****

**2018 – 2019 SERVICE PLAN**

**Table of Contents**

MENTAL HEALTH PROGRAMS by MCYS Funding Stream

[Brief Services 2](#_Toc507504899)

[Counselling and Therapy 11](#_Toc507504900)

[Family Capacity Building and Support 19](#_Toc507504901)

[Coordinated Access and Intake 23](#_Toc507504902)

[Intensive Treatment Services 27](#_Toc507504903)

[Case Management and Service Coordination 47](#_Toc507504904)

[Specialized Consultation and Assessment 52](#_Toc507504905)

[Targeted Prevention 60](#_Toc507504906)

[PREVENTION AND EARLY INTERVENTION SERVICES 65](#_Toc507504907)

[EarlyON Child and Family Centre 68](#_Toc507504908)

[Early Abilities Preschool Speech & Language Program 75](#_Toc507504909)

[Special Needs Resourcing 77](#_Toc507504910)

[Etobicoke Brighter Futures Coalition 78](#_Toc507504911)

[Toronto Family Group Conferencing Program 79](#_Toc507504912)

[Family Group Conferencing Ontario Provincial Resource 83](#_Toc507504913)

[MINISTRY OF CHILDREN & YOUTH SERVICES ADDITIONAL SCHEDULES 86](#_Toc507504914)

[Transfer Payment Governance 87](#_Toc507504915)

[Making Services Work for People (MSWFP) 91](#_Toc507504916)

[French Language Services 93](#_Toc507504917)

[Service Contract 96](#_Toc507504918)

[2018-2019 BUDGET 105](#_Toc507504919)

[CITY OF TORONTO SERVICE CONTRACT 106](#_Toc507504920)

# 

# Brief Services

**Budget:** $135,000

**Service Targets:**

* Number of individuals served: 191
* Number of days children/youth waited for service: 10,000
* Number of elapsed days (service duration) of service received by children/youth: 3,000
* Number of hours of direct service: 500
* Number of hours of indirect service: 328
* Number of children/youth requiring no further services following brief service: 59

**Plan to Achieve Service Objectives*:***

* **Description of how Service Objectives will be implemented:**

The George Hull Centre for Children and Families provides services to children and youth from birth to age eighteen under the authority of the *Child, Youth and Family Services Act*. The Centre provides comprehensive clinical services to children and youth with acute to chronic developmental, emotional, behavioural and psychiatric difficulties.

Services and supports are either evidence-based or evidence-informed. All children, youth and their families have access to a flexible continuum of strengths-based services appropriate to their cultural, environmental and community context. The Centre works collaboratively with many organizations in the community in order to provide an integrated and coordinated service response to help meet the needs of children, youth and their families. The Centre is committed to working in collaboration with the Lead Agency to plan and align local core services.

The George Hull Centre regards each child as an individual, a member of a family and a member of the community. A commitment to gender equality, cultural sensitivity and accessible economic opportunities provides an organizing framework to the philosophy of the Centre. The Centre takes into account imbalances of power as they exist in the culture and as they affect the lives of children, and advocates accordingly on behalf of marginalized groups.

## All programs are evaluated on the extent to which they meet their service goals and findings are disseminated to Centre staff, clients and the professional community, when appropriate. Services are provided by multidisciplinary teams of mental health professionals, representing the disciplines of social work, psychiatry, psychology, child & youth work, and early childhood education. Staff maintain membership in their regulatory professional colleges.

Brief Services are currently offered in the Community Clinic outpatient service through:

* Consultation Interviews
* Short Term Treatment Service
* Right Help, Right Now 0-6 Consultation Clinic
* Supporting Our Services Program (SOS Program)

Consultation Interviews

* Description of the specific services and service capacity:

Consultation Interviews serve two functions at the Centre. The first function is to develop a current understanding of the client's presenting issues and to develop a provisional assessment summary and treatment plan with the client, which is then offered to the client. The second function is to provide an opportunity for the clinician to develop short term suggestions or service coordination for the client, based on their strengths and immediate needs.

Consultation interviews are offered to clients where it is clear from the telephone intake interview that further assessment is needed to direct the client to the right services. Very often, these are complex cases with multiple and urgent needs who may benefit from a variety of services (including specialized assessment or intensive services). They are often cases in which a service coordinating function by a clinician could be helpful while the client waits for services.

The Consultation Interview includes as many members of the family and/or support system that can attend. If offered, these initial appointments are provided to clients within one week to one month after they have completed an intake at the Centre. Clinicians provide an initial consultation, service coordination and advocacy, as well as information about resources available in the Centre and the community. Up to 3 consultation interview meetings may be offered to a family depending on the immediate needs of the clients.

* **Specialized capacity and expertise:**

**Admission and discharge criteria**: Children from birth to age eighteen with a developmental, emotional, behavioural or psychiatric difficulty, and their families.

At the end of the Consultation Interview, recommendations are made which could include referral elsewhere, referral to Centralized Access to Residential Services (CARS) for residential treatment, referral to other services at the Centre, including Short Term Treatment, trauma-informed assessment, day treatment, ongoing outpatient therapy, psychiatry consultation or assessment, and/or group treatment.

**Access to service process:** All families who call The George Hull Centre have access to a Consultation Interview. Anyone can make a referral to the Centre: families and/or youth, family doctors, teachers, child welfare, other service providers, etc. Youth over the age of 12 do not require parental consent for treatment.

Individual planning and goal setting: A treatment or service coordination plan is developed with the client and family at the Consultation Interview level. In many cases, meaningful interventions can be facilitated in this service.

**Community linkages and service collaboration** (where appropriate): When indicated, clients are referred to other service providers in the community.

* **Service Location*:***

Address: 81 The East Mall, Toronto, Ontario, M8Z 5W3

Type of location: Children’s mental health centre

Area served: Etobicoke

* **Method of Evaluation:**

Describe the agency's evaluation processes with specific reference to how:

* **Service objectives will be evaluated:** The George Hull Centre engages in a biennial month-long blitz administration of the client feedback forms developed through the Ministry of Children and Youth Services’ (Toronto Region) *Supporting Service Excellence and Continuous Quality Improvement Program*. Clients who receive Consultation Interviews during the blitz are included in the survey. The blitz client feedback form probes the following dimensions: Client/ Provider Relationship, Environment and Organization, Process of Care, and Outcomes and Satisfaction.
* **Quantitative (outputs) and qualitative (outcomes) evaluation will be implemented:** The biannual blitz survey is administered prior to client appointments using paper/pencil forms during the month of April or May. The survey elicits responses from multiple family informants (parent/caregiver, youth, children). Measures are quantitative (Likert scales are attached to the questions) and also qualitative (spaces are provided for respondents to provide qualitative responses regarding the strengths of the service and areas where respondents feel there could be improvement).

The Program Director receives reports summarizing the blitz data. Results are reviewed with program staff. Changes to the programs are made accordingly, both to increase client satisfaction and also to increase program effectiveness. Evaluation results are also presented to the Board of Directors under the direction of the Director of Research and Program Evaluation.

|  |  |  |
| --- | --- | --- |
| *Area* | *Indicators* | *Activities* |
| *Outputs* | | |
| Client Served | * # Clients served | Quarterly reporting of number of unduplicated clients served. |
| *Outcomes* | | |
| Client Satisfaction | * Client Feedback Form | Biennial client feedback blitz. |

Short Term Treatment Service

* Description of the specific services and service capacity:

The Short Term Treatment Service is an evidence-informed program offered to families who are facing a particular issue where an intensive and timely intervention would be sufficient in enabling the family to move forward. This intervention maximizes the child and family’s readiness for change, diverting children, youth and families from the waitlist.

Two clinical staff members work with the family for three, 1.5 hour sessions, spaced two weeks apart. Two clinicians conjointly offer the service to increase intensity and effectiveness, and focus on the strengths of the child and family. Cases in which there has been sexual abuse, significant trauma, suicidal ideation, self harm or a high level of family conflict may also be referred to other more intensive services.

* Specialized capacity and expertise:

**Admission and discharge criteria**: The Short Term Treatment Service is a therapeutic program for children and youth from birth to 18 years of age, and their families. The program offers short term clinical services for families with a limited number of presenting issues (1-2), who have a level of personal insight into problems. Families are typically discharged after three sessions, but can access an additional ‘booster’ session if required. Clients may be referred to or provided with information about appropriate additional services and community supports.

**Access to service process:** Anyone can make a referral to The George Hull Centre. Referrals typically come from families and/or youth, family doctors, schools, social workers, child welfare, and other service providers. A case is assigned to Short Term Treatment after review at the weekly Intake Committee meeting.

**Individual planning and goal setting:** The treatment process promotes client involvement, partnership and shared decision making. Goals are established jointly by the child/youth and family and the clinicians.

* **Service location:**

Address: 81 The East Mall, Toronto, Ontario, M8Z 5W3

Type of location: Children’s mental health centre

Area served: Etobicoke

**Method of Evaluation:**

Describe the agency's evaluation processes with specific reference to how:

* **Service Objectives will be evaluated:** As part of the evaluation of the Short Term Treatment Service, we routinely collect a feedback form that contains quantitative and qualitative measures to ensure that the program goals have been reached.
  + **Quantitative (outputs) and qualitative (outcomes) evaluation will be implemented:** Feedback forms areprovided to the clinical staff members who deliver the intervention. At the end of the 3rd session, families are asked to complete the forms in private before they leave. There are spaces for qualitative responses regarding the strengths of the service and areas where respondents feel there could be improvement.

The Program Director receives a report summarizing Short Term Treatment outcomes. Results are reviewed with program staff. Changes to the program are made accordingly, both to increase client satisfaction and also to increase program effectiveness. Evaluation results are also presented to the Board of Directors under the direction of the Director of Research and Program Evaluation.

|  |  |  |
| --- | --- | --- |
| *Area* | *Indicators* | *Activities* |
| *Outputs* | | |
| Client Served | * # Clients served | Quarterly reporting of number of unduplicated clients served. |
| *Outcomes* | | |
| Client Satisfaction & Client Rating of Program Goals Achieved | Clients are asked to complete the forms at the end of the 3rd session. |  |

Right Help, Right Now 0-6 Consultation Clinic

* Description of the specific services and service capacity:

The Right Help, Right Now 0-6 Consultation Clinic addresses the needs of families with young children who are experiencing developmental, social, emotional, behavioral, learning, communication or relationship difficulties. The Consultation Clinic is a quick access service offered to families who attend any of our prevention and early intervention programs (including the EarlyON Child & Family Centre, Special Needs Resourcing, Preschool Speech and Language). Families do not require a formal intake and may be simply booked for a session.

The service employs a strength based and solution oriented approach to help families identify hope, strengths and resources to begin to address some of their presenting needs. Clients are invited to use the consultation clinic up to three times in 2 or 3 months. If they attend the service more frequently, the clinician will review their needs with them and likely suggest a referral to other ongoing services. Children who are identified as requiring other services may be referred to both internal and external services.

* Specialized capacity and expertise:

**Admission and Discharge:** Children ages 0-6 with a developmental, emotional, behavioural or psychiatric difficulty, and their families, specifically families with children who are on the waitlist and families who attend our Preschool Speech & Language, Special Needs Resourcing and EarlyON Child and Family Centre programs.

At the end of the 0-6 Consultation Clinic, the family will have developed a plan with the clinician that they can implement. In addition, recommendations may be made which could include referral elsewhere, referral to other services at the Centre, including Short Term Treatment, trauma-informed assessment, ongoing outpatient therapy, psychiatry consultation or assessment, and/or group treatment, depending on the nature of the presenting issues.

**Access to service process**: All families of children 0-6 who attend the Centre’s prevention and early intervention programs. Anyone can make a referral to the Centre: families and/or youth, family doctors, teachers, child welfare, other service providers, etc.

Individual planning and goal setting: A plan to deal with the immediate concerns is developed with the client and family in the Right Help, Right Now 0-6 Consultation Clinic.

**Community linkages and service collaboration** (where appropriate):When indicated, clients are referred to other service providers in the community.

* **Service locations:**

Address: 81 The East Mall, Toronto, Ontario, M8Z 5W3

Type of location: Children’s mental health centre

Area served: Etobicoke

Address: 295 The West Mall, Toronto, Ontario, M9C 4Z4

Type of location: EarlyON Child & Family Centre

Area served: Etobicoke Centre

Address: 135 Queen’s Plate Drive, Toronto, Ontario, M9W 6V1

Type of location: Preschool Speech & Language Services

Area served: Etobicoke North

* **Method of Evaluation:**

Describe the agency's evaluation processes with specific reference to how:

* **Service Objectives will be evaluated:** As part of the evaluation of the Right Help, Right Now 0-6 Drop Consultation Clinic, we will routinely collect a feedback from about the family’s experience with the program.
  + **Quantitative (outputs) and qualitative (outcomes) evaluation will be implemented:** The forms are provided to the clinical staff members who deliver the intervention. At the end of the consultation service, families are asked to complete the forms in private before they leave. There are spaces for qualitative responses regarding the strengths of the service and areas where respondents feel there could be improvement.

The Program Director receives a report summarizing the Right Help, Right Now 0-6 Consultation Clinic outcomes. The results are reviewed with the program staff. Changes to the programs are be made accordingly, both to increase client satisfaction and also to increase program effectiveness. Evaluation results are also be presented to the Board of Directors under the direction of the Director of Research and Program Evaluation.

|  |  |  |
| --- | --- | --- |
| *Area* | *Indicators* | *Activities* |
| *Outputs* | | |
| Client Served | * # Clients served | Quarterly reporting of number of unduplicated clients served. |
| *Outcomes* | | |
| Client Satisfaction & Client Rating of Program Goals Achieved | * Program-specific feedback form | Clients are asked to complete the forms at the end of the consultation service. |

Supporting Our Services Program (SOS Program)

* Description of the specific services and service capacity:

The SOS Program is a pilot quick access program that addresses the needs of children and youth who are currently registered and waiting for services at the Centre or who would like follow up services after completing a course of treatment at the Centre. Families who have already completed an intake with the Centre may simply make an appointment for this service, which is offered one day a week.

The service employs a strength-based and solution-oriented approach to help families identify hope, strengths and resources to begin to address some of their presenting needs. Clients are invited to use the SOS Program as needed while they wait for ongoing services. Children and youth who are identified as requiring other services may be referred to both internal and external services.

* Specialized capacity and expertise:

**Admission and Discharge:** Children and youth from birth to age 18 with developmental, emotional, behavioural or psychiatric difficulties, and their families.

At the end of service in the SOS Program, the family will have developed a plan with the clinician that they can implement. In addition, if it is determined that the service that they are waiting for is no longer appropriate, changes can be made to that plan. This may include additional internal referrals (such as groups or workshops, specialized consultation, etc.) or external referrals. If the client’s needs have been met in the SOS Program, the family may also withdraw their referral for ongoing services.

**Access to service process**: All families of children and youth from birth to age 18 who are registered and waiting for mental health service at The George Hull Centre or who have recently been demitted from services at The George Hull Centre.

Individual planning and goal setting: A plan to deal with the immediate concerns is developed with the client and family in the SOS Program.

**Community linkages and service collaboration** (where appropriate):When indicated, clients are referred to other service providers in the community.

* **Service location:**

Address: 81 The East Mall, Toronto, Ontario, M8Z 5W3

Type of location: Children’s mental health centre

Area served: Etobicoke

* **Method of Evaluation:**

Describe the agency's evaluation processes with specific reference to how:

* **Service Objectives will be evaluated:** As part of the evaluation of the SOS Program, a feedback form about the family’s experience with the program is routinely collected.
  + **Quantitative (outputs) and qualitative (outcomes) evaluation will be implemented:** Feedback forms are provided to the clinical staff members who deliver the intervention. At the end of service in the SOS Program, families will be asked to complete the forms in private before they leave. There are spaces for qualitative responses regarding the strengths of the service and areas where respondents feel there could be improvement.

The Program Director receives a report summarizing the SOS Program outcomes. The results are reviewed with the program staff. Changes to the programs are made accordingly, both to increase client satisfaction and also to increase program effectiveness. Evaluation results are also be presented to the Board of Directors under the direction of the Director of Research and Program Evaluation.

|  |  |  |
| --- | --- | --- |
| *Area* | *Indicators* | *Activities* |
| *Outputs* | | |
| Client Served | * # Clients served | Quarterly reporting of number of unduplicated clients served. |
| *Outcomes* | | |
| Client Rating of Program Goals Achieved | * Program-specific feedback form | Clients are asked to complete the forms at the end of the consultation service. |

# Counselling and Therapy

**Budget: $1,335,000**

**Service Targets:**

* Number of individuals served: 449
* Number of days children/youth waited for service: 40,859
* Number of elapsed days (service duration) of service received by children/youth: 106,862
* Number of hours of direct service: 4,490
* Number of hours of indirect service: 3,281
* Number of children/youth with behavioural assessed needs: 247
* Number of children/youth with emotional assessed needs: 310
* Number of children/youth with social assessed needs: 198
* Number of children/youth with substance use assessed needs: 9
* Number of children/youth with trauma assessed needs: 67
* Number of children/youth with complex assessed needs: 301

**Plan to Achieve Service Objectives*:***

* **Description of how Service Objectives will be implemented:**

The George Hull Centre for Children and Families provides services to children and youth from birth to age eighteen under the authority of the *Child, Youth and Family Services Act*. The Centre provides comprehensive clinical services to children and youth with acute to chronic developmental, emotional, behavioural and psychiatric difficulties.

Services and supports are either evidence-based or evidence-informed. All children, youth and their families have access to a flexible continuum of strengths-based services appropriate to their cultural, environmental and community context. The Centre works collaboratively with many organizations in the community in order to provide an integrated and coordinated service response to help meet the needs of children, youth and their families. The Centre is committed to working in collaboration with the Lead Agency to plan and align local core services.

The George Hull Centre regards each child as an individual, a member of a family and a member of the community. A commitment to gender equality, cultural sensitivity and accessible economic opportunities provides an organizing framework to the philosophy of the Centre. The Centre takes into account imbalances of power as they exist in the culture and as they affect the lives of children, and advocates accordingly on behalf of marginalized groups.

## All programs are evaluated on the extent to which they meet their service goals and findings are disseminated to Centre staff, clients and the professional community, when appropriate. Services are provided by multidisciplinary teams of mental health professionals, representing the disciplines of social work, psychiatry, psychology, child & youth work, and early childhood education. Staff maintain membership in their regulatory professional colleges.

* **Description of the specific services and service capacity:**

The George Hull Centre has available a range of treatment modalities including individual, family and group treatment.

Clients come with a range of problems including anxiety, depression, suicidal ideation, self harm, parent-child relational issues, developmental and language delay, child abuse/ neglect, family conflict, family mental illness, poor school functioning, substance abuse and psychiatric, emotional, social, and behavioural difficulties. Risk factors include poverty, discrimination based on race, ethnicity and sexual orientation, social isolation, substandard housing, family violence, community violence and inadequate support systems. We are frequently dealing with the resurgence of the impact of previous and current trauma within the family.

The clinical assessment informs the choice of intervention, taking into account ages and developmental stages, historical events, gender and culture of the clients and their families in the context of their goals, their strengths, their preferences and the nature of the presenting problem.

The Centre believes that the well-being of children is generally closely linked to the well-being of the family. Therefore, whenever possible, assessment and treatment occur with the participation of the family or significant persons in the child's life.

Typically, the clinician begins with a systematic assessment that involves other family members. Individualized treatment plans develop out of the assessment. Multidisciplinary case review by means of team discussion or specialized consultation can be sought to assist in determining particular client needs. Recommendations for individual therapy or counselling involving various subsystems of the family (for example, mothers and daughters, or siblings) might be made. The treatment plan defines the purpose of the intervention and what success looks like, such as: the parent being able to resume care of the child; or the youth returning to community school. The definition of success and/or goals may change over the course of treatment. Safety and risk issues are highlighted with a specified plan. The clinician may become involved in working with school systems or other community groups in designing specific programs for a client.

In all cases, determination of an appropriate treatment plan, including goals of treatment and treatment modality, is completed in collaboration with the client(s). A copy of the treatment plan, signed by the clinician and client/family, is offered to the client/family following completion of the assessment and every six months thereafter. When needed or requested, a translator or cultural consultant will be made available.

Multidisciplinary case review over the course of treatment facilitates evaluation and, when indicated, modification of treatment direction and treatment modality to ensure the provision of effective and appropriate service.

All clinicians are Master-level registered social workers or psychotherapists with varying areas of expertise and focus. Clinicians have been trained in and regularly use therapeutic models such as Dyadic Developmental Psychotherapy (DDP), Family Systems Therapy, Cognitive Behavioral Therapy (CBT), Trauma Focused-CBT, Dialectical Behaviour Therapy (DBT), Watch, Wait and Wonder, Solution Focused and Motivational Interviewing within an integrative family systems framework.

Pathways to care and treatment are organized by client age (e.g. 0-6, school aged and adolescence), by clinical need or psychiatric disorder (e.g. CBT group for anxiety, Teen Talk Group for problems of emotion regulation), and priority (e.g. Priority Access for Students, Children at Risk for Entering Care).

