



## Meeting Notes Lead Table October 1, 2014

**In Attendance:** Beth Steel YMCA; Diana Deakin-Thomas YMCA; Gillian Jackson DSLG; Laurie Bourne-MacKeigan ARCC; Susan Turnbull CRCHC; Sue Poldervaart RNJ; Elizabeth Langlois Connect Youth; Donna Vanderkloet BDACI; Kim Little UCLG; Allan Hogan FCSLLG; Tom Jordan CDSBEO; Michelle Neville CDSBEO; Barbara Landry MCYS; Sara Hammel TriCAS; Keith McPhee (chair) webmaster; Elizabeth Green MPP; Lesley Girls Inc.; Russ Larocque UCDSB; Tom Turner DSLG; Gwendy Lapp Triple P; Maxine Weber LCP in LG/BSN, Margaret Fancy EKIOC

1. **Welcome and Introductions** – Roundtable introductions were made.
2. **Approval of Agenda** – Approved.
3. **Approval of Meeting Notes September 3** – Approved.
4. **Actions Arising from September meeting**
  - a) **Members to indicate which EKIOC priority they would like to work on.**  
Margaret will send list to those who haven't signed as yet.
  - b) **Members to review website and provide feedback to Keith re: content/organization (ongoing)** Keith shared the new section created for Youth Service Providers to allow for private conversation.
  - c) **Margaret F. to provide copies of Partners' Agreement from Children's Treatment Network**  
The agreement (2008 version) was scanned and distributed electronically. Members are asked to review before December meeting, when Margaret Van Beers will be in attendance to provide updates.
  - d) **Margaret to follow up with Health Unit re: Poverty Lens toolkit** <http://www.povertylens.org/>  
Margaret reported that she spoke to Joanne Desormeaux from the Health Unit who shared the poverty lens toolkit from Children's Health Network of Eastern Ontario. Members are asked to review the toolkit and bring training needs if any to next meeting.
5. **Business Arising**
6. **New Business**
  - a) **Service Coordination Guidelines (Gillian Jackson DSLG) (Priority: Cross sector Collaboration: How we work together)** <http://everykid.on.ca/service-integration-work-group/>  
Training modules -- <http://everykid.on.ca/?s=service+integration&submit=Go>  
**Review of guidelines – why they were developed, components, key messages**  
Gillian providing an overview of service coordination guidelines: rationale, forms, process  
A discussion followed”  
There was agreement that a tricounty approach to the guidelines would be helpful

**Action:** The Service Integration Workgroup (chair Gillian Jackson) will approach Lanark planning table about adopting the Service Coordination Guidelines as a Tricounty document.

There was a question about how the guidelines relate to the MCYS complex needs protocol.

Allan commented that if agencies are practicing Service Coordination at the first level it could prevent reaching the Conflict Resolution Process.

There was consensus that the guidelines have a direct link to the Special Needs Strategy.

In response to the question: *What do you need?* the following were identified:

Evaluation component developed

Common consent/common database

Program supervisors to communicate expectations to frontline staff

Modules to be revisited

**Action:** Members are asked to discuss use of the guidelines/modules with staff and identify best practices, barriers, training needs.

## **b) Child and Family Centres (Child and Family Centre Workgroup)**

The goals related to Child and Family Centres and the summary of a previous activity on CFCs through lens of families were reviewed. Members were divided into small groups to discuss possibilities for CFCs viewing through the lens of agency partners, and with consideration of 3 possible models: concrete, virtual and mobile. Group leaders provided some initial feedback:

Maxine – group decided that we need to keep talking about possibilities for mobile or virtual. There was suggestion of a survey of communities with high needs.

Sue T. – there are possibilities for use of technology. There were concerns about how much staff would be asked to travel (particularly from small agencies). Knowledge of referrals will be a huge need. Communities have the best ability to identify their own needs.

Kim – There are definite benefits to concrete or mobile models. Agencies need to be where the gaps are. Knowledgeable staff are key .

Tom J. – There will be surplus space in schools that could be used for CFCs. A combination of mobile and concrete would be worth exploring. Relationships are key.

**Action:** The Child and Family Centre priority action workgroup will review responses/summary of discussions related to CFCs and report back to the Lead Table in November.

## **c) Prevention of Child Abuse Month (Allan Hogan)**

October is Child Abuse Prevention month. This year's focus is Duty to Report, with the symbol being an airplane.

Our local FCS has resources (bracelets, airplanes, ribbons, written information) to reinforce the message.

