agencies that use those tools, or other tools which contain comparable data elements, and completing a Haliburton/CKL/Peterborough service area analysis. In order to undertake this work, data sharing agreements will need to be established between Kinark and all core service providers.

Concurrently, Kinark will develop a profile of the general H/K/P population of children and youth, and by accessing available health planning data, begin to develop a model to estimate potential unmet need in the service area. This will involve partnering with other organizations involved in this type of work such as the Institute for Clinical Evaluative Sciences, Canadian Institute for Health Information and hospital partners.

Key indicators of success will include:

- Number of meetings held with core service providers related to data capacity
- Number of data sharing agreements established with core providers
- Number of clients housed in database with matched admin and other tools with common data elements where possible.

<b>Deliverable(s)</b>	<b>Task(s)</b>	<b>Estimated Timelines</b>
Activity 1:	Individual meeting with each core service provider to establish their data analysis capacity to assist with this project and to identify which data measures are used	Q1
Activity 2:	Establish data sharing agreements between Kinark and each core service provider and subsequent data integration individual agency and combined client profiling	Q2
Activity 3:	Identify common data elements and timeline for collection with core providers	Q2
Activity 4:	Analysis of data	Q3
Activity 5:	Incorporate population/other data into analysis	Q3
Activity 6:	Presentation of data to CSPs	Q4

**Name of Priority #4: Strengthening core service delivery**

**Rationale:**

Embedded in the language of MOMH is the support for, and continued development of, clinical practices that effectively address the mental health needs of clients seeking treatment and maintain a level of competency that promotes best practice and improved clinical outcomes. Clinical supervision and resources to support and maintain clinical practice is necessary to ensure ongoing quality of service delivery. Children’s mental health providers across the province have varying clinical supports to reinforce and further develop practice at this time. Shared responsibility for clinical practice across a service area begins to establish standards of care for clients and families receiving services. Providers have agreed to focus on crisis services as a priority.

**Objective:**

- *Review current crisis supports across service area*
- *Establish evaluation matrix for enhancement to crisis services*
- *Establish level/standard of care for crisis services*

In the next year Kinark in collaboration with the core service providers in the Haliburton/KL/Peterborough area will measure and evaluate the impact of the new investment enhancement to the service area. The partners will also identify the current clinical landscape of crisis supports in the area and articulate the care/practices of crisis response available.

<b>Deliverable(s)</b>	<b>Task(s)</b>	<b>Estimated Timelines</b>
Activity 1:	Review current crisis supports in service area – inventory of services and practices	Q1
Activity 2:	Identify evaluation matrix for enhancement in crisis services	Q1
Activity 3:	Identify standards of care/practices within crisis services within the service area	Q3

### C.2: Service Priority Identification (Engagement plan for priorities)

Where priorities and plans to address them involve service provider partners, please describe the engagement plan, including how any affected service providers have been engaged in the process. Note that service delivery decisions remain with the ministry – where identified priorities may require changes to existing service provision ministry staff must provide input. (Add rows as necessary).

- In 2016-17 in the Haliburton/CKL/Peterborough service area, the focus is on establishing a strong foundation for evidence-informed decision-making in the future. Accordingly, we are not submitting any plans to change service delivery in 2016-15.
- Notwithstanding the importance of using 2016-17 to build a solid planning foundation, while engaged in this work service providers will be encouraged to identify any potential opportunities in-year to consider realignment of current resources as appropriate to contribute to better outcomes for H/KL/P children and families.

<b>Priority # 1:</b> _____ <b>Proposed activity:</b> _____ <b>Date:</b> _____			
Stakeholder organization, group, or individual	Potential role in the activity	Engagement strategy <i>How will you engage this stakeholder in the activity?</i>	Follow-up strategy <i>Plans for feedback or continued involvement</i>

<b>Priority # 2:</b> _____ <b>Proposed activity:</b> _____ <b>Date:</b> _____			
Stakeholder organization, group, or individual	Potential role in the activity	Engagement strategy <i>How will you engage this stakeholder in the activity?</i>	Follow-up strategy <i>Plans for feedback or continued involvement</i>

**Priority # 3:** \_\_\_\_\_  
**Proposed activity:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

<b>Stakeholder organization, group, or individual</b>	<b>Potential role in the activity</b>	<b>Engagement strategy</b> <i>How will you engage this stakeholder in the activity?</i>	<b>Follow-up strategy</b> <i>Plans for feedback or continued involvement</i>

# 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

## **Core Services Delivery Plan: Engagement Plan Guidelines for Lead Agencies Identified in December 2015**

### **Engagement Plan:**

As part of your lead agency responsibilities for 2015/16 your agency is required to complete a plan for engaging core service providers in your service area to support the development of a Core Services Delivery Plan (CSDP). The engagement plan is due to the ministry by **January 29, 2016** and will set the stage for the successful completion of the Core Services Delivery Plan which is due to the ministry by March 31, 2016 (see separate Core Services Delivery Plan Guidelines).