The Centre annually provides six Master-level practicums to students from the Faculty of Social Work, University of Toronto.

**The Priority Access for Students Initiative** is a priority access program representing a partnership with 13 Toronto children’s mental health agencies and the two school boards (Toronto District School Board, Toronto Catholic District School Board) designed to provide priority access to mental health services to school aged children. The role of the Priority Access for Students clinician is to provide clinical treatment services to address the mental health needs of the children and their families identified by the school boards as priority cases. Barriers to accessing services are reduced by providing services in a flexible and coordinated manner as determined by the mental health needs of the student and their family.

Group Programs: Therapeutic groups for children and families run from September through to August. Flyers and email communications describing the groups are distributed regularly to schools and community agencies.

* *Cognitive-Behavioural Therapy (CBT) Group for Anxious Children* is a twelve-session treatment group for children nine to twelve years of age. This evidence-based group follows a structured cognitive-behavioural treatment model that includes symptom recognition, learning alternate patterns of thinking/feeling, as well as symptom exposure and relaxation techniques. Parents and guardians are required to attend the CBT Anxiety Parent Support Group which runs concurrently.
* *Fun Friends and Friends Treatment Groups* are evidenced-based cognitive-behavioural interventions that have been shown to demonstrate positive changes in anxiety, behavioural inhibition, and social-emotional strength. The *Friends* program (including Fun Friends), is the only prevention and treatment of childhood anxiety and depression progam recognized by the World Health Organization. This manualized program is being offered at the Centre to children between the ages of four and seven, and to children between the ages of twelve and thirteen. Parents and guardians are required to attend the Fun Friends and Friends Parent Groups which run concurrently.
* *Teen Talk Group* is a 16-week evidence-based therapy group for adolescents (and their parents) who are overwhelmed by their difficult emotions. The content and structure of the therapy group is based on the Dialectical Behaviour Therapy (DBT) model of care. DBT is a skills-based, cognitive-behavioral treatment that has been proven to be effective in treating adolescents with serious, longstanding problems with managing their own difficult emotions often leading to impulsive, self-destructive behaviours (e.g., substance abuse, self-harm) that put them at high risk for serious bodily harm and/or death through suicide attempts. The goals of the group include teaching adolescents concrete skills so that they can avoid future, long-term mental health difficulties and reinforcing the skills learned in group by reviewing them with parents. Offering this treatment in a group modality increases the number of adolescents and parents we are able to treat.
* *Look at Me, Look at Us* is a 12-week play-based group informed by the principles of ‘Watch, Wait and Wonder’, an evidence-based approach that helps strengthen the parent-child relationship and helps children feel understood, supported and more easily soothed. This program is offered to very young children (3 and 4 year olds) and their parents where lack of a parental attunement and connection may be contributing to a child’s inability to regulate emotions and behaviours. Common presenting problems include irritability and difficulty being soothed, excessive tantrums, sleeping problems, eating problems, clinginess, toileting problems and oppositionality/defiance. Parents are taught to ‘watch, wait and wonder’ and are encouraged to develop sensitive responsiveness to the child’s behaviour and emotional signals. Offering this treatment in a group modality increases the number of young children and parents we are able to treat.
* *Hear My Voice* is a new pilot program for children between the ages of four and seven who are diagnosed or exhibiting symptoms of selective mutism. The program is offered as a 16-week group for the children, with a concurrent series of sessions for parents over the course of 8 months. The program utilizes cognitive behavioural, social skills, and body based strategies to help children learn to manage their anxious thoughts and feelings, and gradually increase communication. For example, children are supported to develop awareness of emotions, increase eye contact, use non-verbal communication, increase tolerance for touch and proximity, increase interaction with peers and adults, increase tone of voice, and respond to simple questions, among other things. Parents are taught how to support their children’s attempts at communication at home and in public. This program was developed in response to the exceedingly high numbers of children presenting at our agency with selective mutism.
* *FAME Youth Group* is an 8-session group offered to teens 13-17 years old who have a family member struggling with mental illness. The group uses psycho-educational and Cognitive Behavioural Therapy principles and is intended to provide youth with educaton and support in understanding mental illness, provide a forum in which they may express their feelings about it, and develop positive coping skills to manage living with a family member with an illness. The group is offered in collaboration with The Family Association for Mental Health Everywhere (FAME) at The George Hull centre, with one clinician from The George Hull Centre and one from FAME. Some of the key treatment goals and strategies of the group are: to gain accurate knowledge about mental illness; to identify and express feelings in a safe environment; to explore healthy coping strategies; to develop personal support networks; to promote resilience; to develop a coping action plan.
* **Specialized capacity and expertise:**

**Admission and discharge criteria**: Children from birth to age 18 with a developmental, emotional, behavioural or psychiatric difficulty, and their families.

Discharge and follow-up plans are developed for all clients. The process is mutually negotiated with a primary emphasis placed upon developing a network of supports which might include: other professional services or supports (including the family physician); school and community programs; and natural support systems of extended family, friends and cultural and religious groups to meet the needs of the child and family.

**Access to service process:** Referrals may come from families and/or youth directly and may also be made by collaterals such as family doctors, social workers, child welfare, etc. Referrals from collaterals must be confirmed by the family receiving treatment. Youth, over the age of 12, may refer themselves and do not require parental consent.

Intake will receive calls, answer questions, redirect calls to appropriate services if necessary, and complete the intake. A Consultation Interview may be scheduled with a clinician or the client may be put directly on a waitlist.

**Individual planning and goal setting**: Treatment planning and goal setting is jointly managed by the family and their clinician. These goals are reviewed after the initial assessment at the beginning of treatment, and every 6 months thereafter. This process also includes discharge planning.

**Community linkages and service collaboration** (where appropriate): The George Hull Centre works with a number of community partners, both through formal service partnerships and service coordination activities required by individual families, for example:

* Catholic Children’s Aid Society of Toronto
* Children’s Aid Society of Toronto
* Centre for Addiction and Mental Health
* The Etobicoke Children’s Centre
* Yorktown Child and Family Centre
* Families for Mental Health Everywhere
* Rexdale Community Health Centre
* St. Joseph’s Health Centre
* Stonegate Community Health Centre
* Toronto Catholic District School Board
* Toronto District School Board
* Skylark Children, Youth, Families
* Toronto Public Health
* Planned Parenthood
* West End Sexual Abuse Treatment Program
* Youthdale Treatment Centre
* Hospital for Sick Children
* Central Toronto Youth Services
* The Jean Tweed Centre
* Breakaway Addiction Services
* Radius Child Services
* BOOST Child & Youth Advocacy Centre
* **Service Location*:***

Address: 81 The East Mall, Toronto, Ontario, M8Z 5W3

Type of location: Children’s Mental Health Centre

Area served: Etobicoke

* **Method of Evaluation*:***

Describe the agency's evaluation processes with specific reference to how:

* **Service objectives will be evaluated:** All Counselling/Therapy Support clients are given the opportunity to participate in the biennial month-long blitz administration of the Client Feedback Forms developed through the Ministry of Children & Youth Services (Toronto Region) *Supporting Service Excellence and Continuous Quality Improvement Program*. The blitz client feedback form probes the following dimensions: Client/Provider Relationship, Environment and Organization, Process of Care, and Outcomes and Satisfaction.

Child and Adolescent Functional Assessment Scale (CAFAS) data is collected for each client in outpatient services who is age 6 or older at the start of services. CAFAS results demonstrate the degree to which clients have shown improvement along multiple dimensions (e.g. school role performance, home role performance, behavior towards others, moods and emotions).

Treatment groups are evaluated with standardized measures where appropriate. Qualitative feedback is also collected at the end of all groups through program-specific client feedback questionnaires that probe the degree to which group goals are attained and the degree of client satisfaction. Individual and aggregate results are shared with program leaders at the start and end of each round.

* **Quantitative (outputs) and qualitative (outcomes) evaluation will be implemented:** The biennial client feedback blitz survey is administered prior to client appointments using paper/pencil forms during the month of April or May. The survey elicits responses from multiple family informants (parent/caregiver, youth, children). Likert scales are attached to questions, so clients can rate the degree to which they agree with statements related to the process of service and the outcomes of services. There are spaces for respondents to provide qualitative responses regarding the strengths of the Centre and areas where respondents feel there could be improvement.

The Program Director receives reports summarizing the blitz data. Results are reviewed with program staff. Changes to the programs are made accordingly both to increase client satisfaction and also to increase program effectiveness.

CAFAS scores are rated by the treating clinician at the beginning and end of service, and at yearly intervals. The CAFAS data is reviewed by the clinical staff and aggregate data is reported annually.

Evaluation results are also presented to the Board of Directors under the direction of the Director of Research and Program Evaluation.

|  |  |  |
| --- | --- | --- |
| *Area* | *Indicators* | *Activities* |
| *Outputs* | | |
| Client Served | * # Clients served | Quarterly reporting of number of unduplicated clients served. |
| * Attendance rates | Reporting of attendance rates by group session. |
| *Outcomes* | | |
| Improved Functioning of Client | * Clinically significant improvement in CAFAS | CAFAS results from the year are reviewed annually to understand the degree of improvement following treatment. |
| * Client symptom profiles on the Multi-dimensional Anxiety Scale for Children-2 | Measure is completed pre group treatment by participants in the CBT Child Group and CBT Parent Group. |
| * Clinically significant improvement on The Strengths and Difficulties Questionnaire | Measure is completed pre and post group treatment by participants in the Fun Friends Parent Group. |
| * Short Warwick Edinburgh Mental Well-being Scale and the Difficulties in Emotion Regulation Scale | These measures are completed pre and post group treatment by participants in the Teen Talk Group. |
| Client Satisfaction & Client Rating of Program Goals Achieved | * Client Feedback Form | Biennial client feedback blitz. |
| * Program-specific Client Feedback Form | A Client Feedback Form is completed at the last session of every group program. |

# Family Capacity Building and Support

**Budget: $22,000**

**Service Targets:**

* Number of families served: 198
* Number of participants in sessions/workshops/training: 200
* Number of hours of direct service: 266
* Number of hours of indirect service: 55

**Plan to Achieve Service Objectives*:***

* Description of how Service Objectives will be implemented:

The George Hull Centre for Children and Families provides services to children and youth from birth to age eighteen under the authority of the *Child, Youth and Family Services Act*. The Centre provides comprehensive clinical services to children and youth with acute to chronic developmental, emotional, behavioural and psychiatric difficulties.

Services and supports are either evidence-based or evidence-informed. All children, youth and their families have access to a flexible continuum of strengths-based services appropriate to their cultural, environmental and community context. The Centre works collaboratively with many organizations in the community in order to provide an integrated and coordinated service response to help meet the needs of children, youth and their families. The Centre is committed to working in collaboration with the Lead Agency to plan and align local core services.

The George Hull Centre regards each child as an individual, a member of a family and a member of the community. A commitment to gender equality, cultural sensitivity and accessible economic opportunities provides an organizing framework to the philosophy of the Centre. The Centre takes into account imbalances of power as they exist in the culture and as they affect the lives of children, and advocates accordingly on behalf of marginalized groups.

All programs are evaluated to the extent that they meet their service goals and findings are disseminated to Centre staff, clients and the professional community, when appropriate. Services are provided by multidisciplinary teams of mental health professionals, representing the disciplines of social work, psychiatry, psychology, child & youth work, and early childhood education. Staff maintain membership in their regulatory professional colleges.

* **Description of the specific services and service capacity:**

Our Family Capacity Building and Support programs are staffed by clinicians trained in delivering psychoeducational groups. Clinicians facilitating the *Help! I Have Teens!* group are trained in the evidence-based and manualized COPE program developed by Charles Cunningham, which forms the basis of the program. Clinicians facilitating the *Nurturing Connections* and *Nurturing Attachment* programs are trained in Dyadic Developmental Therapy, the evidence-informed practice on which the groups programs are based.

*Help! I Have Teens!* is a ten-session group offered to parents of adolescents ages 13-18. The program provides parents with information about the developmental tasks of adolescence and strategies for managing their own reactions and ultimately those of their children. Using a combination of didactic presentation, role play, discussion and humour, the course aims to help parents develop skills and regain perspective. The group is offered once or twice a year, depending on enrollment.

*Nurturing Attachments Treatment Group* is an 18 week evidence-informed and manualized group intervention provided over the course of one year to parents who are raising children with complex trauma and/or attachment difficulties.  The program is based on Daniel Hughes Dyadic Developmental Psychotherapy (DDP) Model. The group is for adoptive, kin and foster parents raising children with attachment and trauma histories. The group helps parents learn to nurture their attachments with their children so that their children will feel increasingly secure and supported by their parents and, in turn, more receptive to limits and expectations. Parents learn how to help their child develop close, satisfying relationships, learn practical approaches to promoting attachment, shaping behavior and working through trauma and grief, and experience the feeling of peer support, community and mutual understanding.

*Nurturing Connections Treatment Group:* Similar to the *Nurturing Attachments Group*, the *Nurturing Connections Group* is an 18 week evidence-informed and manualized group intervention based on DDP provided over the course of one year to biological parents who are raising children with complex trauma and/or attachment difficulties. This program also targets families raising children who have experienced inadequate parenting, including abuse, neglect and/or exposure to domestic violence, drug or alcohol abuse. The group provides theory-based strategies to help parents develop skills to manage behaviour, but within the broader context of building trust and security with the child. Parents are given opportunities to understand their own attachment/trauma histories and how they impact their parenting of the child. They are also engaged in repeated opportunities to practice and refine parenting skills and strategies.

*Trauma Informed Care* is a series of three workshops for parents, guardians, grandparents, and foster parents of children 3 - 18 years old who have experienced trauma or abuse, such as sexual, physical or emotional abuse, or have witnessed domestic or community violence. These workshops have been developed in partnership with The Etobicoke Children’s Centre, Yorktown Child and Family Centre, Radius Child Services, and the Children’s Aid Society of Toronto, and are delivered once a year at each of the partner agencies. They are designed to provide psychoeducational support to families to understand the nature of trauma, the impact on children and their families, symptoms and symptom management, and what parents can do to support their children who have experienced trauma.

The parent components of the *Anxiety Group*, *Fun Friends, Friends, Teen Talk, Look at Me, Look at Us, and Hear My Voice* programs are also counted under this category.

* **Specialized capacity and expertise:**

Admission criteria: The Family Capacity Building and Support groups are open to any parent or caregiver in the City of Toronto.

Access to service process: Parents do not have to have to be clients of the Centre to benefit from these programs. Parents can register by telephone or upon initial attendance.

**Individual planning and goal setting**: Each individual will have a current Plan of Care (POC) that reflects an assessment of his/her needs and preferences. The POC will identify the specific services/supports received by the individual, the expected outcomes and be based on the principles of person centred planning, self-determination and choice.

Community linkages: Groups are advertised in the community, through schools, doctors, child welfare and other service providers.

* **Service Location:**

Address: 81 The East Mall, Toronto, Ontario, M9B 4B1

Type of location: Children’s Mental Health Centre

Area served: Toronto

**Method of Evaluation:**

Describe the agency's evaluation processes with specific reference to how:

* **Service objectives will be evaluated:** The Family Capacity Building and Support programs are evaluated through client feedback forms and with standardized measures as appropriate. Client Feedback Forms for these programs probe areas such as quality of group environment and facilitation, degree to which aspects of the program were helpful, changes that participants see in their skills, relationships, knowledge and behaviour.
* **Quantitative (outputs) and qualitative (outcomes) evaluation will be implemented:** Client Feedback Forms are administered during the last session of the program. Clients are given private time to complete these paper-pencil surveys. Likert scales are attached to questions, so clients can rate the degree to which they agree with statements related to the process of service and the outcomes of services. There are spaces for respondents to provide qualitative responses regarding the strengths of the Centre and areas where respondents feel there could be improvement.

Standardized measures are completed by parents of the *Nurturing Attachments* and *Nurturing Connections* groups, rated by participants at the beginning and end of service, and at yearly intervals. The results of these measures are reviewed by the clinical staff at the program start and aggregate results are presented at program end.

Program Directors receive reports summarizing the evaluation data. Results are reviewed with program staff. Changes to the programs are made accordingly, both to increase client satisfaction and also to increase program effectiveness. Evaluation results are also presented to the Board of Directors under the direction of the Director of Research and Program Evaluation.

|  |  |  |
| --- | --- | --- |
| *Area* | *Indicators* | *Activities* |
| *Outputs* | | |
| Client Served | * # Clients served | Quarterly reporting of number of unduplicated clients served. |
| * Attendance rates | Reporting of attendance rates by group session. |
| *Outcomes* | | |
| Client Satisfaction & Client Rating of Program Goals Achieved | * Program-specific Client Feedback Forms | A Client Feedback Form is completed at the last session of each group. |
| Improved Functioning of Client | * Improvement on the Strengths and Difficulties Questionnaire, the Parenting Stress Index – 2, and the Behavioural and Emotional Rating Scale-2. | The questionnaire is completed by participants in the *Nurturing Attachments and Nurturing Connections* Groupspre and post group. |

# Coordinated Access and Intake

**Budget: $65,000**

**Service Targets:**

* Number of unique children/youth eligible for service: 868
* Number of children/youth by gender identity:
* Male: 449
* Female: 416
* X: 3
* Number of initial needs assessments: 185
* Number of children/youth by age:
* 0-5: 130
* 6-10: 243
* 11-14: 243
* 15-17: 252
* Number of hours of direct service: 1,740
* Number of hours of indirect service: 0

**Plan to Achieve Service Objectives*:***

* Description of how Service Objectives will be implemented:

The George Hull Centre for Children and Families provides services to children and youth from birth to age eighteen under the authority of the *Child, Youth and Family Services Act*. The Centre provides comprehensive clinical services to children and youth with acute to chronic developmental, emotional, behavioural and psychiatric difficulties.

Services and supports are either evidence-based or evidence-informed. All children, youth and their families have access to a flexible continuum of strengths-based services appropriate to their cultural, environmental and community context. The Centre works collaboratively with many organizations in the community in order to provide an integrated and coordinated service response to help meet the needs of children, youth and their families. The Centre is committed to working in collaboration with the Lead Agency to plan and align local core services.

The George Hull Centre regards each child as an individual, a member of a family and a member of the community. A commitment to gender equality, cultural sensitivity and accessible economic opportunities provides an organizing framework to the philosophy of the Centre. The Centre takes into account imbalances of power as they exist in the culture and as they affect the lives of children, and advocates accordingly on behalf of marginalized groups.

## All programs are evaluated on the extent to which they meet their service goals and findings are disseminated to Centre staff, clients and the professional community, when appropriate. Services are provided by multidisciplinary teams of mental health professionals, representing the disciplines of social work, psychiatry, psychology, child & youth work, and early childhood education. Staff maintain membership in their regulatory professional colleges.

* **Description of the specific services and service capacity:**

Intake serves as the main link between the community and the range of programs and services of the Centre. All requests for services are handled by the Clinical Intake Coordinator who conducts an initial telephone interview with the client or family. Demographic information, a brief history of the problem and of previous clinical contacts, and information about client needs and expectations are gathered. Risk factors are also explored, such as history of trauma, self harm or suicidal ideation, substance abuse, eating disorders, etc. The Clinical Intake Coordinator routinely asks about individual, family and community strengths and protective factors, and inquires about any relevant cultural, ethnic, linguistic, sexual orientation, religious identities and the family's preference for receiving services. In cases where linguistic issues are identified, interpreters are hired to attend and facilitate client meetings.

Clients are informed about services and community supports that are available to them while waiting for services at The George Hull Centre, including our SOS Program or mental health workshops. We also provide the locations and hours of operation of mental health walk-in clinics. Clients assessed as being at imminent risk of injury to self or others are sent to either of the two local regional paediatric centres, St. Joseph’s Health Centre or Humber River Regional Hospital, or to the Youthdale Crisis Team.

Cases such as the following are deemed a priority:

* mental health concerns within the 0-6 population;
* violence in the family home;
* witness to community violence;
* children/youth independently seeking service;
* children/youth who have recently been discharged from an inpatient child or adolescent unit.

If a child or family is ineligible for service or better served elsewhere (due to age, catchment restrictions or a need for specialized services), the client will be directed to the appropriate resource. In the case of calls from within Toronto, the Service Inquiry Form of the Children’s Services Protocol will be completed, and the Intake Coordinator will assume responsibility for service coordination until an appropriate service can be located. Referrals for residential treatment are directed to Centralized Access for Residential Services (C.A.R.S.) when appropriate.

The Clinical Intake Coordinator meets weekly with the Director of the Community Clinic and the Psychiatrist in Chief to triage cases and monitor the waitlist.

* **Specialized capacity and expertise**

**Admission and discharge criteria:** Children and youth, from birth to age 18, with a developmental, emotional, behavioural or psychiatric difficulty.

Services for children, youth and families are voluntary and as such, may withdraw from services at any time.

**Access to service process**: Generally, clients or parents are encouraged to call the Centre directly in order to access service. In some cases, at the request of the referral agent, the Clinical Intake Coordinator may initiate contact with a prospective client.