## **d) Credit Counseling with Youth (Martin Carette EEC)** November is Financial Literacy Month -- EEC has staff available to provide free financial counselling/information. Contact Martin Carette martin@eecentre.com

## **e) Consent is Sexy (Courtney VICC)** -- Victim Issues Coordinating Committee is hosting an event on December 6, from 1 to 2:30 to mark 25th anniversary of Montreal Massacre. (Location: O'Mally Kourt

## 7. Business Reports

### a) Report from MCYS – Barbara Landry

#### Moving on Mental Health

- MCYS continues implementation of the child and youth mental health system transformation.
- The transformation model is based on a vision of strengthening the community-based child and youth mental health system of services for the benefit of families, children and youth who need accessible, responsive and evidence-based services.
- 34 service areas have been identified across the province with each of them classified as either Phase One or Phase Two
- The process to identify lead agencies in Phase One service areas began on January 21, 2014.
- A fairness commissioner was engaged by MCYS to provide advice on the process from a fairness and transparency perspective and was involved in all aspects of the process, including design of the submission form, establishing criteria, communications to the sector, and assessment and ranking of the submissions received.
- MCYS has identified 14 lead agencies in Phase One service areas and has developed approaches for the remaining two service areas based on local circumstances.
- The responsibilities of lead agencies will be implemented incrementally over a two to three year period.
- The priority for lead agencies in their first year will be to engage in the leadership and planning activities that will set the stage for transforming the service experience of children and youth with mental health problems and their families. The work undertaken during the transition period will lead to development of the initial elements of a Core Services Delivery Plan and a Community Mental Health Plan for children and youth.
- Service providers in the 14 Phase One service areas are encouraged to work with their lead agency in the next few months as they begin to develop their approaches to the two plans.
- We anticipate the Phase two service area process to begin in the new year

#### Special Needs Strategy

- MCYS/MCSS, Ministry of Education, and Health and Long-Term Care have launched a Special Needs Strategy to support children and youth with special needs to get the timely and effective services they need by:
  - Identifying children earlier and getting them the right help sooner;
  - Coordinating service planning for children with multiple and/or complex special needs; and
  - Making rehabilitation services more seamless from birth through the school years.
- The Special Needs Strategy lays the foundation for a system where young people with special needs get the timely and effective services they need to achieve their full potential.
- Regional Information Sessions are currently being organized to bring together some key providers from the children's services, health and education sectors to:
  - Receive an overview of the policy guidelines and proposal development instructions for the integrated delivery of rehabilitation services and coordinated service planning;
  - Ask questions of the ministries with respect to these two initiatives; and
  - Take the first step in the local proposal development process by meeting with partners from their same service delivery area(s) and determining who will call the first meeting of their local proposal development tables.

- organizations who have been invited to the Regional Information Sessions reflect the ministries' minimum expectations for the types of organizations that will need to sign the community proposals that will result from the proposal development processes that will be outlined at the meeting:
  - Agencies funded to provide inter-agency service coordination;
  - Children's Treatment Centres;
  - Community Care Access Centres;
  - Local Health Integration Networks;
  - Preschool Speech and Language Program Lead Agencies;
  - District School Boards/School Authorities;
  - Autism Intervention Program Lead Agencies; and
  - Applied-Behavioural Analysis Lead Service Providers.
- The ministries need to meet with these agencies to discuss local proposal development because they are funded to deliver core rehabilitation and/or autism services and/or to provide inter-agency service coordination as part of their core function and are expected to experience the greatest impact to their work as a result of the strategy.
- Other agencies that play an important role in supporting children/youth with special needs are encouraged to participate in the development of proposals to integrate the delivery of rehabilitation services and/or for coordinated service planning.
- Service delivery areas are expected to establish inclusive membership for their local proposal development tables and select a Chair(s) by November 19, 2014.
- More information on the special needs strategy can be found at: <http://specialneedsstrategy.children.gov.on.ca>.

#### Complex Special Needs Transformation Strategy –

- As a component of the new "Special Needs Strategy," an internal MCYS working group was established in July 2014 to begin the work of developing new guidelines and principles for CSN funding;
- Major goals include:
  - Increased participation and collaboration between various ministries, such as education and health;
  - A more consistent Provincial approach in managing, reviewing and approving cases eligible for CSN funding;
- A phased-in approach will be used to implement the program changes, with changes anticipated to begin occurring in 2015/16 fiscal year.

#### **b) Report from Healthy Communities Partnership (Lois Dewey) (no report)**

**c) Coordinator's Report (Margaret F) (posted on website)** Margaret highlighted the meeting that had taken place with private group home operators on September 24. She asked Sue P. to report. Community partners shared information about protocols/resources that might assist operators in their work (Threat Assessment, Suicide Intervention, Checkered Flags etc.) There was agreement that these meetings are valuable. Group home operators would like an opportunity to address their concerns with community partners.

**Action:** Anyone interested in being more involved in the group meeting to support youth in private group homes should contact Sue Poldervaart (sue@rnj.com)

8. Next Meeting November 3, 2014

*Building assets and promoting the safe and healthy development of children from birth to young adulthood*

*6133422917*

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