The engagement plan must include:

- how core service providers will be engaged in the development of the plan (including who will be engaged, what mechanisms, how frequent, purpose); and
- how families and youth will be engaged, in a manner that reflects the diverse population of the service area. Where this is not possible in 2015/16 this area should be considered as an area of focus for 2016/17 (see Core Services Delivery Plan 2015/16 Reporting Template).

Ministry staff in the regional office will also provide support in completing this activity. Lead agencies may use their own format for the engagement plan, however a sample template is provided below.

Agencies that deliver services funded through the following detail codes should be included as part of this engagement plan:

#### *Core Services*

- A356 – Targeted Prevention
- A348 – Brief Services
- A349 – Counselling/Therapy Services
- A350 – Crisis Services
- A351 – Family/Caregiver Skills Building and Support
- A353 – Intensive Treatment Services
- A355 – Specialized Consultation and Assessment Service

#### *Key Processes*

- A352 – Access Intake Service Planning
- A354 – Service Coordination

## Engagement Plan for Development of the Core Services Delivery Plan for Haliburton/Kawartha Lakes/Peterborough in 15/16:

**Please describe below your overall approach for engaging core service providers in your service area as part of the development of the Core Services Delivery Plan.**

In supporting Kinark's vision of '*A healthy future for Ontario's Children and Youth*', Kinark's goal is to establish a collaborative and evidence informed planning process that will build on current strengths and encourage service system development to meet the unique needs of the community. Kinark is committed to the development of strong relationships with identified Core Service Providers and community stakeholders to achieve the goals of Moving on Mental Health. As illustrated in our core values Kinark believes in, and is committed to, influencing positive change; achieving more together; supporting effective, teams, partnerships and service systems; challenging when necessary to effect change and respect for each child/youth and family.

In anticipation of the MOMH Phase 2 RFP process for Lead Agencies, core service providers by agreement in Haliburton/Kawartha Lakes /Peterborough worked together to explore common ground, shared values, a shared understanding of the service system and opportunities for collaboration around MOMH implementation in the newly configured service area. Together we developed the foundation for some guiding principles. Following the identification of Kinark as the lead agency for MOMH in the service area, all core service providers have restated their commitment to collaborating in the best interests of children and youth. The focus of early re-engagement will include a revisiting of our discussions with other core providers to establish a renewed foundation for our collaborative work together, including a clear articulation of our vision and respective roles for working together.

The establishment of effective mechanisms to plan will be a key enabler of a robust and effective Core Services Delivery Plan in this service area. We anticipate that there would be a fair bit of work to consider how to structure engagement mechanisms given the MCYS redefined service areas. Peterborough and Northumberland have often functioned as an entity and Kawartha and Haliburton have numerous partnerships with service areas to the north rather than the south. A further complication is that the Four Counties table that does include the three H/KL/P areas also includes Northumberland, which is now in another service area. Providers may be concerned that the new planning relationships not erode other service partnerships that currently exist in other service areas and care will need to be taken to appropriately inventory and map these as well as build in required linkages without over-burdening the core service providers.



Early priorities for our work together will include:

**1. Early communication and engagement with core service and other key child and youth providers in Haliburton/Kawartha Lakes/Peterborough.**

The Lead Agency selection process has generated both excitement and uncertainty. Kinark has made it a priority to communicate early and will engage as often as possible to capitalize on the excitement and mitigate the anxiety caused by uncertainty. We have already communicated with providers (CYMH, education, health, child welfare, youth justice, and other children's service agencies) as soon as we received MCYS approval to proceed.

**2. Inventory and analyse existing engagement mechanisms in Haliburton/Kawartha Lakes/Peterborough.**

Kinark will engage with other core service providers and service partners to identify and inventory existing mechanisms for engagement and planning in H/KL/P. These mechanisms will be analyzed and evaluated to determine their potential role in effective community mental health planning going forward, their degree of inclusiveness of H/KL/P's diversity, and representation of the perspectives of families and youth. This information and analysis will assist in the determination of what changes to existing mechanisms or new mechanisms will be required to ensure that the right information and perspectives are represented to inform collaborative planning focused specifically on transforming child and youth mental health services in H/KL/P. There will be a need to better understand the variety of service providers, their services, capacities and target populations for service. In particular, partnerships in H/KL/P service area between CYMH and primary and acute health care providers have the potential to be strengthened.

**3. Begin to develop a common understanding of the service landscape in Haliburton/Kawartha Lakes/Peterborough.**

*Moving on Mental Health* has at its core the requirement to establish clear service pathways so that children, youth and families can better access and understand the CYMH system. Implicit is the requirement for service providers (both core and non-core) to understand the respective roles they each play in effective service provision and the alignment of that service provision with defined core services and key processes. Building on our two other external priorities to strengthen relationships and engagement mechanisms in H/KL/P and to inventory and build effective collaborative planning mechanisms, it is essential to understand and validate the current H/KL/P service landscape before we contemplate any change to CYMH services. By establishing a common approach to MCYS' service framework among core service providers, Kinark would work towards the development of common language and knowledge of the current service landscape in H/KL/P. This will be achieved through engaging with both core and non-core CYMH providers to better understand and clarify the data associated with the current service plans of core service providers and the service delivery of non-core providers, and drive to a more comprehensive and common understanding of the service landscape in H/KL/P. This work will be foundational to the identification of gaps in service provision and duplication in order to inform service planning in out years and critical to any realignment of current resources.