**Individual planning and goal setting**: Each individual will have a current Plan of Care (POC) that reflects an assessment of his/her needs and preferences. The POC will identify the specific services/supports received by the individual, the expected outcomes and be based on the principles of person centred planning, self-determination and choice.

**Community linkages and service collaboration** (where appropriate): The Clinical Intake Coordinator maintains current information on available services in the community for children and families. She attends quarterly meetings with intake workers from Toronto children’s mental health centres to share and receive information about services and resources.

The Clinical Intake Coordinator maintains good working relationships with the intake staff of partner agencies and other organizations to facilitate service coordination on behalf of clients contacting The George Hull Centre.

* **Service location:**

Address: 81 The East Mall, Toronto, Ontario, M8Z 5W3

Type of location: Children’s Mental Health Centre

Area served: Etobicoke

* **Method of Evaluation*:***

Describe the agency's evaluation processes with specific reference to how:

* **Service Objectives will be evaluated**

Currently, we report on the following data elements at intake as part of the monthly Service Utilization Reporting standards:

* Number of intakes completed
* Length of wait for intake
  + **Quantitative (outputs) and qualitative (outcomes) evaluation will be implemented:** The Centre monitors the number of intakes completed and wait times for intake. Wait times for intake are calculated as total number of days between the initial client phone call and the completed intake.

Currently we report ‘total intakes’ and ‘days waiting to intake’ on a quarterly basis to Program Directors.

# Intensive Treatment Services

**Budget: $3,314,000**

(Day Treatment: $913,000; Residential Treatment: $2,401,000)

**Service Targets:**

**Residential Day Treatment**

* Number of individuals served: 25 60
* Number of days of care: 4,594
* Number of days waited for service: 4,000 7,000
* Number of children/youth with complex

assessed needs: 25 60

* Number of elapsed days (service duration) of

service received by children/youth: 15,000 25,000

* Number of hours of direct service: 32,594 10,346
* Number of hours of indirect service: 4,093 2,004
* Number of families served in-home: 11 0
* Spaces occupied for Intensive Treatment Services: 40
* Spaces available for Intensive Treatment Services: 14

**Plan to Achieve Service Objectives:**

The George Hull Centre for Children and Families provides services to children and youth from birth to age eighteen under the authority of the *Child, Youth and Family Services Act*. The Centre provides comprehensive clinical services to children and youth with acute to chronic developmental, emotional, behavioural and psychiatric difficulties.

Services and supports are either evidence-based or evidence-informed. All children, youth and their families have access to a flexible continuum of strengths-based services appropriate to their cultural, environmental and community context. The Centre works collaboratively with many organizations in the community in order to provide an integrated and coordinated service response to help meet the needs of children, youth and their families. The Centre is committed to working in collaboration with the Lead Agency to plan and align local core services.

The George Hull Centre regards each child as an individual, a member of a family and a member of the community. A commitment to gender equality, cultural sensitivity and accessible economic opportunities provides an organizing framework to the philosophy of the Centre. The Centre takes into account imbalances of power as they exist in the culture and as they affect the lives of children, and advocates accordingly on behalf of marginalized groups.

## All programs are evaluated on the extent to which they meet their service goals and findings are disseminated to Centre staff, clients and the professional community, when appropriate. Services are provided by multidisciplinary teams of mental health professionals, representing the disciplines of social work, psychiatry, psychology, child & youth work, and early childhood education. Staff maintain membership in their regulatory professional colleges.

The George Hull Centre provides intensive treatment services through:

* Residential Treatment Services: Boys House and Libby’s Place
* Day Treatment Services: School Program and Clear Directions
* Community Clinic: Children At Risk for Entering Care (CARE)

**Residential Treatment Services**

* **Description of the specific services and service capacity:**

The George Hull Centre has two residential treatment programs for challenging adolescents with complex emotional needs and behavioural difficulties. Residential treatment is offered to six girls, ages 12-18, at Libby’s Place and eight boys, ages 13-18, at the Boys House. The length of stay is one to two years, but can be longer in some instances.

The residential programs are highly structured, emphasizing and using both individual and group strengths. The programs are based on the principles of milieu therapy. The milieu is well established as a supportive environment in which staff can work with the youth to provide safety and structure while assessing and treating the youth’s relationships and behaviour. The therapeutic milieu includes group therapy, group and individual activities, group tasks and chores. It also includes individual meetings with an assigned child and youth worker. The emphasis on group allows for the residence to rely on a forum, which will help with group problems and difficulties. The assigned individual worker allows for conversations, which the resident may or may not want to share with the group. The programs reflect a Centre-wide commitment to competency-based approaches to treatment which strengthen coping and resilience and enhance awareness and understanding of the particular challenges the client faces. Family involvement is strongly encouraged at every level and the programs strive to improve functioning at home, school and in the community.

Libby’s Place and the Boys House also offer In-Home Support (I.H.S.) to the residents and their families. I.H.S. is provided by Child and Youth Workers in the home of the client in order to capitalize on the strengths and the influence of the family system. Opportunities for growth and change present themselves in situations and locations that are of immediate relevance to the clients and their families, as opposed to in the highly controlled residential environment. Through the interventions of the I.H.S. worker, the family learns more effective ways to communicate, to handle conflict, and to manage routine difficulties. For residential clients, I.H.S. can often be used as a transitional measure to support a client’s eventual return home. Residential clients and their families can also benefit from I.H.S. during home visits, or, in the case of highly conflictual relationships, to make home visits possible in the first place.

Each residential program is run by a team of child and youth workers under the supervision of a Program Manager. A social work clinician in each program works with the client and their family prior to admission and throughout their stay. Pre-admission discussions lead to a beginning clinical formulation regarding the problem, the context and the particular idiosyncratic aspects that are preventing change. The unique needs of the client and their family are given the utmost consideration and the program works diligently to engage the client and family at every stage of treatment.

Upon admission, each client and their family meet with the psychiatrist and, following admission, a psychological assessment is completed, if required. All residents of Libby’s Place and the Boys House have access to the Centre’s School Program. When the client is experiencing success in their home community school, every effort is made to maintain and support the school placement. When school has been problematic, clients are admitted to the George Hull School Program and a plan is made to increase academic success. Tutors are available to assist with homework and youth are encouraged to use their services to support their educational needs. As the conclusion of residential treatment approaches, there is a focus on smooth transitions. If the client is ready to attend a community school or less restrictive school setting, the program works hard to enable this, thus providing a first step towards a successful re-integration home.

The approach to treatment is based on a multidisciplinary process in which the psychiatrist, social worker and child and youth workers collaborate in clinical discussion and coordinate all aspects of treatment jointly with the clients, their families, and outside agencies.

The residential programs had training with Dr. Daniel Hughes in 2015. Dr. Hughes’ Dyadic Developmental Psychotherapy (DDP)is an evidence-informed therapeutic model designed for children with significantly disrupted attachment and trauma histories. All of the youth in our residential programs have experienced disrupted attachments or trauma, and often both. In most circumstances, this is a generational issue impacting the parents which, if untreated, leaves reduced opportunity to repair fractured relationships and influence change. This model is well suited to implementation in the milieu. Our child and youth workers are trained to approach their work through the lens of P.A.C.E. – Playfulness, Acceptance, Curiosity and Empathy. This approach, though simple in principle, has a considerable impact on the youth in the program, helping them feel safe, understood and valued. Additionally, this model requires that staff initiate any ‘repair’ in the relationship when misunderstandings or ‘disruptions’ occur. At the same time as the child and youth workers are working with this model in the residence, the social workers are using this model in the family work (Attachment Focused Family Therapy). Our aim is for parents, through the family work, to be able to better understand their own trauma and attachment history, and to learn about P.A.C.E and how they can change the way they interact with their children. They are able to observe how the staff interact with their children, modelling PACE, and how their children, in turn, become more responsive.

The residential programs also incorporate aspects of a variety of other therapeutic interventions in their work. Michael White’s narrative therapy is used as a way to help youth and their families change the predominant and negative narrative of the youth and find alternative, more helpful narratives. Staff ‘externalize’ the youths’ behaviours in order to help them recognize the impact the behaviour is having on them and understand that they have some control over changing it. Dialectical Behavior Therapy (DBT) skills, such as mindfulness, are incorporated into the programs and staff are able to teach these skills to youth, thus providing them with effective tools to manage their distress. Adventure Therapy, which has been demonstrated to have better outcomes than traditional therapy with adolescent youth, is incorporated into programming. The experiential format of our trip program provides opportunities for learning through activities, in vivo skill building and rehearsal, kinesthetic participation, and point of performance coaching. Our psychiatrist and social workers incorporate elements of Cognitive Behavioral Therapy (CBT), DBT, trauma focussed CBT, motivational interviewing, attachment focussed family therapy and DDP into the work they do with clients and families, and discuss it with staff in team meetings. Our social workers and psychiatrist are adept at assessing the level of risk of a client in crisis and engage crisis services accordingly. The programs have good relationships with the local hospital as well as Youthdale Treatment Centres. We use these services as needed. Our Child and youth staff are trained in Crisis Prevention Intervention and have excellent de-escalation skills.

An outside consultant provides additional clinical support to the program teams on a bi-weekly basis. A clinical understanding of each client’s behaviour and symptoms is developed and specific treatment plans, team issues and therapeutic programming are discussed. Clients are interviewed in the presence of one another, which increases group cohesiveness, understanding and compassion. The consultant also provides bi-weekly consultation to the residential clinicians.

In addition to family sessions with their clinician, family members are invited to spend time in the house, come for dinner and participate in special organized events throughout the year. Parents are encouraged to attend seminars and groups offered by the Community Clinic. At the George Hull Centre, we believe that the more engaged the family is, the better the outcomes for their child. In the residential programs, we have the opportunity to engage families in fun and unobtrusive ways which lends itself to greater engagement in therapeutic activities.

The Residential Programs offer placements to child and youth work students from local community colleges. The students attend meetings with all other CYW students in the Centre which provides an enriched learning experience through discussing how they integrate their experience with their learning.

Libby’s Place: Libby’s Place places an emphasis on relationship-based programming. This approach, following the developmental research on young girls and adolescents, uses the program for working on, responding to and building relationships. The program approach is strength based, flexible and recognizes and responds to the individuality of each client.

The girls participate in their treatment planning and in the operation of the house. A bi-weekly house management meeting involving all the girls and staff builds on relationships, and creates an atmosphere of trust and working together.

Opportunities for achievement and community involvement are provided to each resident. Group and individualized programs are based on interest, need and each girl’s stage in treatment. The program offers discussion groups and a variety of activities, such as music lessons, expressive arts, boxing, yoga, trampolining and skiing and snowboarding lessons. During March Break and summer holidays, programming involves experiences such as cottaging, camping, travel, skiing and wilderness canoe trips.

Girls with specific needs attend community group treatment programs, which address issues such as anger management, sexual orientation, substance abuse, sexual abuse,life skills, etc.

Boys House: Group and individualized programming is designed to provide a range of opportunities that promote self-esteem, confidence and skill development. The program reflects sensitivity to the fact that boys are ‘shame prone’ and under social expectation to ‘keep astiff upper lip’ and ‘act tough’. Athletic programming is less competitive and activities are based on an understanding of the boys’ needs for relatedness and connection.

Boys with specific needs attend community group treatment programs, which address issues such as anger management, sexual orientation, substance abuse, sexual abuse, etc.

Activities include rock climbing, orienteering, swimming, photography, skiing, music lessons, weight training, tennis, skiing, snowboarding, camping and canoeing, dog sledding, ice fishing, trampolining, billiards, table tennis etc. Community involvement continues to be encouraged to meet the specific interests and needs of each resident. Boys have joined winter hockey leagues, summer soccer and baseball teams, and boxing clinics, to name a few.

Due to the nature of many of the mental health issues associated with the residents of the Boys House, such as depression, anxiety, Attention Deficit Disorder, addictions and school refusal, the program is designed to both challenge and stimulate the residents to experience life outside of the routine of a home environment. This is accomplished through a great deal of physical activity and adventure therapy programming such as a March Break winter camping trip and several trips during the summer months. The benefits of getting away from the daily structure and routine of the treatment residence are observed in the residents’ daily behaviour. An adolescent refusing school has less trouble getting to school. The depressed adolescent gets moving and develops hope and self-esteem. All residents learn new ways to deal with conflict, while exploring parts of themselves and Canada that they never knew existed. In February 2016, the Boys House held a family retreat winter camping experience. This weekend spent at a Scouts camp in Milton provided therapeutic and adventure-based programming for boys and their mothers and siblings. Each family benefitted from this trip as it helped consolidate many of the gains being made in therapy and provided an opportunity for parents to be supported by staff in real time.

In the past year, the Boys House has had a number of residents attend the program who have extremely complex needs and who, with some specific in-home support, could be returned home in a more timely way. Respecting the individual needs of the clients and their right to be in the least restrictive setting possible, while working in a flexible manner, we have transitioned several clients home by offering intensive in-home service for a specified period of time. This has led to shorter residential stays for some of these boys.

* **Specialized capacity and expertise:**

**Admission Criteria:** The residential treatment programs serve adolescents with longstanding, complex mental health needs: girls ages 11-17 at Libby’s Place, boys ages 12-18 at the Boys House**.**

**Discharge**: Decisions regarding discharge are mutually agreed upon by program staff, the client and the family or guardian, and are dependent on the client/family’s progress in treatment. Planning for transition out of the program begins early in treatment. Discharge planning is a continuous process that informs the therapeutic goals, provides clients with hope and assists everyone in keeping the treatment focussed.

The program supports the client and family in transitioning out of the residence. Residential clients have the option of continuing to attend the Centre’s School Program post discharge and the family has the option of continuing family therapy with the program clinician.

**Access to Service Process:** Admission begins with a referral from Centralized Access to Residential Services (CARS). Once the referral has been received, it is reviewed by the program social worker and manager. If the applicant seems appropriate for the level of service and intensity of the program, an assessment interview is conducted. Once determined a good fit for the program, the Child and Adolescent Functional Assessment Scale (CAFAS) is rated.

Each program has one Quicker Access bed. Clients who access these beds are referred to CARS through a Toronto child welfare agency, and are in need of quick access to a children’s mental health bed. The usual admission process is different for the Quicker Access clients as they do not go through a formal assessment prior to admission. The CAFAS is completed following admission.

**Individual planning and goal setting:** At the point of admission, initial treatment goals are developed by the clinician, program staff, client and family. The treatment plan and goals are reviewed and revised in Plan of Care meetings at regular intervals throughout treatment.

**Community linkages and service collaboration** (where appropriate): The residential programs are represented at CARS community table meetings and provide input with other agencies regarding hard to place clients. The Program Director is a member of the Quicker Access Committee. The program clinician, manager and staff maintain good working relationships with child welfare, children’s mental health agencies, community schools, and community services such as Parks and Recreation, Youth Employment Services and the YMCA. These linkages are critical in supporting clients in their ongoing treatment and as they transition out of the program.

* **Service location:**

Address: Libby’s Place

5162 Dundas Street West

Etobicoke, Ontario, M9A 1C2

Boys House

182 Dowling Avenue

Toronto, Ontario, M6K 3A6

Type of location: Residential group home

Area served: Toronto

* **Method of Evaluation:**

Describe the agency’s evaluation processes with specific reference to how:

* + - **Service Objectives are evaluated:** The residential programs have logic models which include program inputs, rationale, goals, target population and desired outcomes. The logic models are reviewed by program management annually and more often if there are significant changes to the program.

Residents receive a CAFAS evaluation at admission to and at discharge from the Centre. CAFAS results demonstrate the degree to which clients have shown improvement along multiple dimensions (e.g. school role performance, home role performance, behavior towards others, moods and emotions) and are reported to program staff and management.

Client Satisfaction, experience and outcomes of service are measured through interviews which are conducted with clients and parents/caregivers within one month of discharge from residential treatment. The interviews probe areas such as: program environment, family involvement, helpfulness of various program components, including In-Home Support, and the degree to which the program assisted with achieving academic, treatment and family goals. All interviews ask respondents to identify areas for program improvement.

The Director of Research and Evaluation and the Program Director review the evaluation data and together create a report summarizing the data. Results are reviewed with program staff. Changes to the programs are made accordingly to increase program effectiveness and client satisfaction.  Evaluation results are also presented to the Board under the direction of the Director of Research and Program Evaluation.

The following chart represents the elements of the current evaluation plan.

* **Quantitative (outputs) and qualitative (outcomes) evaluation are implemented**

|  |  |  |
| --- | --- | --- |
| *Area* | *Indicators* | *Activities* |
| *Outputs* | | |
| Client Served | * # Clients served | Quarterly reporting of number of unduplicated clients served. |
| *Outcomes* | | |
| Improved Functioning of Client | * Clinically significant improvement in CAFAS | Residential clients receive CAFAS ratings at admission to and at discharge from the Centre. |
| Client Satisfaction & Client Rating of Program Goals Achieved | * Client and Parent/ Caregiver interviews | Telephone interviews are conducted with clients and parents/caregivers within one month of discharge. |

**Day Treatment Services - School Program**

* Description of the specific services and service capacity:

The School Program offers academic programming to 23 children and youth through three Section 23 classrooms. The students who attend the School Program reside in the Boys House, Libby’s Place and the community. For students who reside at the Boys House and Libby’s Place, the school program is a fully integrated experience. The program staff have regular meetings and training together and have experience working in each other’s programs. There is regular communication between the program staff and managers. The residential social workers attend school clinical and plan of care meetings, providing continuity in service for the student and their families between the two programs. The majority of students who live in the community are connected to the designated School Program clinician for family therapy and case management. A smaller number of students who live in the community will receive these services from assigned Community Clinic clinicians. All of the clinicians attend School Program clinical and plan of care meetings. The classroom child and youth worker and student’s clinician are regularly in contact and ensure that all members of the clinical team are aware of issues that pertain to the treatment of the student and their family.

The students who attend the school exhibit acute or chronic behavioural, emotional, learning or developmental difficulties. The purpose of the program is academic achievement and the development of cognitive, social and linguistic skills which are necessary for successful adjustment at home, school and in the community. The program aims to reduce the severity of the mental health needs by treating underlying conditions, raising awareness and understanding of the problem, and developing coping strategies. Further, the program strives to move students on to less restrictive school programs once the student is prepared to make that transition.

The School Program endorses the view of the Centre of Excellence for Child and Youth Mental Health that ‘evidence-informed practice combines the best available research with the experience and judgement of practitioners and of clients and their families to deliver measurable benefits’. Staff utilize many of the principles of Miller and Rollnick’s motivational Interviewing counseling approach, which is a method of using people’s inherent motivation to change behaviour by developing discrepancy and exploring ambivalence. Staff also use elements of De Shazer and Berg’s Solution Focused Brief Therapy which focuses on what clients want to achieve and how to encourage any moves toward those self-identified goals. Aspects of Michael White’s Narrative Therapy are incorporated into the work done with clients, in particular the use of externalizing behaviour, which is particularly effective with our junior elementary students. Additionally, staff and teachers in the School Program have had training with Daniel Hughes in his Dyadic Developmental Psychotherapy with a particular focus on P. A.C.E. – Playfulness, Acceptance, Curiosity and Empathy. This model is designed to address the needs of children and youth who have experienced trauma and disrupted attachment, which applies to a significant number of the youth in our programs. The program social workers and a residential child and youth worker offer a P.A.C.E group for parents with children in our residential and day treatment programs. This group provides our families with a greater opportunity to understand the importance of healthy attachment, and to practice the P.A.C.E. model.

Throughout 2018-19, the entire School Program team, including the child and youth workers, social worker, Program Manager and teachers, will be involved in a series of training sessions in Dialectical Behaviour Therapy (DBT). DBT is a skills-based, cognitive-behavioural treatment that has been proven effective in treating teenagers who have serious, long-standing problems with managing their difficult emotions. Facilitated by Dr. Caroline McIsaac, these sessions will train the staff team to utilize evidence-informed DBT approaches in their daily interactions with the students. In addition, starting in 2019, the social worker, together with a child and youth worker, will facilitate formal DBT groups to our students.

The **Secondary Class** is a partnership program with the Toronto Catholic District School Board (TCDSB) and has a capacity for 8 students. The **Adolescent and Elementary Classes** are partnership programs with the Toronto District School Board (TDSB) and together have a capacity of 15 students.

The program is staffed by 4 full-time child and youth workers, 1 full-time social worker, 3 full-time teachers, a .5 Program Manager and a .1 administrative assistant. The team meets weekly to discuss cases and to provide peer and multidisciplinary consultation.

The School Program offers placements to child and youth work students from local community colleges. The students attend meetings with all other CYW students in the Centre which provides an enriched learning experience through discussing how they integrate their experience with their learning.

Parents and families of all students who attend the School Program are involved in regular therapy sessions with a clinician from the Centre. Parents and families are an integral part of their child’s learning and are welcomed into the school community. They are involved with the School Program through plan of care meetings, parent/teacher interviews, parent information nights, special celebrations and events such as graduation ceremonies. The child and youth workers in each classroom make a point of developing a rapport with the parents or caregivers of each student so there can be a free exchange of information and that parents continue to feel connected to their child’s progress and challenges as they emerge.

The discharge planning for all students starts almost immediately and involves the teacher, the treatment team, the student and their family. Considerations such as academic level, mental health supports and proximity to home community are looked at when determining the best next step in a student’s schooling. There is a particular focus on ensuring the student feels equipped for the reduction in intensity of programming. Often an up to date psychological assessment is required in order to identify to the school board what will be necessary to include in the IPRC meeting held by the school board.

All students who attend the School Program have access to a full psychological and/or educational assessment provided by the Centre’s consulting psychologist, where indicated. In addition to individual testing, the psychologist is available to consult to each teacher and staff regarding specific strategies that support learning. Students who attend the School Program also have access to psychiatry assessment, either through the Residential Programs’ psychiatrist or the Community Clinic psychiatrists.

Comprehensive homework and study plans are developed for each student. Students living in the Centre’s residential programs are supported through regular, scheduled homework time and the use of tutors. As previously mentioned, residential staff maintain close contact with teachers and School Program child and youth workers.

The curriculum in the two secondary school classes is credit based and delivered within Ministry of Education guidelines. Subjects taught depend upon the qualifications of the teachers and the needs of the students. Academic subjects that may be taught include Language Arts, Mathematics, Geography, History, Physical Education, Health, Cooking, Careers.

The curriculum offered in the elementary class, for grades six, seven and eight, is also delivered within Ministry of Education guidelines.

Therapeutic and educational groups are integrated into the curriculum. A girls’ group, boys’ group, life skills group, self awareness and personal skills group are some of the groups offered.

Regular field trips into the community include trips to the theatre, sporting events and musical performances. The annual field trip to the Holocaust Museum is particularly meaningful and brings the curriculum to life in a very compelling way. The School Program also offers opportunities to meet academic requirements for Community Work hours and students have volunteered at the Food Bank and Canadian Food for Children.

The George Hull Centre strives to offer a school program that is rich in opportunities that would be experienced in a regular community school. By virtue of being located in community schools, our students are able to join in with regular school activities, for example, assemblies, sports teams, extracurricular clubs, etc.

Guest speakers enrich academic programming with presentations on relevant issues, such as anti-bullying strategies, sexual health, homophobia, drug use, black history and career development.

* **Specialized capacity and expertise:**

**Admission criteria and access to service process:** The George Hull School Program serves students in grades six through twelve, who have had difficulty managing in regular school settings due to significant mental health needs and have exhibited acute or chronic behavioural, emotional, learning or developmental difficulties.

Youth are referred by teachers, parents, George Hull Centre clinicians, etc. Anyone can refer to the School Program. Once the School Program receives the referral, a meeting with the client, family and school staff is arranged. The clinician completes the Child and Family Functional Assessment Scale (CAFAS) following admission and at discharge.

**Discharge:** Teachers and staff work closely with community schools upon a student’s admission and prior to discharge to facilitate a smooth transition and integration back into the community.

Students are discharged when they are ready to move on to a less structured school environment. By virtue of being located in a community school, students in our program have the opportunity to transition out of the intense support of our classrooms into a regular classroom in the same school. Students may also move on to a regular or alternative school in their home community.

One staff is identified as a Transitional Support Worker and is available to meet with students and/or guidance counsellors in community schools following discharge.

**Individual planning and goal setting:** Upon admission to the program, an interim Plan of Care is formulated, which consists of a treatment plan and goals for the client and family. The Plan of Care is reviewed and revised at regular intervals during the school placement. Goal setting and program planning is a collaborative venture, including the client, their family, their clinician and the program staff.

**Community linkages and service collaboration** (where appropriate): The School Program is a collaborative partnership between The George Hull Centre, the Toronto District School Board and the Toronto Catholic District School Board. The Toronto District School Board hosts a monthly partnership meeting in which issues between the TDSB and agencies pertaining to Section 23 classrooms are discussed.

The School Program cultivates and maintains connections with professionals and community members who support the School Program through mentoring our clients on career days or other special events.

* **Service location**

Address:

Elementary Program: Dixon Grove Junior Middle School

315 The Westway

Etobicoke, Ontario, M9R 1H1

Secondary Program: Western-Technical Commercial School

160 Glendonwynne Road,

Toronto, Ontario, M6P 0A5

Type of location: Community schools

Area served: Etobicoke for community clients;

Toronto for George Hull Centre residential clients

* **Method of Evaluation;**

Describe the agency’s evaluation processes with specific reference to how:

* + - **Service Objectives are evaluated:** The School Program has a logic model which includes program inputs, rationale, goals, target population and desired outcomes. The logic model is reviewed by program management annually, more often if there are significant changes to the program.

The number of academic credits achieved by students are recorded and reviewed ongoingly by the School Program team. Academic credit data is summarized at year end.

Students receive a CAFAS evaluation at admission to and discharge from the Centre. CAFAS results demonstrate the degree to which students have shown improvement along multiple dimensions (e.g. school role performance, home role performance, behavior towards others, moods and emotions) and are reported to program staff and management.

Client Satisfaction, experience and outcomes of service are measured through Client Feedback Forms that are distributed to clients twice per year. These forms probe areas such as: program environment, family involvement, helpfulness of various program components, and the degree to which the program assisted with achieving academic, treatment and family goals. All forms ask respondents to identify areas for improvement.

The Program Director receives reports summarizing the evaluation data. Results are reviewed with the program staff.   Changes to the programs are made accordingly to increase program effectiveness and client satisfaction.  Evaluation results are also presented to the Board under the direction of the Director of Research and Program Evaluation.

* **Quantitative (outputs) and qualitative (outcomes) evaluation are implemented**

|  |  |  |
| --- | --- | --- |
| *Area* | *Indicators* | *Activities* |
| *Outputs* | | |
| Client Served | * # Clients served | Quarterly reporting of number of unduplicated clients served. |
| *Outcomes* | | |
| Improved Functioning of Client | * Clinically significant improvement in CAFAS | School program clients receive CAFAS ratings at admission to and at discharge from the Centre. |
| Client Satisfaction & Client Rating of Program Goals Achieved | * Program specific Client Feedback Form | Client Feedback Forms are distributed to clients twice per year. |
| Academic Achievement | * Total credits | Total academic credits achieved (for high school students only) are recorded. |

**Day Treatment Services - Clear Directions Substance Abuse Program**

* Description of the specific services and service capacity:

Clear Directions is designed to assist youth, 18 years and under, who are struggling with serious substance abuse and mental health issues and who live in the Greater Toronto Area. Since January 2018, due to changing community needs, Clear Directions also serves youth who struggle with mental health issues but may not have additional substance use issues. A multidisciplinary team working within a harm reduction philosophy engages youth by acknowledging and building on strength, instilling hope and inviting family and friends into the classroom and therapy room. The program serves 8 youth through a continuum of care encompassing outreach, individual and family therapy, day treatment, psychiatry consultation, residential care, case management and follow up.

Clear Directions staff include 2 full-time child and youth workers, a .5 social worker, a .5 Program Manager, 1 consultant psychiatrist (one half day weekly), a .1 administrative assistant, and psychological services on an as needed basis. The Toronto District School Board provides 1 Teacher. The team meets bi-weekly to discuss cases and to provide peer and multidisciplinary consultation.

Clear Directions provides learning and professional practice experience to students from the disciplines of social work and psychiatry through the Centre’s formal affiliation with the University of Toronto, as well as child and youth work and addiction counsellor students from local community colleges.

**Program Components**

**Individual and Family Therapy**: The family is considered to be an essential part of the treatment team and required in order to move the youth from a disengaged or ‘drop out position’ to an engaged ‘involved’ position at home, at school and in the community. Families and significant people in the students’ lives are involved from the beginning through to the end of treatment. The program clinician meets regularly with the youth and their families and utilizes aspects of a number of treatment modalities including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy, trauma focussed CBT, motivational interviewing and attachment focused family therapy.

**Day Treatment:** Designated as a Section 23 classroom, the academic program is offered in partnership with the Toronto District School Board. All students admitted to the classroom are between the ages of 13 –18 and have a history of serious substance use and/or mental health issues, family difficulties and school failure.

The day program has 8 - 10 spaces with a staff to youth ratio of one to four. The average length of stay is nine months, though many students remain in the program for 1-2 years. The daily program offers a wide range of activities and modes of learning and provides students with opportunity for success and achievement. All curriculum is credit based and delivered within Ministry of Education guidelines. Subjects offered include English, Mathematics, Geography, History, Physical Education, Art, Social Studies, Health and Careers. Subjects taught depend on the qualifications of the teacher and the needs of the students.

Clear Directions students participate in a number of weekly therapeutic groups: harm reduction, healthy living, current events, personal life management, and cognitive behavior therapy. The Clear Directions staff utilize many of the principles of Miller and Rollnick’s Motivational Interviewing counseling approach, which is a method of using people’s inherent motivation to change behaviour by developing discrepancy and exploring ambivalence. Staff also use elements of De Shazer and Berg’s Solution Focused Brief Therapy which focuses on what clients want to achieve and how to encourage any moves toward those self-identified goals. Aspects of Michael White’s Narrative Therapy is incorporated into the work done with clients, as often the youth in this program have ’problem saturated’ stories and benefit from developing a new narrative about who they are in the context of their family and within their social group. Additionally, the staff and teacher in Clear Directions have had training with Daniel Hughes in his Dyadic Developmental Psychotherapy with a particular focus on P. A.C.E. – Playfulness, Acceptance, Curiosity and Empathy. This model is designed to address the needs of children and youth who have experienced trauma and disrupted attachment, which arguably applies to all the youth in this program.

Throughout 2018-19, the entire Clear Directions team, including the child and youth workers, social worker, Program Manager and teachers, will be involved in a series of training sessions in Dialectical Behaviour Therapy (DBT). DBT is a skills-based, cognitive-behavioural treatment that has been proven effective in treating teenagers who have serious, long-standing problems with managing their difficult emotions. Facilitated by Dr. Caroline McIsaac, these sessions will train the staff team to utilize evidence-informed DBT approaches in their daily interactions with the students. In addition, starting in 2019, the social worker, together with a child and youth worker, will facilitate formal DBT groups to our students.

Parents and students are involved in plan of care meetings every 8 to 10 weeks with the program staff and teacher. Parents are encouraged to attend various parent groups and seminars offered by the clinicians in the Centre’s Community Clinic and Breakaway Addiction Services. The program social workers and a residential child and youth worker offer a P.A.C.E group for parents with children in our residential and day treatment programs. This group provides our families a greater opportunity to understand the importance of healthy attachment, and to practice the P.A.C.E. model.

## Psychiatry Consultation: A psychiatrist attends the program for half a day weekly, providing assessments, program and team consultation, educational seminars and supervision of psychiatry residents. The psychiatrist oversees the prescription of psychotropic medication and meets with the students and their families many times throughout the school year.

**Psychology Consultation:**  Clear Directions students have access to the Centre’s consultant psychologist.

**Residential Care:** The continuum of services is an attractive feature of the Clear Directions program and youth who require intensive support are able to access the Centre’s residential programs. Decisions to admit an adolescent with a serious substance abuse problem to one of our residential programs is made carefully because of the contagion of substance use and the vulnerability of the youth in the residence**.**

**Follow Up**: Due to the nature of addiction problems and the high rate of relapse, the follow up and ongoing community care component of the program is significant. It is offered to all youth and families for as long as they find it useful. Specific follow up plans are designed in consultation with the youth, their family, the Clear Directions team and outside professionals involved. A follow up treatment plan might include continued individual and family therapy, community support, a part time academic program or continued attendance in one of the substance abuse or therapeutic groups.

* Specialized capacity and expertise:

**Admission criteria and access to service process**: Youth who attend Clear Directions have both mental health and substance abuse challenges. Most have a history of family difficulties and school failure. Referrals come from substance abuse agencies, parents, doctors and community schools. Anyone can make a referral. Following referral, the program social worker and Program Manager meet with the youth and family. Because motivation is such an issue with substance-abusing adolescents, the program makes every effort to respond immediately when a referral is received.

**Discharge:** The program teacher and staff are actively involved with community schools and/or job placement programs prior to a youth’s discharge in order to facilitate smooth transitions and re-integration to the community. As a result of Clear Directions being located in Western Technical-Commercial School, the youth in the program have the opportunity to transition out of the intense support of our classroom into the larger school. The Western Tech. site also offers the possibility for students to gradually transition into classes in The Student School, an alternative school in the same building.

**Individual Planning and Goal Setting:** Upon admission to the program, an interim Plan of Care is established which outlines the client, family and School Program’s goals. The Plan of Care is reviewed and revised at regular intervals during the school placement. Goal setting and program planning is a collaborative venture, including the client, their family and the program staff.

**Community Linkages and Service Collaboration** (where appropriate): If a youth in the program requires an inpatient admission, a referral is made to the Centre for Addiction and Mental Health (CAMH) inpatient unit for youth with concurrent disorders. Our program works collaboratively with the CAMH team and the Clear Directions clinician attends family meetings and case conferences while the youth is in the inpatient unit.

Clear Directions staff are available to provide advice to community schools on substance-specific topics and/or consultation around students struggling with specific substance use issues.

A Clear Directions representative sits on the Mental Health and Addictions Youth Network with other Toronto service providers working with substance using youth.

* + **Service location:**

Address: Western Technical-Commercial School

160 Glendonwynne Road,

Toronto, Ontario, M6P 0A5

Type of location: Community school

Area served: GTA

* + **Method of Evaluation:**

Describe the agency’s evaluation processes with specific reference to how:

* + - **Service Objectives are evaluated:** The Clear Directions Program has a logic model which includes program inputs, rationale, goals, target population and desired outcomes. The Clear Directions logic model is reviewed yearly by program management, and may be reviewed more often if there are significant changes to the program.

The number of student academic credits are recorded and reviewed on an ongoing basis by the School Program team. Academic credit data is summarized at year end.

Students receive a CAFAS evaluation at the time of admission to and at discharge from the Centre. CAFAS results demonstrate the degree to which the students have shown improvements along multiple dimensions (e.g. school role performance, home role performance, behavior towards others, moods and emotions) and are discussed with program staff and management.

Client Satisfaction, experience and outcomes of service are measured through Client Feedback Forms that are distributed to clients twice per year. These forms probe areas such as: program environment, family involvement, helpfulness of various program components, and the degree to which the program assisted with achieving academic, treatment and family goals and reduction of substance use and the harmful effects of substance use. All forms ask respondents to identify areas for improvement.

The Program Director receives reports summarizing the evaluation data. Results are reviewed with program staff.   Changes to the programs are made accordingly to increase program effectiveness and client satisfaction.  Evaluation results are also presented to the Board under the direction of the Director of Research and Program Evaluation.

The following chart represents the elements of the current evaluation plan.

* **Quantitative (outputs) and qualitative (outcomes) evaluation are implemented**

|  |  |  |
| --- | --- | --- |
| *Area* | *Indicators* | *Activities* |
| *Outputs* | | |
| Client Served | * # Clients served | Quarterly reporting of number of unduplicated clients served in programs. |
| *Outcomes* | | |
| Improved Functioning of Client | * Clinically significant improvement in CAFAS | Clear Directions clients receive CAFAS ratings at the time of admission to and discharge from the Centre. |
| Client Satisfaction & Client Rating of Program Goals Achieved | * Program specific Client Feedback Form | Client Feedback Forms are distributed to clients twice per year. |
| Academic Achievement | * Total credits | Total academic credits achieved. |

**Community Clinic - Children At Risk for Entering Care (CARE)**

* Description of the specific services and service capacity:

CARE is a collaborative program between child welfare and children’s mental health, designed to prevent the entry of children into child welfare care. The program offers a flexible, clinical intervention in the family home to reduce barriers to attending service and to ensure that the family can participate in treatment consistently. Sessions are held weekly. The program requires a high level of transparency and service coordination between the service providers and the family.

Goals must be reasonable and achievable within 12 weeks to be eligible for the program. The George Hull Centre cannot directly refer Centre clients to this program.

Currently, there are two clinicians offering services within the CARE program. Each clinician carries one case continually, picking one up when terminating with another one, depending on number of referrals.

Clinicians employ a number of therapeutic approaches including Family Systems Theory, CBT, Trauma Focused CBT, and Dyadic Developmental Psychotherapy within an integrative family systems framework.

* Specialized capacity and expertise

Admission and discharge criteria: Families where the child is at imminent risk of apprehension by child welfare and the family is open and amenable to receiving mental health services in their own home.

CARE service is provided weekly for twelve weeks. At discharge, families will be referred for further treatment if required.

Access to service process: CARE referrals are prioritized by specific supervisors at the Catholic Children’s Aid Society of Toronto and the Children’s Aid Society of Toronto.

Individual planning and goal setting: Goals are established jointly with the family, the child welfare worker and the children’s mental health worker. Progress is formally reviewed at 12 weeks with all parties present.

**Community linkages and service collaboration** (where appropriate): CARE is a collaborative program with The Etobicoke Children’s Centre, Yorktown Child and Family Centre, the Catholic Children’s Aid Society of Toronto and the Children’s Aid Society of Toronto.

* **Service location:**

Address: 81 The East Mall, Toronto, Ontario, M8Z 5W3

Type of location: In-home service

Area served: Etobicoke

* **Method of Evaluation:**

Describe the agency’s evaluation processes with specific reference to how:

* + - **Service Objectives are evaluated:** The CARE Program has a logic model which includes program inputs, rationale, goals, target population and desired outcomes. The CARE logic model is reviewed by program management annually, and more often if there are significant changes to the program.

CAFAS data is collected at the beginning and end of service for all clients. CAFAS results demonstrate the degree to which the clients have shown improvements along multiple dimensions (e.g. home role performance, behavior towards others, moods and emotions) and are reported to program staff and management.

The Program Director receives reports summarizing the evaluation data. Results are reviewed with program staff.   Changes to the programs are made accordingly to increase program effectiveness and client satisfaction.  Evaluation results are also presented to the Board under the direction of the Director of Research and Program Evaluation.  

* + **Quantitative (outputs) and qualitative (outcomes) evaluation are implemented:**

|  |  |  |
| --- | --- | --- |
| *Area* | *Indicators* | *Activities* |
| *Outputs* | | |
| Client Served | * # Clients served | Quarterly reporting of number of clients served |
| *Outcomes* | | |
| Improved Functioning of Client | * Clinically significant improvement in CAFAS | CAFAS data on each client is collected at the beginning and end of CARE by the clinician. |

# Case Management and Service Coordination

**Budget: $842,000**

**Service Targets:**

* Number of children/youth served: 868
* Number of children/youth who ended service: 370
* Number of children/youth with positive outcomes: 296
* Number of caregivers/youth reporting positive outcomes: 296
* Number of caregivers/youth reporting positive experience with the service system: 296
* Number of clients with feedback at discharge: 56
* Number of children/youth requiring transitions at end of child & youth mental health service: 63
* Number of hours of direct service: 0
* Number of hours of indirect service: 3,107

**Plan to Achieve Service Objectives*:***

The George Hull Centre for Children and Families provides services to children and youth from birth to age eighteen under the authority of the *Child, Youth and Family Services Act*. The Centre provides comprehensive clinical services to children and youth with acute to chronic developmental, emotional, behavioural and psychiatric difficulties.

Services and supports are either evidence-based or evidence-informed. All children, youth and their families have access to a flexible continuum of strengths-based services appropriate to their cultural, environmental and community context. The Centre works collaboratively with many organizations in the community in order to provide an integrated and coordinated service response to help meet the needs of children, youth and their families. The Centre is committed to working in collaboration with the Lead Agency to plan and align local core services.

The George Hull Centre regards each child as an individual, a member of a family and a member of the community. A commitment to gender equality, cultural sensitivity and accessible economic opportunities provides an organizing framework to the philosophy of the Centre. The Centre takes into account imbalances of power as they exist in the culture and as they affect the lives of children, and advocates accordingly on behalf of marginalized groups.

## All programs are evaluated on the extent to which they meet their service goals and findings are disseminated to Centre staff, clients and the professional community, when appropriate. Services are provided by multidisciplinary teams of mental health professionals, representing the disciplines of social work, psychiatry, psychology, child & youth work, and early childhood education. Staff maintain membership in their regulatory professional colleges.

* **Description of the specific services and service capacity.**

The Centre has developed clinical practices which emphasize collaboration and coordination with other professionals in the development of a shared treatment approach. In working with the larger system, clinicians endeavour to enhance communication and cooperation at every level in order to develop sound, coordinated intervention approaches which address the often multifaceted nature of mental health problems in children.

The George Hull Centre is a member of the network of children’s services in Toronto and is a signatory to the Service Coordination Protocol. As such, the Centre assumes responsibility for service coordination of prospective clients who contact the Centre but may be more appropriately assisted elsewhere, and helps them to access the resources of other agencies and providers as required. In the case of George Hull Centre clients, clinicians cooperate with other agencies and organizations in designating service coordinators, and in providing service coordination where it is needed.

Many of the children and families receiving service at The George Hull Centre are also involved with others in the community who are making complementary efforts to provide help. We recognize that clients with multiple presenting problems are complex and may require multiple services and increased service coordination to effectively meet the client’s needs.