To support work in 2016/17, this work will also identify other existing planning tables of which Kinark may not be aware, to ensure that all stakeholders and partners who need to be involved in system planning for CYMH are identified and engaged. The H/KL/P service area has a strong history of planning together regarding local initiatives. The involvement of Boards of Directors of other CYMH service providers and other key partners will provide Kinark with invaluable information as we move into our new role. Such an approach provides the opportunity for learning among and between participants and will be an important addition to our one to one agency engagements. Open and transparent engagement will be an important principle of our approach to managing change in the system.

Based on preliminary research, engagement and information gathering activities conducted over the last year, Kinark will initially engage with all identified MCYS core services providers in H/KL/P both individually and collectively. Mechanisms will include:

- Core Service Provider Survey
- One-On-One Meetings
- Core Service Provider Group Meetings
- Website

In 2016/17, engagement will include:

- Key existing service planning tables in H/KL/P;
- School boards, Francophone and Aboriginal serving organizations, health, child welfare, youth justice and other children's services agencies in addition to child and youth and adult mental health service providers and stakeholders,
- An area of focus that looks at how to more fully engage families and youth in a manner that reflects the diverse population of the service area.

Core Service Provider engagement is imperative for the continued development of a responsive, effective and progressive service system. We will work diligently with our community partners to establish relationships and mechanism that promote trust, collaboration and informed decision making. Initial steps to begin this work are outlined in the sections below but activities will extend well beyond the end of this fiscal year. Engagement is not limited to the information within this template and will also develop as the work begins and continues within the service area.

Core Service Provider(s) <i>Based on current available information</i>	Mechanisms for engaging and Frequency of engagement	Key Contacts
<ul style="list-style-type: none"> <li>• Boys and Girls Club of Kawartha Lakes</li> <li>• CHIMO Youth Services</li> <li>• Kinark Child and Family Services</li> <li>• Peterborough Youth Services</li> <li>• Peterborough Regional Health Centre</li> <li>• Ross Memorial Hospital</li> <li>• Point in Time</li> <li>• Community Counselling Resource Centre</li> </ul>	<p><b>2015/16</b></p> <ul style="list-style-type: none"> <li>• Introductory Meeting with CSP's January 27<sup>th</sup>, 2016.</li> <li>• Review of Engagement Plan submission to MCYS with core providers at Introductory meeting January 27<sup>th</sup>, 2016.</li> <li>• 2 to 3 Planning meetings to establish CSP and CMH Plan prior to March 31, 2016.</li> <li>• CSP Electronic Survey – survey being sent to CSP first week of February.</li> <li>• One to One Meeting with CSP – review survey, opportunity for discussion and questions with respect to process, priorities, gaps – meetings being scheduled for the first week of March.</li> </ul> <p><b>2016/17</b></p> <ul style="list-style-type: none"> <li>• CSP Meetings – quarterly (additional meetings as necessary) to review and update plans.</li> <li>• Service Area Priority Working Groups – monthly (additional meetings as necessary) – tracking of milestones will be available to all CSP's.</li> <li>• One to One Meetings – as necessary at the request of the CSP or Kinark (open door policy).</li> <li>• Board to Board Engagement Opportunity – annually within a fiscal year.</li> <li>• CSP Experience Survey – bi-annual Opportunity to lead/participate in all priority working groups 16/17.</li> <li>• Partnership Plan with Centre of Excellence to support research and evaluation to CSP and service area as a whole.</li> </ul>	<ul style="list-style-type: none"> <li>• Scott Robertson (Executive Director)</li> <li>• Rob Hunter (Executive Director)</li> <li>• Robert Burkholder (COO)</li> <li>• Teresa Scheckle (Program Director)</li> <li>• Jamie Emerson (Executive Director)</li> <li>• Brenda Weir (VP Mental Health)</li> <li>• Scott Pepin (Director Mental Health)</li> <li>• Thomas Jones (Director Mental Health)</li> <li>• Marg Cox (Executive Director)</li> <li>• Casey Ready (Executive Director)</li> </ul>

**Please identify below other potential opportunities for engagement that you may undertake to develop the Core Services Delivery Plan**

- Community Stakeholder Input – webinars, surveys, one to one meetings, community meetings
- Child/Youth and Family Engagement – webinars, community meetings, electronic formats. An area of focus that looks at how to more fully engage families and youth in a manner that reflects the diverse population of the service area will be undertaken in 2016/17.