Efforts to coordinate services with those offered by other agencies involve staff at all levels of the agency. Clinical practice in the Community Clinic shows evidence of an inclusive, systemic and multidisciplinary orientation to assessment and treatment. Clinicians assume responsibility for service coordination as case managers, where appropriate, and take the initiative to contact and communicate with other relevant providers. Two Community Clinic Team Managers and the Director of the Community Clinic are available to discuss and to address clinical problems which arise at the service delivery level. Senior management participates in local and regional cross-sectoral planning forums in their ongoing effort to develop an integrated system of mental health services for children and adolescents.

The clinician is responsible for facilitating referrals to other agencies or hospitals where alternatives to the continuum of services offered by The George Hull Centre are required to meet the needs of the client for effective assessment, treatment and follow-up.

Referrals to other agencies can be made at any point in the intake, assessment or treatment process. If it is determined that the client's request for service can be more effectively or immediately met elsewhere, or if the client is living outside of our catchment area, the Intake Department and/or the treating clinician will recommend alternate services. If the client or family lives within Toronto, they will offer to assume service coordination responsibilities for the client or family until they are able to locate appropriate services on their behalf. Early transitions to other agencies may involve the transmission of appropriate background information, the intake narrative or the Service Inquiry Record to reduce the number of times that the client and/or family needs to repeat their story.

During the course of assessment and treatment, it is the responsibility of the clinician, in consultation with the multidisciplinary team and in collaboration with the client, to determine additional services that are needed. It is also the clinician’s responsibility to facilitate, support and follow up on referrals to other agencies.

* **Specialized capacity and expertise:**

**Admission and discharge criteria**: Children from birth to age 18 with a developmental, emotional, behavioural or psychiatric difficulty, and their families.

The George Hull Centre operates with the premise that it is the client’s decision to continue or discontinue treatment. However, this decision is generally made after discussion and consultation with the clinician during which questions and concerns might be raised or alternative services proposed. The clinician respects the client’s right to choose to participate or not in clinical services.

Clients and families are encouraged to re-contact the Centre if they require further assistance. Our belief is that change is a discontinuous process, and that different needs arise with new stages of individual and family development. Our commitment is to be available to provide long-term, intermittent care depending upon individual and family needs and readiness.

In cases where clients need transitioning to other services, such as hospital or adult services, we routinely provide written and verbal documentation (with the client’s consent). For example, if we are referring to adult mental health services, we routinely send copies of relevant reports such as the Assessment Summary and Treatment Plan, Closing Note, Psychology and Psychiatry Consultations. We make every effort to continue to provide appropriate support and service until the client has connected and transitioned to the new service.

**Access to service process**: The George Hull Centre has four formal service collaboration programs: Priority Access for Students, Children At Risk for Entering Care, Fun Friends, and FAME (the Family Association for Mental Health Everywhere).

**Individual planning and goal setting**: The client and family are considered active partners in developing a treatment plan and their views are elicited and documented. The client and family’s strengths and resources, needs, safety and risk factors are critical considerations in this process. Formal review/treatment planning meetings are scheduled at regular intervals in which clients and families give their input regarding the impact of services and are directly involved in decision making going forward.

* **Service Location:**

Address: 81 The East Mall, Toronto, Ontario, M8Z 5W3

Type of location: Children’s Mental Health Centre

Area served: Etobicoke

* **Method of Evaluation*:***

Describe the agency's evaluation processes with specific reference to how:

* **Service objectives will be evaluated:** The Director of Research and Program Evaluation, in consultation with Centre staff and professionals within the research community, is responsible for developing research and evaluation projects that reflect the priorities and mandate of the Centre and its programs.

Programs and services within the Centre evaluate the extent to which they meet their proposed goals of service in an efficient and effective manner that benefits the client. Program evaluation findings are disseminated to staff, and to Centre clients and the professional community where indicated. At the Centre-wide level, the Child and Adolescent Functional Assessment Scale (CAFAS) is used by outpatient, residential and day treatment programs.

All existing Centre services have a logic model which includes program inputs, rationale, goals, target population and desired outcomes. Logic models are reviewed annually, or as a result of significant changes to the program. Annual evaluation plans are developed to measure the extent to which the programs meet their objectives.

* **Quantitative (outputs) and qualitative (outcomes) evaluation will be implemented:** Qualitative feedback is collected at the end of all groups through program-specific Client Feedback Forms that probe the degree to which group goals are attained and the degree of client satisfaction. Standardized measures are used to evaluate treatment groups. Examples include the Multi-dimensional Anxiety Scale for Children (Anxiety Group), the Short Warwick Edinburgh Mental Well-being Scale (Teen Talk Group), the Strengths and Difficulties Questionnaires (Fun Friends) and Parenting Stress Index (Nurturing Attachments Group).

The George Hull Centre engages in a biennial month-long blitz administration using Client Feedback Forms developed through the Ministry of Children & Youth Services (Toronto Region) *Supporting Service Excellence and Continuous Quality Improvement Program.* The form probes the following dimensions: Client/Provider Relationship, Environment and Organization, Process of Care, and Outcomes and Satisfaction. This survey is administered during the month of April or May and elicits responses from multiple family informants (parent/caregiver, youth, children) who are at all stages of the service process.

Data from these sources is used:

* to inform the development and delivery of programs and services;
* to determine program effectiveness;
* to determine satisfaction with services.

# Specialized Consultation and Assessment

**Budget: $360,000**

**Service Targets:**

* Number of individuals served: 189
* Number of client consultations: 1,825
* Total number of education sessions: 15
* Total number of program consultations: 33
* Number of hours of direct service: 620
* Number of hours of indirect service: 207

**Plan to Achieve Service Objectives:**

* **Description of how Service Objectives will be implemented:**

The George Hull Centre for Children and Families provides services to children and youth from birth to age eighteen under the authority of the *Child, Youth and Family Services Act*. The Centre provides comprehensive clinical services to children and youth with acute to chronic developmental, emotional, behavioural and psychiatric difficulties.

Services and supports are either evidence-based or evidence-informed. All children, youth and their families have access to a flexible continuum of strengths-based services appropriate to their cultural, environmental and community context. The Centre works collaboratively with many organizations in the community in order to provide an integrated and coordinated service response to help meet the needs of children, youth and their families. The Centre is committed to working in collaboration with the Lead Agency to plan and align local core services.

The George Hull Centre regards each child as an individual, a member of a family and a member of the community. A commitment to gender equality, cultural sensitivity and accessible economic opportunities provides an organizing framework to the philosophy of the Centre. The Centre takes into account imbalances of power as they exist in the culture and as they affect the lives of children, and advocates accordingly on behalf of marginalized groups.

## All programs are evaluated on the extent to which they meet their service goals and findings are disseminated to Centre staff, clients and the professional community, when appropriate. Services are provided by multidisciplinary teams of mental health professionals, representing the disciplines of social work, psychiatry, psychology, child & youth work, and early childhood education. Staff maintain membership in their regulatory professional colleges.

Specialized Consultation and Assessment Services at The George Hull Centre include:

* Psychiatry
* Psychology
* Developmental Paediatrics
* Clinical/Family Therapy Consultation
* Trauma Assessment and Treatment Program
* DISC Assessment

**Psychiatry**

* **Description of the specific services and service capacity**

The George Hull Centre has three child and adolescent psychiatrists providing consultation and assessment to clients in our mental health programs. Through fee for service contracts, the Centre pays for 1.2 FTEs to provide consultation to clinical staff. The three psychiatrists are also required to provide a combined minimum of .5 FTE in OHIP billable hours for George Hull Centre clients.

All three psychiatrists at the Centre have faculty appointments at the University of Toronto and are members of the Division of Child Psychiatry. The psychiatrists also teach medical students and annually supervise up to four residents in psychiatry who are completing six-month clinical rotations at the Centre.

**Consultation**: The child and adolescent psychiatrists participate on all multidisciplinary clinical teams and provide consultation to the clinicians and child and youth workers in terms of helping to understand the child, assess risk, and develop a clinical formulation and treatment plan. The psychiatrist is also responsible for prescribing and monitoring psychotropic medication for clients in treatment at the Centre.

**Assessment:** Psychiatry assessments take place over 1-3 sessions, depending on the nature and complexity of the presenting problems and family dynamics. Part of the assessment may include the use of standardized measures, for example the Conners Rating Scales for Attention Deficit Hyperactivity Disorder. Following the assessment, a feedback session is conducted with the child/youth and family and George Hull Centre clinician, and a treatment plan is developed. If a George Hull Centre clinician has not yet been assigned, the child and family may be referred for ongoing treatment at the Centre depending on the recommendations.

**The Shared Care Consultation Program** allows the psychiatrist to act in a shared-care, supportive role to the community-based physician rather than being a replacement. This allows more clients to access psychiatry expertise while remaining within the care of the primary physician. It also helps community agencies and primary care providers work together to meet the client’s psychiatric needs. Psychiatry residents completing their child and adolescent psychiatry rotations at the Centre have rich learning opportunities in the Shared Care Consultation Program, under the supervision of the consulting psychiatrists.

Following the assessment, a feedback session is conducted with the child and family, and a treatment plan is outlined, which may include treatment services at The George Hull Centre. A comprehensive report is completed and mailed out to the referring physician or other health care provider. A copy is also made available to the family.

**Multidisciplinary Assessment (MDA) program** is a multidisciplinary assessment approach involving a psychiatrist and social worker over the course of three joint sessions to help determine the needs of children who present with both serious psychiatric symptoms as well as environmental and family factors. This process allows for efficiency, comprehensive assessment and the development of treatment recommendations informed by multidisciplinary input. Most often, cases referred to MDA’s are identified at intake. Many cases that have an MDA are referred for ongoing service to one of our many programs.

* **Specialized Capacity and Expertise:**

**Admission and discharge criteria:** Psychiatry assessments are available to children and youth, from birth to age 18, who present with complex mental health problems or have a history that indicates recurring difficulty in clarifying a diagnosis or determining effective interventions or treatment approaches.

**Access to service process:** Psychiatry assessment and consultation is available to clients of The George Hull Centre, as well as to community physicians and agencies in the Etobicoke area.

**Individual planning and goal setting:** The development of a treatment plan with the child/youth and family is part of all assessments.

**Community linkages and service collaboration** (where appropriate): Community physicians and agencies in the Etobicoke area access the psychiatry assessment and consultation service as needed for children/youth, from birth to age 18, and their families.

**Psychology**

* **Description of the specific services and service capacity:**

The George Hull Centre has two clinical child psychologists providing consultation and assessment to clients in our mental health programs. Through fee for service contracts, the Centre pays for .3 FTE to provide consultation to clinical staff and direct service to clients. One of our psychologists is a forensic psychologist who is an internationally renowned expert in the field of trauma, sibling sexual abuse and sexual offending by youth. Our other psychologist is an expert in delivering Dialectical Behaviour Therapy (DBT) and has been particularly useful in helping our team treat highly complex adolescents who struggle with life threatening self-regulation behaviours.

A clinical child psychologist provides specialized psychological or psycho-educational assessment and diagnosis of social, emotional, behavioural, developmental and learning disorders. The assessments involve the use of standardized measures. Psychological assessments assist clinicians, parents, teachers and child & youth workers in understanding the child or youth’s functioning and provide recommendations regarding treatment, placement or educational remediation. Written reports of completed assessments interpret and integrate test and clinical findings and are shared with parents, the child or youth, teachers, program staff and clinicians to inform the treatment plan. The Centre has a limited capacity to provide psychological services and prioritizes requests accordingly.

**Admission and discharge criteria:** Clients are referred by George Hull Centre clinicians or program staff. Referred clients have a complex profile of mental health needs (including exposure to trauma), academic difficulties, cognitive or learning deficits, as well as a range of socioeconomic or family stressors.

**Access to service process:** Psychological services are requested by George Hull Centre clinicians or program staff following a multidisciplinary team consultation. The request for assessment is approved by either the Director of the Community Clinic or the Director of Residential and Day Treatment Services.

**Developmental Paediatrics**

The George Hull Centre has one Developmental Pediatrician providing consultation and assessment to clients in our mental health programs who are under age 6 and who appear to be struggling with developmental delays in one or more areas. Through a fee for service contract, the Centre pays for .1 FTE to provide consultation to clinical staff and direct service to clients.

The developmental paediatrician assesses, diagnoses and supports children who have problems with any aspect of their development. This may include delays in gross and fine motor skills, speech and language, social communication and interaction skills, play, behaviour, and cognitive functioning. Assessments involve the use of standardized measures as well as two or three videotaped sessions for behavioural analysis of the child. Written reports of completed assessments interpret and integrate test and clinical findings and these are shared with parents, the child (if appropriate), teachers, program staff and clinicians to inform the treatment plan. If appropriate, the developmental paediatrician will also refer to external resources if there is a finding of developmental delay requiring specialized services (such as Autism). The Centre has a limited capacity to provide developmental paediatric assessments and prioritizes requests accordingly.

**Admission and discharge criteria:** Clients under the age of six are referred by George Hull Centre clinicians, Speech and Language staff or other program staff. Referred clients are suspected of having a serious developmental delay in one or more areas, requiring assessment and diagnosis.

**Access to service process:** Developmental paediatric services are requested by George Hull Centre clinicians or program staff following a multidisciplinary team consultation. The request for assessment is approved by the manager of the referring program.

**Clinical/Family Therapy Consultation**

* **Description of the specific services and service capacity:**

An outside consultant provides additional clinical support to the residential program teams on a bi-weekly basis. The residential programs work with youth and their families who have extremely complex mental health issues. A clinical understanding of each adolescent’s behaviour and symptoms is developed and specific treatment plans, team issues and therapeutic programming are discussed. As well, clients are interviewed in the presence of the staff and one another, which increases group cohesiveness, understanding, empathy and compassion. The consultant also provides clinical support to the clinicians working with the families of the clients in the residential programs.

**Trauma Assessment and Treatment Program**

* **Description of the specific services and service capacity:**

The Trauma Assessment and Treatment program serves children and families who have been impacted by trauma. Trauma Focused-Cognitive Behavioural Therapy is the primary modality used along with parenting psycho-education. The Centre has implemented an attachment focused family therapy approach (Dyadic Developmental Therapy) for children and families presenting with developmental trauma and/or significant parent-child attachment issues.

Trauma assessments usually take place over 3-5 meetings and incorporate the use of standardized measures, for example the CASTER (a trauma screener), the Trauma Symptoms Checklist and the UCLA. Following the assessment, a feedback session with the client and family is arranged and a treatment plan is outlined. A trauma-informed comprehensive report is generated as part of the assessment.

A consulting psychologist provides additional trauma-specific clinical support to the multidisciplinary team on a regular basis. Specific cases are reviewed and a clinical understanding of the child or youth’s symptoms and presentation is developed, along with direction for additional exploration, formulation and treatment planning. In addition to case-specific consultation, the consultant provides training on the latest research and evidence in the assessment, understanding and treatment of trauma in children and youth. Given that many of the children and youth presenting for service at the Centre have complex histories inclusive of trauma, these trauma-specific consultations have the added benefit of increasing clinical capacity to assess and treat complex cases, even if they are not appropriate for a trauma assessment specifically.

* **Specialized Capacity and Expertise:**

**Admission and discharge criteria:** Children from birth to age 18 and their families with complex mental health problems and a history of trauma.

**Access to service process:** Children and/or youth can be referred for a comprehensive trauma assessment by any George Hull Centre clinician or by any community agency through our Intake Department. Following the trauma assessment, treatment services are offered to the child/youth and their families.

**Community linkages and service collaboration:** Clinicians in the Community Clinic are attending monthly peer trauma consultation groups in collaboration with other community mental health providers, such as the West End Sexual Abuse Treatment team (WESAT), Yorktown Child and Family Centre, The Etobicoke Children’s Centre and Radius Child Services.

**DISC Assessment**

* **Description of the specific services and service capacity:**

A trained staff member administers the Diagnostic Inventory for Screening Children (DISC) when there is concern that a child between the ages of 0-5 may be exhibiting some delays in development. The DISC assesses skills in eight developmental domains – gross and fine motor, receptive language, expressive language, auditory attention and memory, visual attention and memory, self-help and social skills. Concurrent validity shows scales can distinguish most children requiring further assessment for developmental delay.

The DISC assessment assists clinicians, parents, teachers and youth workers in understanding the young child’s functioning and provides recommendations regarding further assessment, treatment, placement or educational remediation. Written reports of completed assessments interpret and integrate test and clinical findings and are shared with parents, teachers, program staff and clinicians to inform the treatment plan. The Centre has a limited capacity to provide DISC assessments and prioritizes requests accordingly.

* **Specialized Capacity and Expertise:**

**Admission and discharge criteria:** Clients are referred by George Hull Centre speech and language staff, mental health clinicians or other program staff. Referred clients typically have been identified as possibly exhibiting delays in development.

**Access to service process:** DISC assessments are requested by George Hull Centre program staff or clinicians following a multidisciplinary team consultation. The request for assessment is approved by the Community Clinic Team Manager.

* **Service Locations**

Address: 81 The East Mall, Toronto, Ontario

Type of location: Children’s Mental Health Centre

Area served: Etobicoke

Address: Clear Directions Day Treatment Program

160 Glendonwynne Road, Toronto, Ontario

Type of location: Community school

Area served: Greater Toronto Area

Address: Libby’s Place The Boys House

5162 Dundas St. W. 182 Dowling Avenue

Toronto, Ontario Toronto, Ontario

Type of location: Residential group home

Area served: City of Toronto

* **Method of Evaluation*:***

Describe the agency's evaluation processes with specific reference to how:

* **Service objectives will be evaluated:** The George Hull Centre engages in a biennial month-long blitz administration of the Client Feedback Forms developed through the Ministry of Children and Youth Services (Toronto Region) *Supporting Service Excellence and Continuous Quality Improvement Program*. Clients who receive psychiatry during this period are included in the survey. The blitz Client Feedback Form probes the following dimensions: Client/Provider Relationship, Environment and Organization, Process of Care, and Outcomes and Satisfaction.
* **Quantitative (outputs) and qualitative (outcomes) evaluation will be implemented:** The biennial blitz survey is administered prior to client appointments using paper/pencil forms during the month of April or May. The survey elicits responses from multiple family informants (parent/caregiver, youth, and children). Likert scales are attached to questions, so clients can rate the degree to which they agree with statements related to the process of service and the outcomes of services. There are spaces for respondents to provide qualitative responses regarding the strengths of the Centre and areas where respondents feel there could be improvement.

Program Directors receive reports summarizing the evaluation data. Results are reviewed with program staff. Changes to the programs are made accordingly both to increase client satisfaction and to increase program effectiveness. Evaluation results are also presented to the Board of Directors under the direction of the Director of Research and Program Evaluation.

# Targeted Prevention

**Budget: $60,000**

**Service Data Elements:**

* Number of participants in sessions/workshops/training: 420
* Number of hours of direct service: 164
* Number of hours of indirect service: 169

**Plan to Achieve Service Objectives*:***

* **Description of how Service Objectives will be implemented.**

The George Hull Centre for Children and Families provides services to children and youth from birth to age eighteen under the authority of the *Child, Youth and Family Services Act*. The Centre provides comprehensive clinical services to children and youth with acute to chronic developmental, emotional, behavioural and psychiatric difficulties.

Services and supports are either evidence-based or evidence-informed. All children, youth and their families have access to a flexible continuum of strengths-based services appropriate to their cultural, environmental and community context. The Centre works collaboratively with many organizations in the community in order to provide an integrated and coordinated service response to help meet the needs of children, youth and their families. The Centre is committed to working in collaboration with the Lead Agency to plan and align local core services.

The George Hull Centre regards each child as an individual, a member of a family and a member of the community. A commitment to gender equality, cultural sensitivity and accessible economic opportunities provides an organizing framework to the philosophy of the Centre. The Centre takes into account imbalances of power as they exist in the culture and as they affect the lives of children, and advocates accordingly on behalf of marginalized groups.

All programs are evaluated on the extent to which they meet their service goals and findings are disseminated to Centre staff, clients and the professional community, when appropriate. Services are provided by multidisciplinary teams of mental health professionals, representing the disciplines of social work, psychiatry, psychology, child & youth work, and early childhood education. Staff maintain membership in their regulatory professional colleges.

* **Description of the specific services and service capacity:**

Targeted Prevention Services at The George Hull Centre are provided through two programs:

* Clear Directions DAWN Outreach Program, for middle and secondary school age youth at risk of abusing substances
* Fun Friends, for young grade school children at risk of developing anxiety, social and behavioural difficulties

**Clear Directions DAWN Outreach Program**

* **Description of the specific services and service capacity.**

The Clear Directions Adolescent Substance Abuse Program offers the DAWN Program, a motivational, community-based prevention and early intervention program, to local middle and high schools. The goal is two-fold: (1) to educate youth about the effects of using substances and (2) to reach youth who are not quite ready to acknowledge they have a substance use problem and so go without help until their use is excessive, dangerous and much more difficult to treat. Clinical objectives are to provide education and accurate information in a neutral manner, and to motivate students toward self-evaluation and consideration of change related to current substance use practices.

The program is based on the trans-theoretical model of change, the solution-focused approach, cognitive-behavioral theory, and motivational interviewing. Information is presented in an entertaining and interactive way, through the use of demonstrations, experiments, exercises and group discussion.

The DAWN program is currently provided by a child and youth worker from the Clear Directions Program and a student in the program, if a student volunteers and is deemed appropriate and capable. The involvement of a Clear Directions student in the presentation of the material makes the program more relatable and relevant to the youth participants. It also provides an opportunity for a student who has had significant substance use problems to make a contribution to the well being of other youth and enhances their own recovery.

* **Specialized capacity and expertise**

**Admission and community linkages**: DAWN is provided to youth in middle and secondary schools upon request by school personnel.

* **Service Location:**

Type of location: Community schools

Area served Greater Toronto Area

* **Method of Evaluation:**

Describe the agency's evaluation processes with specific reference to how:

* **Service Objectives will be evaluated:** The service objectives are evaluated by looking at the total number of sessions delivered in the community and the total number of clients served. A program specific Client Feedback Form is administered to participants probing the degree to which participants learned new information about substance use and its effects.

The Program Director receives reports summarizing the evaluation data. Results are reviewed with program staff. Changes to the program are made accordingly, both to increase client satisfaction and also to increase program effectiveness. Evaluation results are also presented to the Board of Directors under the direction of the Director of Research and Program Evaluation.

* **Quantitative (outputs) and qualitative (outcomes) evaluation will be implemented:** Paper-pencil surveys are provided to participants at the end of each session. The Program Director receives reports summarizing the evaluation data. Results are reviewed with program staff. Changes to the program are made accordingly, both to increase client satisfaction and also to increase program effectiveness. Evaluation results are also presented to the Board of Directors under the direction of the Director of Research and Program Evaluation.

|  |  |  |
| --- | --- | --- |
| *Area* | *Indicators* | *Activities* |
| *Outputs* | | |
| Client Served | * # Clients served | Quarterly reporting of number of unduplicated clients served in the DAWN program. |
| *Outcomes* | | |
| Client Satisfaction & Client Rating of Program Goals Achieved | * Program specific Client Feedback Form | Client Feedback Forms are administered to participants at the conclusion of the DAWN program. |

**Fun Friends**

* **Description of specific services and service capacity:**

Fun Friends, an evidence-based program developed by Dr. Paula Barrett for the treatment and prevention of childhood anxiety in 4-7 year olds, is being offered in select schools in collaboration with the Toronto District School Board and Toronto Catholic District School Board. It is a play-based program that teaches children essential resilience skills, including relaxation, self soothing, emotional regulation, empathy, friendship skills, and positive coping strategies. The program is offered in grade 1 and grade 2 classrooms over the course of 10 weeks in cooperation with school board teachers or social work/psychological staff.

The Fun Friends classroom intervention:

* teaches young children (4-7 years old) practical, useful strategies for coping with stress, fear, and sadness;
* helps young children to become more resilient and “bounce back” from challenging or stressful situations;
* helps children learn emotional and social skills that will assist them to excel in their school years.

The school/mental health collaboration in this program is important in order to more easily identify children in the classroom with mental health difficulties, increase teacher capacity to identify and support positive socio-emotional functioning in the classrooms, and support a shift of culture within the selected schools towards less stigma, more mental health knowledge, and reinforcement of strategies that promote resilience and positive coping.

The Fun Friends program is delivered by one staff trained in Fun Friends, in collaboration with school board staff (teachers, psychologists, board social workers). Each classroom has one staff from The George Hull Centre and one school board staff. Teachers remain present for the duration of the one hour session each week so that they may reinforce the learning with the children during class time over the course of the year. Approximately 6-8% of the children in the classes fall in the clinical range for problems of anxiety, socializing and behaviour.

* **Specialized capacity and expertise:**

**Admission and discharge criteria**: The 10-week program is provided to grade one and two classrooms in community schools.

**Access to service process**: The local school identifies a need for the Fun Friends program and contacts The George Hull Centre.

**Individual planning and goal setting**: The treatment process promotes client involvement, partnership and shared decision making. Goals are established jointly by the child/youth and family and the clinicians.

**Community linkages and service collaboration** (where appropriate): The Fun Friends program is delivered collaboratively by children’s mental health staff and school board personnel in local community schools.

* **Service Location:**

Type of location: Community schools

Area served: Etobicoke

* **Method of Evaluation*:***

Describe the agency's evaluation processes with specific reference to how:

* **Service objectives will be evaluated:** In 2014, The George Hull Centre completed a collaborative research project with the Toronto Catholic District School Board to evaluate the effectiveness of the Fun Friends program in the classroom. The evaluation had two components. The George Hull Centre administered The Strengths and Difficulties Questionnaire before and after the group to parents of the children participating in the classroom program. This questionnaire evaluated changes in emotional functioning, conduct and pro-social behaviour. Staff and children were also involved in structured interviews conducted by researchers at the TCDSB to assess their understanding of the material and the impact in the classroom. Results demonstrated improved outcomes in terms of participating children’s socio-emotional functioning, as well as positive impacts on the classroom as a whole. No further formal evaluation is planned as the program as the results are consistent with research outcomes on Fun Friends.
* **Quantitative (outputs) and qualitative (outcomes) evaluation will be implemented.**

|  |  |  |
| --- | --- | --- |
| *Area* | *Indicators* | *Activities* |
| *Outputs* | | |
| Client Served | * # Clients served | Quarterly reporting of number of clients served. |
| * Attendance rates | Reporting of attendance rates by group session. |

# PREVENTION AND EARLY INTERVENTION SERVICES

Prevention and Early Intervention (PEI) Services is a continuum of programs for families with children from birth to six years old, ranging from universal family support to highly targeted or specialized services. PEI incorporates community development, health promotion, prevention, early intervention, assessment and consultation into one integrated service.

The objectives of PEI Services are:

* To promote the healthy well-being and development of infants and young children;
* To enhance the competency and empowerment of their families and community;
* To prevent and reduce the incidence of child abuse/neglect and the emergence of mental health problems;
* To provide assessment and treatment to children and their families, with an emphasis on populations at ‘high risk’.

**Management Team**

Director: Kim Curran, MSW, RSW

Managers: Isobel Vallely, CYW

Anna Rupert, MHSc., MSc., reg CASLPO

Lynne Gregory, CYW

Amanda Lal, MSW, RSW

Lynda Evans, BA, Psych.

**Services**

PEI Services include programs that are funded by the Ministry of Children and Youth Services (MCYS), the City of Toronto, Public Health Agency of Canada and program-specific grants. They include:

* The George Hull EarlyON Child and Family Centre (City of Toronto – Children’s Services)
* Early Abilities Preschool Speech and Language Program (City of Toronto – Toronto Public Health)
* Special Needs Resourcing (City of Toronto – Children’s Services)
* Etobicoke Brighter Futures Coalition (Public Health Agency of Canada, United Way Toronto)
* Toronto Family Group Conferencing Program (MCYS)
* Family Group Conferencing Ontario Provincial Resource (MCYS Child Welfare Secretariat)

**Evidence-Informed Practices**

Prevention and Early Intervention Services programs are informed by brain development research, particularly the work of Dr. Jean Clinton, with an emphasis on recognizing the importance of building relationships during early development and recognizing the child's capacity to learn by nurturing their connections and relationships to their families/caregivers and their environment. Specifically, our philosophy focuses on encouraging parent-child interactions by following a child's lead, building on assets, and creating attachments through play.

We are integrating the philosophy, standards and curriculum of the Provincial Early Learning Framework and the two Ministry of Education documents “*How Does Learning Happen?”* and *“Think, Feel, Act”,* which are professional learning resource guides that focus on learning through relationships for those working with young children and families and support pedagogy and curriculum/program development in early years programs.

The EarlyON Centres and Special Needs Resourcing implement evidence-based group programs, such as Play It Up, Lets’ Get Started, Writing Without Tears, Fun Friends and Don’t Laugh at Me, to meet the needs of specific children and families attending the programs. The Preschool Speech and Language Program implements Hanen Parent Training Programs such as Target Word, More Than Words and It Takes Two to Talk.

**Quality Assurance**

For all Prevention Programs, the Director receives detailed reports summarizing the evaluation data for each program and these are reviewed with the Manager and the staff.   Changes to the programs are made accordingly to increase program effectiveness and client satisfaction.  Evaluation results are also presented to the Board of Directors by the Director of Research and Program Evaluation and the Director of Prevention and Early Intervention.

**Staff Development**

The Centre recognizes the importance and necessity of ongoing professional staff development in its commitment to promoting excellence of service. The Centre fosters a rich environment of ongoing staff development, supporting both individual and group opportunities for training and development. External presenters with expertise in relevant areas are invited to share their research findings and/or practice experiences. PEI staff members participate fully in the many staff development opportunities offered by the Etobicoke Brighter Futures Coalition.

**Additional Resources**

Prevention and Early Intervention Services programs have benefitted from a partnership with Toronto Employment and Social Services through participating in the Investing in Neighbourhoods (IIN) initiative. IIN provides funding to community agencies to employ individuals in receipt of Ontario Works benefits in training and development positions in their agencies. Over the past five years, the Prevention programs have been able to provide one-year employment placements for up to four staff at a time. These individuals have contributed to meeting program goals and providing client support while gaining skills and experience in a paid employment position. Many of the individuals placed in our programs have secured ongoing, permanent employment in social service agencies in the community at the completion of their placements in PEI. Currently, two placements are supporting Prevention Programs with research and evaluation initiatives and the implementation of the Child and Youth Services Information System (CYSIS) and paperless client files.

**Service Locations**

The EarlyON Centre has two primary, full-time locations at 295 The West Mall and at 85 Mount Olive Drive at Highfield Junior School. There are part-time satellite programs at Islington Village, Village of Humber Heights and Scarlett Manor.

Early Abilities Preschool Speech and Language Services are offered at multiple service locations, including 81 The East Mall, 295 The West Mall, 135 Queens Plate Drive, 85 Mount Olive Drive and the Davenport-Perth Neighbourhood Community Health Centre.

Special Needs Resourcing services are provided in childcare centres and staff are located at 81 The East Mall.

Family Group Conferencing (FGC) staff are located at 81 The East Mall, but services are offered in numerous locations across the GTA.

# EarlyON Child and Family Centre

Funder: City of Toronto - Children’s Services

Budget: $1,096,450

Service Targets: West Mall Site Highfield Site

# of parents/caregivers served: 1,040 300

# of children served: 920 400

# of parent/caregiver visits 10,400 3,000

# of child visits 9,200 4,000

# of days program capacity limited 40 20

The George Hull EarlyON Child and Family Centre offers universal programming to the community, specifically for children from birth to age six, and their parents/caregivers. These programs range from structured parent/caregiver education sessions to drop-in programs for all to attend. Programs are offered 6 days a week, during both traditional and non-traditional hours at five sites in the community.

**EarlyON Programs (all sites)**

**Family Time Drop-In Programs**: These programs are open to all families with children between the ages of birth and six years. Parents/caregivers and their children participate in unstructured activities that promote children’s learning and build the parent-child relationship. The focus of learning is play-based where creativity and imagination are encouraged. Parents/caregivers are provided information on child development and can receive support to help them deal with issues and concerns about their children, family and community. Community resources are available and support with referrals is provided. Drop-in programs are offered six mornings and four afternoons a week at various EarlyON program sites.At the Highfield location, a Saturday drop-in and lunch program has been added to the schedule to meet the needs of parents who work through the week.

**Parent/Caregiver Education**: We offer a wide range of educational seminars for parents/caregivers. Topics are suggested by participants and include dealing with discipline, reading and singing with their children.

**Let’s Get Started** (Steps to Success) is an evidence-informed program that brings together health and social services to deliver an accessible 6-8 week parent-child social play group specifically designed to meet the needs of children with special needs. The program curriculum responds to families’ immediate practical parenting and child development needs.

**Fun Friends** is an evidence-based group program that helps children learn valuable coping and life skills, particularly emotional regulation and resilience. These skills will assist children to succeed in their early schooling and will support them in becoming emotionally and socially competent in their interactions with peers, teachers and family.

**Health and Wellness Clinics:** These clinics are hosted twice a year to support parents around early identification with any developmental, behaviour or communication issues. We also address the importance of literacy and nutrition at these events.

**Field Trips:** The EarlyON staff plan several field trips for families each year to give families a chance to explore activities and programs outside of our community. Staff travel with families to the destination and everyone explores the venue together. High Park Summer Picnic, the Ontario Science Centre and Riverdale Farm are popular destinations for fun and learning. Families are provided TTC fare (if required) and admission to the venue.

**EarlyON Programs - West Mall**

**Baby’s World** for children, birth to 12 months of age, and their parents/caregivers. The focus is on parental support, information sessions and networking.

**Toddler Time Programs** for children between 13 and 30 months of age and their parents/caregivers. These programs are offered two mornings a week due to the significant number of children in this age group.

**1-2-3 Learn** is a structured school readiness program for children just prior to JK entry. Children participate in a simulated kindergarten program where they are exposed to and become familiar with routines, curriculum and separation from parent/caregiver. Parents/caregivers are required to participate in workshops on preparing their children for school. As per parental requests, this program is run in the spring and during the summer months to ensure the children are ready to enter the school system in September.

**Dad and Kids:** This program is offered on Saturday mornings to fathers/grandfathers and their children 0-6 years of age. They participate in structured and unstructured activities that promote children’s learning and skill development. Staff are available to offer support and encouragement when needed.

**Summer in the Park**: During the months of July and August weekly programming is offered in local parks. Two mornings a week, families join us to participate in outdoor activities that include use of the splash pads, gross motor games, snack and an active circle time.

**First Arts Program:** A play based parent-child program that aims to take families on a creative journey. This journey to imagine, create and inspire is shared by both participants and facilitators. During First Arts sessions, children engage in a range of activities that explore five elements of art and design-lines, colours, shapes, textures and patterns. Parents have opportunities for learning through discussion, observation and interaction with their children and other participants.

**The Science of Cooking:** Parents/caregivers and children will learn about the science of cooking and the importance of nutrition while participating in making their own healthy snack. The program takes place in a playroom filled with sensory, creative, science, music and literacy activities.

**Music and Movement:** Through active participation in songs, finger plays, tap games, rhymes, instruments and movement, children will discover the pleasure of making and sharing music. Children will develop their singing, rhythmic language, movement and listening skills and adults will become familiar with a lovely repertoire of music and musical activities that can be enjoyed at home.

**Yoga Play:** This is a mindful movement program with song and rhyme. It was created for children 18 months to 6 years of age and for their parents.  The children enjoy playing with animal friends while adults receive simple instructions directing both movement and breath. Each week a mindfulness related intention is introduced to support a growing self-awareness. This program allows everyone an opportunity to enjoy yoga.

**Physical Literacy Program:** This program is designed to support and increase physical literacy for children 0 – 6 years of age. ‘How Does Learning Happen?’ principles are incorporated on an ongoing basis and are activities are adapted for children who need extra support.

**EarlyON Programs - Highfield**

**Food Security:** On a weekly basis, the Family Resource Centre at Highfield receives and distributes food supplies donated by Second Harvest to struggling families in the community. A holiday hamper is also available during the Christmas season for families in need who are referred by EarlyON staff and teachers.

**Kindergarten Readiness Program**: This program, which simulates a kindergarten experience, is offered several times throughout the school year. After completion of the 7 to 8 week (one session per week) program, children are better prepared and more able to adjust to entry into the school system. Two Child and Family Program Facilitators offer a stimulating, nurturing and creative learning environment for the children.

**Summer Enrichment Program:** The Summer Enrichment Program is provided by the Child and Family Educators to families over a 17-20 day span during the month of July. The children attend half day programming, five days per week, in the school’s kindergarten classrooms. This program is highly appreciated by the Highfield Kindergarten teachers, as the children who have attended summer programming are then ready to enter the school system. Children who have extra needs are identified during the summer program and the Child and Family Educators are ready to support these identified children on their first day of school in September.

**Parent Education and Information Sessions:** An equally important aspect of both the Kindergarten Readiness and Summer Enrichment Programs is the parent education component. While children are in their program, parents/ guardians attend information sessions on topics of their choosing. Topics vary from child development to immigration and legal issues and concerns. Speakers are invited to present on specific topics as needed. These sessions provide parents the opportunity to begin the separation process from their child before the commencement of school.

**Fun and Learn Mondays:** The Child and Family Educators invite parents and caregivers of young children to participate in parent information sessions and various workshops on topics of their choosing. Guest speakers are invited to share information with participants. Child minding is available as needed so parents can participate.

**EarlyON - Highfield In-School Support**

There is a strong partnership and working relationship between the Highfield Junior School and the George Hull EarlyON Child and Family Centre, working together to ensure a healthy learning experience for the children and families of the Highfield community.

**Classroom Enrichment:** The EarlyON Child and Family Educators support children in the Junior and Senior Kindergarten classrooms at Highfield Junior School by facilitating and enhancing a holistic learning experience. The team of Parent/Caregiver, Teacher, RECE and Child and Family Educator identify children who require extra support in the classroom and then all work together to meet specific needs. Staff provide both classroom-wide and individual support to ensure that each child meets their potential in all areas of development. Child and Family Educators also provide parents/caregivers with information about other professional services in the community and support parental referrals as required.

**Grade One Readiness**: From March to June of each year a number of children in Senior Kindergarten receive extra support to help prepare them for their grade one experience. Many of these children are struggling with routines, learning and social skills. They have the opportunity to learn about the new routines and structures in a small group with added staff support. The Child and Family Educators withdraw these children for ½ an hour each day for 6-8 weeks.

**EarlyON/School Joint Programs: “**Highfield Heroes” is a school-wide program that encourages positive social skill development. Children who have demonstrated efforts to lead by example, provide support to others and have taken initiative to promote a positive school environment are nominated to be “Highfield Heroes.” The names of these individuals and their accomplishments are read out during morning announcements and they participate in a group celebration where their actions are reinforced.

The “Walk to School” initiative encourages all children to walk to school at least once a week, on a prescribed day (Walking Wednesdays). The class with the most participants walking to school on Wednesdays receives the “golden shoe” award to house in their classroom for one month.

The George Hull EarlyON staff actively participate in the school’s Kindergarten Registration, Kindergarten Orientation, Parent-Teacher Interviews and Curriculum Nights. As the need arises, they also provide translation support to teachers and families where language capacity exists.

**Partnership Programs**

The following partnership programs are available to families who meet the individual program criteria:

**Nobody’s Perfect**, **Make the Connection** and **Living and Learning with Baby, Peer Nutrition:** Toronto Public Health delivers these parent-child and parenting programs at our EarlyON sites at the West Mall and Highfield. Participants learn child development, parenting strategies, healthy life style and healthy nutrition information.

**Eating for Two:** This program is funded by the Public Health Agency of Canada, through the Canada Prenatal Nutrition Program. The EarlyON West Mall site provides space and materials, as well as staff support. The mandate is to provide a free prenatal nutrition program for at-risk pregnant women to reduce the risk of low birth weights.  This program includes food and nutrition education by Registered Dieticians, health education by nurses, social support, and referrals to community resources. It is an ongoing weekly program providing post-natal services until the baby is three months old. The George Hull EarlyON Child and Family Centre provides one staff to this program as a Community Liaison to enhance the service to the families by providing information about community resources and information on topics of interest to the mothers. The children from this group participate in an EarlyON Child and Family Centre program focussed on nutritious snack preparation.

**Parent Relief**: This program is offered at the EarlyON Centre Islington Village site through a partnership with the Etobicoke Brighter Futures Coalition. A safe, nurturing early learning program for children aged one to six years old is offered once a week for 4 hours, while parents have time for themselves to attend to personal issues, appointments, employment searches etc. The focus of the program is on the enhancement of communication, social-emotional development, self-help, and cognitive and motor skill development.

**Community Engagement**

**Volunteers:** The George Hull EarlyON Child and Family Centre has been successful in nurturing community involvement with an active Volunteer Program. All Highfield Junior School and EarlyON volunteers are recruited, screened and supported by the EarlyON Community Engagement Worker. Volunteers serve on the Community Advisory Committee and in the Family Resource Centre. A volunteer orientation session, run in conjunction with the school, is held each fall for the initial group of new volunteers. Volunteer Recognition events are held in December and May to recognize volunteers, partners and other supporters of the George Hull EarlyON Centre.

**Community Events:** The George Hull EarlyON Centre reaches out to the community through a number of community-building events and initiatives. A Community Breakfast is held three times every school year at Highfield and is attended by many guests and community partners. The George Hull EarlyON Centre collaborates with the Highfield Junior School and the School Advisory Council to support of an annual community fair.

**Resident Participation:** The George Hull EarlyON Program Manager and staff are participants in the Highfield Junior School Parent Advisory Council where parents have the opportunity to interface with both the school and EarlyON. The George Hull EarlyON Highfield team continues to offer residents direct access through the Community Advisory Committee where they can voice their needs, wants and desires for services in their community. Those attending this committee are community residents, as well as staff of Highfield Junior School, The George Hull Centre and interested community services.

**Outreach:** All EarlyON staff engage in outreach activities to the community as a whole, and to high needs communities. The outreach includes distribution of program flyers and brochures, ongoing maintenance of the EarlyON website, participation in community forums, ongoing relationships with community schools, presentations to community groups and sharing of information through the Etobicoke Brighter Futures Coalition.

**George Hull Centre Services:** The EarlyON Centre works closely with all programs at The George Hull Centre serving children from birth to age six, including the Community Clinic, Early Abilities Preschool Speech and Language Program, Special Needs Resourcing and the Etobicoke Brighter Futures Coalition, to ensure the integrated and seamless delivery of services. Many families who access the EarlyON Child and Family Centre also access additional George Hull Centre programs in a truly seamless manner. Although these families may need to wait for specialized services, they know that by participating in the EarlyON programs they are in the first phase of their journey through the system of specialized services. The EarlyON programs are very welcoming to families who have children with extra needs and works closely with them to ensure that the needs of their children are being met in the universal programming.

**Community Connections:** Joint initiatives with other local community agencies and services are integral to fostering community spirit.

**Teaching Centre**

Volunteers and student placements enrich the program by providing a range of expertise, abilities and interests. The students and volunteers are dedicated to enhancing young children’s lives.

The EarlyON Child and Family Centre provides placements for Early Childhood Education students from Ryerson University, York University, University of Guelph-Humber, Humber College, Seneca College Infant Mental Health Program, Mothercraft College and community high school students.

**Staff Team**

The EarlyON Centre West Mall staff team includes a 0.6 FTE Program Manager, 4.55 FTE Child and Family Program Facilitators and a 0.4 FTE Client Services and Admin Assistant.

The EarlyON Centre Highfield staff team includes a 0.6 FTE Program Manager, 2 full-time Child and Family Program Facilitators, and 3 full-time Child and Family Educators.

A full-time Community Engagement Worker and a 0.4 FTE Client Services and Information Assistant support all EarlyON Centre sites and programs.

**Service Locations**

The EarlyON Centre has two primary, full-time locations at 295 The West Mall and at 85 Mount Olive Drive at Highfield Junior School. There are part-time satellite programs at Islington Village, Village of Humber Heights and Scarlett Manor, as well as programming in several community parks in the summer months. With these various locations, families are ensured access to services across the community.

**Evaluation**

Client service data is collected at all sites to track individual children and parents/caregivers served and total number of child and parent/caregiver visits.

The George Hull EarlyON Child and Family Centre conducts an extensive annual program evaluation blitz at all program sites, which captures client satisfaction feedback and child and family outcome data. Client feedback is also collected at the end of many registered programs such as the Summer Enrichment Program, the Kindergarten Readiness programs, Let’s Get Started and other specialized programs.

Evaluation feedback is discussed at the team meetings and informs program development and change. The Centre publishes an info-graphic for parents that summarizes evaluation feedback and actions taken in response, which is posted on the GHC website and in our program playrooms.

Evaluation results are reported annually to the Board of Directors by the Director of Prevention and Early Intervention and the Director of Research.

# Early Abilities Preschool Speech & Language Program

Funder: Toronto Public Health from the Ministry of Children and Youth Services

Budget: $1,339,115

Service Targets:

* 1,468 children served
* 7,488 client contacts
* 720 children receiving initial assessments
* 324 children under 30 months of age receiving initial assessments
* 243 children ages 0-30 months receiving parent training, group treatment or home programs

The Early Abilities Preschool Speech and Language Program provides community-based speech and language services to children and their families before the children are transitioned to school in junior kindergarten.

**Services**

The range of services includes assessment; consultation and support to parents and staff in child care settings; training for parents and professionals; and group or individual therapy. Speech-Language Pathologists, Communicative Disorders Assistants, Behaviour Consultants and Early Childhood Educators provide the services of the Early Abilities Preschool Speech & Language Program.

**Teaching Centre**

The George Hull Centre has a formal affiliation with the University of Toronto and provides training for one to two Speech-Language Pathology students each year. Occasionally the program provides training to students studying to become Communicative Disorders Assistants.

**Staff Team**

Preschool Speech and Language staff at The George Hull Centre include 1 Program Manager, 6 FTE Speech-Language Pathologists, 2.6 FTE Communicative Disorders Assistants, 1 FTE Early Childhood Education Resource Teacher, and 1 FTE Intake Worker.

**Service Locations**

Early Abilities Preschool Speech and Language Services are located in multiple service locations, with dedicated program sites at 81 The East Mall, 295 The West Mall, Davenport-Perth Neighbourhood Community Health Centre and 135 Queen’s Plate Drive. Support services are available in additional community partner locations across the service area.

**Evaluation**

Data is collected and monitored on service targets determined by both MCYS and Toronto Public Health. Results are reported to Toronto Public Health on an ongoing basis and are monitored and managed by the Program Manager and Director.

* # of children receiving an initial assessment
* # of children receiving an Initial Assessment who were 30 months of age or less
* # of children assessed within 3 months of referral
* # of children receiving intervention within 8 months of referral
* % of children offered transition planning to school
* # children who were seen in a year who had parent training
* # of contacts
* # of children on waiting list by age group

In 2012-2013 the Early Abilities Preschool Speech and Language Program began using a new outcomes tool called the FOCUS©. This tool was developed collaboratively by a team of researchers at the Bloorview Research Institute (led by Prof. Nancy Thomas-Stonell), CanChild Centre for Childhood Disability (led by Dr. Peter Rosenbaum) and Laurentian University (led by Dr. Bruce Oddson) and has been demonstrated to be a reliable and valid measure of communication participation for preschool children. In October 2016 a shorter version of the FOCUS© was released for implementation with all new clients.

Pre and post evaluations of the “More than Words” Hanen parent group is conducted using tools provided by the Hanen Centre. Data is compiled and analyzed by the Director of Research and Evaluation, presented to the Director and Manager and reviewed at group end with the staff.

An extensive client feedback and outcome survey is currently under development, for implementation in the spring of 2018 and biennially after that.

Evaluation results are reported annually to the Board of Directors by the Director of Prevention and Early Intervention and the Director of Research.

# Special Needs Resourcing

Funder: City of Toronto Children’s Services from the Ministry of Education

Budget: $201,137

Service Targets: 64 children through consultations; 10 program consultations; 12 workshops; 120 workshop participants

Special Needs Resourcing (SNR) is funded by the City of Toronto Children’s Services to enhance the skills of childcare professionals and families to support the healthy development and integration of children with special needs in child care settings.

**Services**

The **Special Needs Resourcing Consultants** work with children who attend licensed group care settings. Consultation may include observation and program plans for individual children; consultation on programming; system consultation with staff and parents; customized workshops for child care providers and parents; larger information sessions on specific topics geared towards working with children with special needs. There is also a library of books, videos, audiotapes and other resources available to parents and child care professionals.

**Teaching Centre**

The Special Needs Resourcing Service provides placements for Early Childhood Education students from various Community Colleges completing their post ECE Diploma in Special Needs.

**Staff Team**

Special Needs Resourcing is staffed by 2 FTE Special Needs Consultants, and 0.4 FTE Program Manager.

**Service Location**

Special Needs Resourcing services are provided in childcare centres in the West Quadrant service area and staff are based at 81 The East Mall.

**Evaluation**

Special Needs Resourcing uses the following methods of evaluation:

* Parent Evaluation (Annually and at Case Closure)
* Workshop Evaluation
* Centre Evaluation (Annually and at Case Closure)

Results and feedback from evaluations are discussed with the staff and inform service delivery.

Evaluation results are reported annually to the Board of Directors by the Director of Prevention and Early Intervention and the Director of Research.

# Etobicoke Brighter Futures Coalition

Funder: Public Health Agency of Canada

Budget: $181,700

the George Hull Centre, through Prevention & Early Intervention Services, is the coordinating agency for the Etobicoke Brighter Futures Coalition, a partnership of 25 agencies serving children from birth to six years of age and their families.

The Coalition is a Community Action Plan for Children (CAP-C) funded initiative. Its purpose is to enhance the healthy development of young children (birth to 6) and to develop an integrated, seamless network of services.

Specific programs offered through the Etobicoke Brighter Futures Coalition include Home Visiting, Parent Relief, Preschool Program for English as a Second Language Families, Family Drop-Ins, Parent Resource and Advocacy Room for Parents of Children with Special Needs, The Moon is Round Somali-English Parent-Child Mother Goose, Fun Friends Children’s Anxiety Group, Nobody’s Perfect Parenting Groups and Eating For Two Prenatal Nutrition Program Community Support. Programs are provided collaboratively with Coalition partners and within other community programs, such as EarlyON Child and Family Centres, childcare centres and community health centres. Programs are targeted to serve vulnerable families with children at risk for poor developmental outcomes.

Local and systems planning is a priority of the Coalition members. The Coalition is comprised of the following teams and committees:

1. Coordinating Committee
2. Finance & Fund Distribution Sub-Committee
3. Program Team
4. Capacity-Building Team
5. Evaluation Team

The Etobicoke Brighter Futures Coalition continues to engage in capacity building and professional development activities for its membership.

The Coalition is supported by a 0.4 FTE Coordinator, who is employed by The George Hull Centre.

# Toronto Family Group Conferencing Program

Funder: Ministry of Children and Youth Services

A556/ Child and Family Intervention – Operating – Non-Residential:

* Budget: $105,000
* Service Targets: 21 referrals; 46 individuals served

A772/ Alternative Dispute Resolution:

* Budget: $189,000
* Service Targets: 39 referrals; 84 individuals served

25 cases resolved; 14 cases not resolved

**Plan to Achieve Service Objectives**

**Description of how Service Objectives will be implemented.**

Family Group Conferencing (FGC) is an alternative approach to working with and engaging families in the child protection context. The main objective of FGC is to give the extended family group (i.e., nuclear family, extended family, and friends) a voice in the decision-making process to ensure the safety and well-being of children at-risk or in need of protection. FGC is a culturally-sensitive, alternative approach to child protection that empowers marginalized families; bringing together family group members to craft a plan of care for their children that addresses concerns identified by child welfare/children’s mental health professionals.

The Toronto Family Group Conferencing Program is a comprehensive service that provides FGC to three child welfare agencies in Toronto, from intake to case assignment to preparation to conference to submission of a written plan.

Located within The George Hull Centre for Children and Families Prevention and Early Intervention Services, a strong connection to children’s mental health is maintained.

Using a team of trained and rostered Family Group Conference Coordinators, services are delivered in a strength-based, culturally sensitive manner that maintains high FGC model integrity.

Senior Coordinators on the Toronto Program team are also rostered Mentors and members of the Provincial Faculty of Trainers. This provides additional program capacity and strength.

Case consultation, peer supervision, professional development opportunities and roster meetings provide support for Coordinators and support consistent quality service delivery.

Participant feedback and evaluation provide quality assurance measures.

A Program Advisory Committee provides opportunity for input from senior management of child welfare partners.

A comprehensive promotion, consultation and education plan supports child welfare staff engagement and buy-in.

**Description of the specific services and service capacity.**

The Toronto Family Group Conferencing Program is staffed by a 0.6 FTE Program Manager, a 1.0 FTE Conference Coordinator, a 0.2 FTE Intake/Administrative Assistant, and a roster of 10 fee for service Conference Coordinators, hired on a case by case basis as needed and financial resources allow.

The Program Manager provides:

* Intake management and case assignment for all referrals.
* Mentoring, direction, support, and case consultation to the Conference Coordinators.
* Promotion, consultation and training with child welfare agency staff, supervisors and management.
* Tracking of all program data with reports to The George Hull Centre Director of Research and Program Evaluation.
* Monitoring of all evaluation reports and addressing identified needs for improvement as appropriate.

The Conference Coordinators are responsible for all aspects of service delivery, case management and administration of FGCs, and coordination services within The George Hull Centre and with outside parties.

The Toronto FGC Program’s annualized budget allows us to provide service to up to 60 referrals each year.

**Admission and discharge criteria**

Referrals to the FGC Program are made by staff from the three child welfare organizations in Toronto, for families with children at risk of coming into care, being made crown wards or for youth transitioning out of care. Clients are discharged from the FGC Program at the completion of the Conference and submission of the Conference Report that includes the plan for the child/ren or youth

**Community Linkages and Service Collaboration:**

The Toronto FGC Program is a children’s mental health/child welfare collaborative project. Partners include The Etobicoke Children’s Centre, The George Hull Centre, Children’s Aid Society of Toronto, Catholic Children’s Aid Society of Toronto, and Jewish Family and Child Services of Toronto. Management and delivery of the program is supported by an Advisory Committee of senior management from all partners to the collaborative. The Advisory Committee meets 4-6 times per year to facilitate communication among the partners and to support promotion and problem resolution as needed.

The Program Manager is an active member of the Provincial ADR Advisory Committee.

**Service Location**

The Toronto Family Group Conferencing Program is operated out of The George Hull Centre for Children and Families at 81 The East Mall in Etobicoke. Meetings with families and family group conferences are held at times most convenient for family members and CAS attending staff, usually evenings and weekends. Conferences are held in locations close to, familiar to and culturally appropriate for families, e.g. The George Hull Centre, Children’s Aid Society of Toronto Scarborough Family Access Centre, local community centres and ethno specific centres.

**Type of location**

Children’s Mental Health Centre

**Area served**

City of Toronto

**Method of Evaluation**

Describe the agency's evaluation processes with specific reference to how:

**Service objectives will be evaluated**

Service outputs are collected, categorized by referring agency and reported by the Program Manager on a quarterly basis to the Ministry, to the George Hull Executive Director and Director of Prevention and Early Intervention Services and to the Program Advisory Committee. A summary of service outputs is reported in the George Hull Centre Quality Assurance Summaries.

Participant Satisfaction Questionnaires (CSQ) collect conference participants (both family members and child welfare staff) feedback after each conference. CSQs are collected twice a year at conferences held during the months of April and October; these are typically the busiest times of the year. The Director and Manager receive detailed reports summarizing the evaluation data and these are reviewed with the staff.   Changes to the programs are made accordingly to increase program effectiveness and client satisfaction.  Evaluation results are presented annually to the Board by the Director of Prevention and Early Intervention and the Director of Research and Program Evaluation.

**Quantitative (outputs) and qualitative (outcomes) evaluation will be implemented.**

Service output indicators include:

* Number of referred cases and children
* Percentage of cases proceeding to conference
* Percentage of cases producing an accepted plan.

Qualitative measures utilize participant satisfaction feedback on the following aspects of the program:

* Preparation for the conference
* Participation of family members
* Conference process
* Coordinator’s skills
* Conference outcomes
* Model fidelity
* Cultural sensitivity

# Family Group Conferencing Ontario Provincial Resource

Funder: Ministry of Children & Youth Services, Child Welfare Secretariat

Budget: $168,000

Ministry Service Objectives:

* To act as a provincial locus of expertise and best practice, providing training and consultation to service providers and organizations across Ontario wishing to develop and/or enhance their capacity to deliver effective Family Group Conferencing (FGC), and to maintain a roster of FGC Coordinators, Trainers and Mentors.
* To oversee a quality assurance body to promote and maintain the model integrity of FGC as one of the child welfare Alternative Dispute Resolution (ADR) approaches, as defined in the Ministry of Children and Youth Services Transformation Agenda.

## Service Description:

The George Hull Centre will meet these service objectives through the following initiatives:

## FGC Coordinator Roster

* Maintain and update a web-based roster of FGC Coordinators, Coordinators-in-training, Trainers and Mentors.
  + Review on an annual and as need basis, all FGC Coordinators’, Trainers’ and Mentors’ qualifications to ensure they meet the criteria for inclusion on the roster.
  + Include Coordinators’ geographical region(s) of practice and languages spoken on the roster.
  + Review and revise the roster admission criteria.
  + Facilitate the matching of Coordinators-in-training and Mentors.

**Coordinator Training and Professional Development**

* As a provincial locus of expertise and best practice, coordinate requests for and delivery of training.
  + Provide dedicated staff to respond to calls, provide advice and match needs.
  + Provide skilled trainers to deliver workshops to meet requests.
  + Oversee the provision of the 3-day FGC Coordinator training course on a cost recovery basis.
  + Oversee the development and provision of staff development for FGC Mentors, Trainers and Coordinators. Provide program and case-based consultation to members on the provincial roster.
  + Administer trainee satisfaction surveys and evaluations.

## Practice and Training Materials

* Maintain and update the Ontario FGC Manual and Trainers’ materials.
  + Provide provincial consistency and best practice guidelines.
  + Update training packages for FGC trainers on an as-needed basis.

## Provincial ADR Advisory Committee

* Participate on the Provincial ADR Advisory Committee, which is intended to create a community of practice among ADR providers and community partners based on relationship-building, networking and sharing of best practices.

## Professional Network

* Develop and promote a network of FGC Coordinators, Trainers and Mentors to play a leadership role in providing training, mentoring, building capacity and promoting FGC across the province.
* Coordinate a steering committee made up primarily of Trainers and Mentors, inclusive of child welfare, community partners, and regional representation, to meet up to four times a year (in person and/or via teleconferencing) to:
* Oversee the integrity of expertise and best practice;
* Oversee the capacity development of FGC across the Province;
* Develop and update promotional, educational and training materials; and,
* Coordinate training and mentoring across the Province.
* Maintain currency, quality and integrity of training and evaluation.

**Staff Development Activities**

* Develop promotional, educational and training activities and materials to support FGC as a method of ADR under the Child Welfare Transformation agenda.
  + Offer semi-annual professional development days (Fall and Spring) for Coordinators and their community partners to provide peer networking/ support and skill building.
  + Offer skills-building/professional development sessions on an as-needed basis.

## Governance, Accountability and Service System Requirements

* The George Hull Centre for Children and Families will deliver the programs and services in accordance with the requirements as outlined in:
  + The service contract;
  + *Governance and Accountability: Transfer Payments to Community Agencies* framework;
  + Any service/program specific guidelines provided; and
  + In keeping with evidence-based and emerging practice for the delivery of services.

# MINISTRY OF CHILDREN & YOUTH SERVICES ADDITIONAL SCHEDULES

* Transfer Payment Governance
* Making Services Work for People
* French Language Services
* Service Contract

# Transfer Payment Governance

**Ministry of Community and Social Services and**

**Ministry of Children and Youth Services**

**Initiated In: 2018/19**

Organization Name: The George Hull Centre for Children and Families

TPR#: 104091

Legislation:

**This Service Description Schedule is part of the Service Contract/CFSA Approval between the Ministry and the Service Provider (Transfer Payment Recipient). This Schedule outlines the Ministry requirements relating to transfer payment recipient governance.**

This Schedule applies to all services covered by this Service Contract/CFSA Approval as listed on the approved budget and other associated schedules.

Exclusions: This schedule is not applicable to Service Contracts with the municipal sector, Dedicated Supportive Housing, Ontario Disability Support Program – Employment Supports, and First Nations.

Ministry Completed Section

Expectations:

Service Provider (Transfer Payment Recipient) must have governance structures and accountability processes to properly administer and manage public funds, to provide services to clients, for which the transfer payment was made.

The Transfer Payment Recipient commits to fulfilling the Ministry’s expectations for good governance, as identified below, and affirms that:

* The Transfer Payment Recipient is legally incorporated;
* The Board of Directors, collectively, has taken reasonable steps to understand its corporate and fiduciary duties and, to the best of its knowledge, has the expertise and experience necessary to discharge its responsibilities in compliance with government requirements;
* The Board of Directors is comprised of people who:
  + possess the necessary knowledge, ability and commitment to

fulfill their obligations;

* + understand their purposes and whose interests they represent;
  + understand the objectives and strategies of the organizations

they govern;

* + understand what constitutes reasonable information for good

governance and obtain it;

* + once informed, are prepared to act to ensure that the organization’s objectives are met and that performance is satisfactory; and
  + fulfill their accountability obligations to those whose interests they represent by reporting on their organization’s effectiveness.
* The Board of Directors has a governance structure and accountability mechanisms in place to manage Ministry funding as set out in the Service Contract (refer to [Schedule A](#OLE_LINK1));
* The Board of Directors has taken steps to ensure that they meet all legislative, regulatory and policy and program requirements including overseeing the organization's management and expenditures with sufficient care to ensure that funds are spent appropriately for program delivery services.
* The Board of Directors has taken steps to strengthen processes/mechanisms to consistently adhere to and address non-compliance with legislative, regulatory, policy and program requirements including recommendations identified in applicable program and audit reviews.
* The Board of Directors complies with the bylaws and governance policies of the corporation;
* Any changes to the Board of Directors are reported in writing to the Ministry within fifteen days of the change.
* The Transfer Payment Recipient will comply with the Ministry’s risk assessment business process;
* The Transfer Payment Recipient will submit an annual update to the Ministry and any supplementary information required by the Ministry on all identified areas of risk;
* The Transfer Payment Recipient will submit an action plan and any supplementary information required by the Ministry that specifies how it will mitigate the identified risks according to specific timelines;
* The Transfer Payment Recipient’s governance structures and accountability mechanisms are in accordance with all statutory and/or regulatory provisions including government directives that may apply to the organization;
* The Transfer Payment Recipient agrees to provide any governance documents requested by the Ministry, including, but not limited to: letters patent, mission statement, vision, values, bylaws, governance policies and procedures, board meeting schedule, board succession plan, annual report, minutes from the annual general meeting;
* Should there be a risk-based concern, the Transfer Payment Recipient agrees to provide evidence that board meetings are held, board decisions are minuted, and that the board has a current strategic plan.

**Schedule A**

A typical Governance Structure for Not-For Profit Organizations is set out below:

* The Board of Directors is responsible for all aspects of the organization, including:
* Overseeing its operations
* Understanding the legislative requirements and environment;
* Designing a governance framework;
* Implementing the framework;
* Ensuring the right board dynamics;
* Ongoing monitoring, learning and improvement; and holding management accountable for delivering on the mission of the organization including its legislative, regulatory, policy and program obligations
* As a board, directors are obliged to:
* Oversee all aspects of the organization's management and operations.
* Make decisions in the best interests of the organization, taking into account the impact on members and/or other stakeholders.
* As individual directors, they are obliged to:
* Exercise the care, diligence and skill that a reasonably prudent person with similar knowledge and expertise would exercise in comparable circumstances (“duty of care”).
* Act honestly and in good faith in the best interests of the organization (“duty of loyalty”).

*Additional Reference Publications used for this document: “Governance for Not-For-Profit Organizations: Questions for Directors to Ask” (Chartered Professional Accountants Canada, 2014); and “20-Questions-NFP-Directors-Should-Ask-About-Risk” (Canadian Institute of Charted Accountants 2009 and reissued by Chartered Professional Accountants Canada).*

# Making Services Work for People (MSWFP)

Initiated In: 2018/19

Organization Name: The George Hull Centre for Children and Families

TPR#: 104091

Legislation:

**The Service Description Schedule is part of the contractual agreement between the Ministry and the transfer payment agency. This Schedule outlines the services that the Ministry is purchasing, with public funds, on behalf of the citizens of Ontario including specific expectations and conditions that apply, as defined in this document.**

**The objectives, descriptions, and features outlined below represent the ideal delivery of this service, which is subject to contract negotiations between the ministry and Service Provider/ Delivery Agent.**

**Service Providers/Delivery Agents unable to fulfill the ideal delivery of this service are required to provide an explanation in the Agency Completed section of this document**

This MSWFP service description schedule applies to services for Children and Youth and/or Developmental Services covered by this Service Contract/CFSA Approval as listed on the approved budget and other associated schedules.

Please note that the MSWFP service description schedule **does not apply** to services and supports that are funded under the *Services and Supports to Promote the Social Inclusion of Persons who have a Developmental Disabilities Act, 2008 (SIPDDA).*

Ministry Completed Section

Service Objectives:

Service providers, delivering Developmental Services and/or services to Children and Youth, are responsible for participating in and implementing the following five system features in conjunction with their local Community Services Organization/Local Access Mechanism:

1. **Co-ordinated Information:**

The Service Provider will provide up-to-date information on all services and supports it offers on a quarterly basis and at any time upon reasonable request to the Community Services Organization/Local Access Mechanism.

1. **Single Point of Access:**

The Service Provider will:

* work with the Community Services Organization/Local Access Mechanism to meet the priority needs of families and individuals in the community;
* identify to the Community Services Organization/Local Access Mechanism all of its service capacities and/or vacancies on a timely basis as determined by the Community Services Organization/Local Access Mechanism All referrals for ministry funded services will be directed to the Community Services Organization/Local Access Mechanism unless otherwise approved by the ministry.

1. **Common Tool for Intake:**

The Service Provider will receive and will use the locally specified client intake form as set out by the Community Services Organization/Local Access Mechanism.

1. **Single Agreement Services:**

The Service Provider will:

* participate in the development of a Single Agreement for Services (SAS) for each client they provide any service to, as requested by the Community Services Organization/Local Access Mechanism;
* fulfill their service obligations as defined in the Single Agreement for Services.

1. **Case Resolution Function:**

Case Resolution is a system responsibility and as such the Service Provider will support case resolution processes as set out by the Community Services Organization/Local Access Mechanism.

# French Language Services

Service Description Schedule

For Non-Designated Transfer Payment Agencies

Required to offerServices in French in Areas Designated

Under the *French Language Services Act*

**Initiated In: 2018/19**

**Organization Name: The George Hull Centre for Children and Families**

**TPR#: 104091**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Legislation: *French Language Services Act (FLSA)***

The Service Description Schedule (SDS) is part of the contractual agreement between the ministry and the transfer payment agency. This Schedule outlines the services that the ministry is purchasing, with public funds, on behalf of the citizens of Ontario including specific expectations and conditions that apply, as defined in this document.

The objectives, descriptions, and features outlined below represent the optimal delivery of this service, which is subject to contract negotiations between the ministry and Service Provider/ Delivery Agent.

Service Providers/Delivery Agents unable to fulfill the optimal delivery of this service are required to provide an explanation in the Joint Ministry and Agency Completed Section of this document.

MINISTRY COMPLETED SECTION

**Service Description Schedule Objectives**:

The Service Description Schedule for Non-Designated Transfer Payment Agency providing Services in French in Areas Designated under the *French Language Services Act* has been developed to facilitate the accountability and the active offer of services in French by service providers/delivery agents.

This Service Description Schedule will clearly define the transfer payment agencies' responsibilities and what they will be held accountable for within their contractual relationship with the ministry.

French Language Services (FLS) provisions are incorporated in all contractual agreements, service level agreements and other service delivery accountability mechanisms for non-designated agencies providing services in French in areas designated under the *French Language Services Act* in order to ensure better consistency across service contracts established with service providers.

The FLS SDS is designed so that only one schedule needs to be completed per applicable transfer payment service contract. However, service providers/delivery agents may have multiple FLS service clauses that apply to different services.

JOINT MINISTRY AND AGENCY COMPLETED SECTION

### REFERRAL CLAUSE

#### Active Offer of Referral

* Ensure information about how to obtain services in French in the community is identified (in both English and French):

• In Website

• With a general phone message redirecting clients to services in French

• By posting signage providing referral information in reception area

• By having a formal mechanism in place to identify French-speaking clients at intake

• By having a mechanism in place to identify the number of Francophone clients referred to FLS provider

#### Accountability and Formal Protocol

• Develop formal protocol of Referral Agreement(s) with all relevant FLS providers in the area. A copy of the agreement is provided to the ministry

• Develop a formal process to ensure a smooth transfer/referral of French-speaking clients (warm transfer) to FLS providers

• Staff and management receive training/orientation on FLS legislation, requirements and agency's obligations

#### Community Collaboration and Strategic Planning

• Actively promoting, supporting and collaborating with partner agencies to support the provision of FLS in the community through strategic planning

#### Service Location: 81 The East Mall, Toronto

#### ALL APPLICABLE:

Please include all applicable services that fall under the Referral Clause:

|  |  |
| --- | --- |
| **Service Names** | **Detail Codes** |
| CYMH Brief Services | A348 |
| CYMH Counselling/Therapy Services | A349 |
| Family/Caregiver Skills Building and Support | A351 |
| Access Intake and Service Planning | A352 |
| Intensive Services/Day Treatment/Section 23 | A353 |
| Service Coordination Process | A354 |
| Specialized Consultation/Assessment Services | A355 |
| Targeted Prevention | A356 |
| Child & Family Intervention – Operating-Non Residential (Family Group Conferencing) | A556 |
| Alternative Dispute Resolution | A772 |



# Service Contract

**(“Evergreen”)**

**This Contract made in duplicate as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Effective Date”)**

**BETWEEN:**

Her Majesty the Queen in right of Ontario,

as represented by

**the Minister of Children and Youth Services**

(“Ontario”)

– and –

("Service Provider")

**AS Ontario** has the authority pursuant to the legislation indicated in the attached Service Description Schedule(s) to enter into this contract for the provision of social services;

**AND AS** the Service Provider has agreed to provide social services described in the attached Service Description Schedule(s);

**THEREFORE THE PARTIES** agree as follows:

**Definitions**

1. In this contract,
2. “Ministry” means the Ministry of Children and Youth Services, the Ministry of Community and Social Services, or both, as the context requires.
3. “Ministry Staff” means the staff of the Ministry authorized to exercise the rights and perform the duties of Ontario under this contract.
4. “Service Provider”, for purposes of Ontario Works,means "Delivery Agent”.

**Service**

1. The Service Provider agrees to provide services in accordance with the attached Service Description Schedule(s) and Service Data Schedule and in accordance with the policies, guidelines and requirements of Ontario as communicated to it.

**Term**

1. This contract will be in force from its Effective Date until it is superseded or replaced by a subsequent contract or until it is terminated in its entirety in accordance with section 14.

**Consideration**

4. (a) Ontario will pay to the Service Provider, for admissible expenditures incurred pursuant to this contract, an amount not to exceed the amount stipulated in the Budget Schedule. Ontario reserves the right to determine the amounts, times and manner of such payments.

(b) The parties agree that the approved budget will be negotiated on or before the start of the applicable fiscal year while this contract is in force. In the event the budget is not re-negotiated by that time, payments will continue to be made in accordance with the annualized subsidy stipulated in theapproved budget for the immediately preceding fiscal year until such time as the budget is re-negotiated or this contract is terminated.

(c) The Service Provider may transfer funds between budget lines according to the parameters set out in the Ministry’s "Financial Flexibility" Policy for Transfer Payment Service Providers. The Service Provider may, with Ontario's prior written consent, transfer funds between budget lines beyond the parameters set out in the Policy.

(d) It is agreed and understood that Ontario may withhold payments if the Service Provider is in breach of its obligations under this contract.

(e) If targets are not achieved to the level indicated in the Service Data Schedule, Ontario may request that funds in an amount reflective of the underachieved targets be returned to Ontario.

**Ministry Access and Consultation**

1. (a) The Service Provider will permit Ministry Staff or such other persons authorized by Ontario to enter at reasonable times any premises used by the Service Provider in connection with the provision of services pursuant to this contract and under its control in order to observe and evaluate the services and inspect all records relating to the services provided pursuant to this contract.

(b) The Service Provider agrees that the staff providing services pursuant to this contract will, upon reasonable request, be available for consultation with Ministry Staff.

(c) If a Service Provider is providing services for the purposes of the *Youth Criminal*

*Justice**Act (Canada)* and the *Provincial Offences Act*,

(i) the Service Provider will notify Ministry Staff immediately where a young person residing in the Service Provider Residence is unlawfully at large, has attempted to escape or is guilty of serious misconduct;

(ii) the Service Provider will obtain the authorization of Ministry Staff performing the functions of the Service Provider's provincial director under the *Youth Criminal Justice**Act (Canada)* before permitting any young person to be absent from the Residence on day release or on temporary leave.

**Service Records and Reports**

1. (a) The Service Provider will maintain service records respecting each site where service is being provided and prepare and submit at such intervals as indicated in the Service Data Schedule, a report respecting the services being provided pursuant to this contract, acceptable to Ministry Staff which shall include service data such as statistics on target achievements and such other information as Ontario requires.

(b) The Service Provider will prepare and submit to Ontario, annually, or at any time upon reasonable request, a comprehensive report acceptable to Ministry Staff respecting the services being provided and outcomes being achieved.

1. The Service Provider will also submit to Ontario any other information related to the services as may be requested by Ontario from time to time.

**Financial Records and Reports**

1. (a) The Service Provider will maintain financial records and books of account respecting services provided pursuant to this contract for each site where service is being provided and will allow Ministry Staff or such other persons authorized by Ontario to inspect and audit such books and records at all reasonable times both during the term of this contract and subsequent to its expiration or termination.

(b) The Service Provider will, unless Ontario indicates otherwise, submit to Ontario an audited financial statement and reconciliation report with respect to the services provided pursuant to this contract within four (4) months of the Service Provider's financial year end.

(c) The Service Provider will retain the records and books of account referred to in clause 7(a) for a period of seven (7) years.

(d) The Service Provider will prepare and submit annually or at any time upon reasonable request a financial report in such form and containing such information as Ontario may require.

(e) The Service Provider will adhere to any additional financial reporting requirement specified in the attached Service Data Schedule.

(f) The Service Provider will comply with Ontario's policies on the recovery of funds and the treatment of revenues and expenditures and policies with respect to financial reporting, which will be issued from time to time.

**Auditor General**

8. Ontario’s rights under sections 5 and 7 of this contract are in addition to any rights provided to the Auditor General pursuant to section 9.1 (Special Audits) of the *Auditor General Act*, R.S.O. 1990, c.A.35.

**Disposition of Records**

1. (a) In the event the Service Provider ceases operation, it is agreed that the Service Provider will not dispose of any records related to the services provided for under this contract without the prior consent of Ontario, which may be given subject to such conditions as Ontario deems advisable.

(b) For purposes of services provided pursuant to the *Youth Criminal Justice**Act (Canada)*, and the *Provincial Offences Act*, upon termination of services to the young person, the Service Provider will retain and ultimately dispose of records relating to the young person in accordance with the *Youth Criminal Justice* *Act (Canada)*, the *Child and Family Services Act* and the policies and procedures of Ontario.

**Confidentiality**

1. (a) The Service Provider, its directors, officers, employees, agents and volunteers will hold confidential and will not disclose or release to any person other than Ministry staff at any time *during* or following the term of this contract, except where required by law, any information or document that tends to identify any individual in receipt of services without obtaining the written consent of the individual or the individual's parent or guardian prior to the release or disclosure of such information or document. Where the Service Provider is a municipality or such other "institution" as defined in *the Municipal Freedom of Information and Protection of Privacy Act,* the provisions of such Act with respect to the disclosure or release of information apply.

(b) Where the Service Provider is providing services for the purposes of the *Youth* Criminal *Justice Act (Canada)* and the *Provincial Offences Act*, the Service Provider, its directors, officers, employees, agents and volunteers will abide by the confidentiality provisions of the *Youth Criminal Justice Act (Canada)* and the policies and procedures of Ontario.

**Conflict of Interest**

1. (a) The Service Provider, any of its sub-contractors and any of their respective advisors, partners, directors, officers, employees, agents and volunteers shall not engage in any activity or provide any services to Ontario where such activity or the provision of such services, creates a conflict of interest (actually or potentially in the sole opinion of Ontario) with the provision of services pursuant to the contract. The Service Provider acknowledges and agrees that it shall be a conflict of interest for it to use confidential information of the Crown relevant to the services where Ontario has not specifically authorized such use.

(b) The Service Provider shall disclose to Ontario without delay any actual or potential situation that may be reasonably interpreted as either a conflict of interest or a potential conflict of interest.

(c) A breach of this section by the Service Provider shall entitle Ontario to terminate the contract, in addition to any other remedies that Ontario has in the contract, in law or in equity.

**Indemnification**

1. (a) The Service Provider will, both during and following the term of this contract, indemnify and save harmless Ontario from all costs, losses, damages, judgements, claims, demands, suits, actions, complaints or other proceedings in any manner based upon, occasioned by or attributable to anything done or omitted to be done by the Service Provider, its directors, officers, employees, agents or volunteers in connection with services provided, purported to be provided or required to be provided by the Service Provider pursuant to this contract.

(b) Despite the provisions of clause 12(a), for purposes of Ontario Works, the following provisions apply:

i) If an Ontario Works participant is placed with an employer who is covered under Schedule 1 or 2 of the regulations made under the *Workplace Safety and Insurance Act*, S.O. 1997, c.16, sch. A*.*, the participant will be entitled to claim benefits under such Act if he or she suffers a work-related injury or illness while participating in an approved community placement. Ontario will cover the compensation and benefits cost of compensation claims awarded by the Workplace Safety and Insurance Board to a claimant in relation to work-related injury or illness suffered while participating in an approved community placement.

ii) If the employer is not compulsorily covered under either Schedule 1 or Schedule 2 of the *Workplace Safety and Insurance Act* and the employer has not applied for coverage, a participant in an approved Ontario Works community placement will be covered under Ontario's Accident Insurance Plan.

**Insurance**

1. The Service Provider will obtain and maintain in full force and effect during the term of this contract, general liability insurance acceptable to Ontario in an amount of not less than one million dollars ($1,000,000.00) per occurrence, and in the case of Youth Justice residential services, no less than two million dollars ($2,000,000) per occurrence in respect of the services provided pursuant to this contract.

The insurance policy shall,

1. include as an additional insured "Her Majesty the Queen in right of Ontario as represented by the Minister ofChildren and Youth Services and/ or the Minister of Community and Social Services" in respect of and during the provision of services by the Service Provider pursuant to this contract;
2. contain a cross-liability clause endorsement; and
3. contain a clause including liability arising out of the contract or agreement.

The Service Provider will submit to Ontario, upon request, proof of insurance.

**Termination**

1. Either party may terminate this contract in whole or in part with respect to the provision of any particular service upon sixty (60) days' notice to the other party. If the contract is terminated in part, all obligations with respect to the provision of all other services continue in full force and effect. In the event of termination, the Service Provider will refund forthwith to Ontario any monies advanced by Ontario and not expended in accordance with the approved budget.

**Freedom of Information**

1. Any information collected by Ontario pursuant to this contract is subject to the rights and safeguards provided for in the Freedom of Information and Protection of Privacy Act.

**Human Rights Code**

1. It is a condition of this contract and of every contract entered into pursuant to the performance of this contract, that no right under section 5 of the *Human Rights Code* will be infringed. Breach of this condition is sufficient grounds for termination of this contract.

**Disposition**

1. The Service Provider will not sell, change the use**,** or otherwise dispose**,** of any asset**,** item, furnishing or equipment purchased with Ontario funds pursuant to this contract without the prior written consent of Ontario, which may be given subject to such conditions as Ontario deems advisable.

**Amendments**

1. This contract may be amended by substitution of the Schedules. The Ministry may, at any time, upon consultation with the Service Provider, add or replace a Schedule and such Schedule shall be deemed to be added to the contract or to replace the particular Schedule for the period of time to which it relates, provided that if the Service Provider does not agree with all or any of the Schedules, the Service Provider may terminate the Agreement pursuant to section 14.

**Non-Assignment**

19. The Service Provider will not assign this contract, or any part thereof, without the prior written approval of Ontario, which approval may be withheld by Ontario in its sole discretion or given subject to such conditions as Ontario may impose.

**Schedules**

20. All the terms of the Schedules are incorporated into this contract except where they are inconsistent with this contract. This contract and the attached Schedules embody the entire contract and supersede any other understanding or agreement, collateral, oral or otherwise, existing between the parties at the date of execution and relating to the subject matter of this contract.

**Laws**

21. The Service Provider agrees that the Service Provider and its employees and representatives, if any, shall at all times comply with any and all applicable federal, provincial and municipal laws, ordinances, statutes, rules, regulations and orders in respect of the performance of this contract.

## Recognition and Awareness of Public Support

1. The Service Provider shall acknowledge Ontario's contribution of funding with respect to the provision of services under this contract. The Service Provider shall post on its premises any signage provided by Ontario with respect to the program. Ontario reserves the right to waive this requirement.

**Open Data**

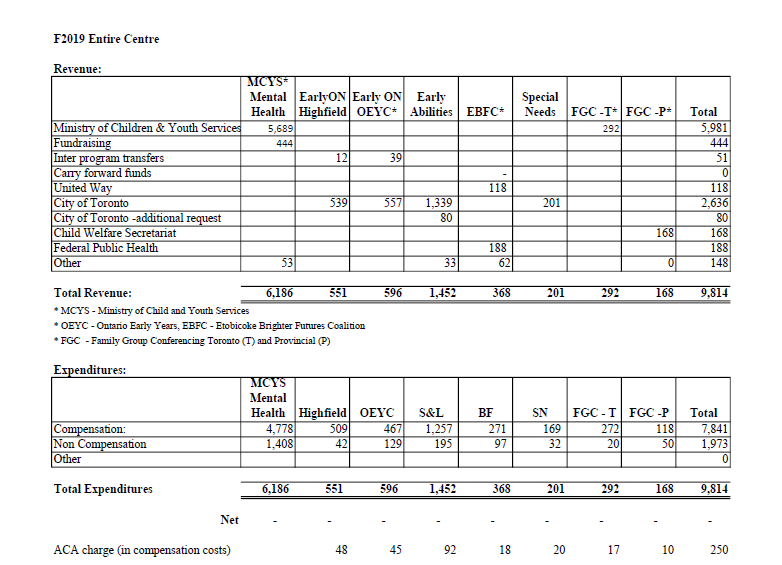
1. Ontario reserves the right to publish contract information as open data. This includes Service Provider contact information, financial terms, key dates, and outcomes or outputs.

**Counterparts**

1. This contract may be signed in one or more counterparts and, once signed, can be delivered personally, by facsimile or by e-mailing the signature page in a scanned attachment. Each counterpart will be deemed an original, but all of which together will constitute one and the same instrument.

*The George Hull Centre for Children and Families*

# 2018-2019 BUDGET

****

# CITY OF TORONTO SERVICE CONTRACT

Special Needs Resourcing Program

EarlyON Child and Family Centre

Attached as separate document