

Ministry of Health

Child and Youth Mental Health - Service Description Schedules

2026-27

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Introduction

The Service Description Schedule is part of the Transfer Payment Agreement between His Majesty the King in right of Ontario as represented by the Minister of Health ("the Province") and the Transfer Payment Recipient. The Schedule outlines the services that Ontario is purchasing, with public funds, on behalf of the citizens of Ontario including specific expectations and conditions that apply, as defined in the document.

The Transfer Payment Recipient will deliver the programs and services in accordance with the requirements as outlined in this Service Description Schedule document in addition to all conditions and requirements within the Transfer Payment Agreement.

Throughout the Service Descriptions Document, the word "ministry" refers to the Ministry of Health.

French Language Services

Legislation: *French Language Services Act*, R.S.O. 1990, c. F.32 (FLSA)

Non-Designated Recipient Required to deliver services in French in Areas Designated Under the French Language Services Act

- **Service Objectives:** To ensure the optimal delivery of the French Language Services (FLS), which is subject to contract negotiations between the Province and Transfer Payment Recipients (TPRs) and to facilitate the accountability and the active offer of services in French by TPRs.
- **Expectations:** TPRs are required to deliver services in French in areas designated under the FLSA ([shown on this map](#)) and applicable regulations, and are expected to:
 - demonstrate capacity to deliver services in French;
 - submit a completed FLS Quality Improvement Plan (FLS QIP) in the form provided by the Province at the time of budget submission; and
 - participate in the validation process with respect to the FLS QIP with the Province.
- **Reporting Requirement:** TPRs are required to complete a FLS QIP to be reviewed by the Province at the time of budget submission for each service component in one or more service areas. TPRs may have multiple French Language Service (FLS) clauses that apply to individual service components.

FLSA Designated Public Service Agency

- **Service Objectives:** To ensure the optimal delivery of the French Language Services (FLS), which is subject to contract negotiations between the ministry and Transfer Payment Recipients (TPRs) and to facilitate the accountability and the active offer of services in French by TPRs.
- **Expectations:** The TPR designated under the FLSA, will affirm in a FLS Compliance Attestation in the form provided by the Province to be submitted at the time of budget submission that it meets the following criteria:
 - permanency and quality of service in French
 - adequacy of access to service and of active offer

- effective representation of Francophones on its Board of Directors/Governing Body and its committees
 - effective representation of Francophones at management levels within the TPR's organization
 - accountability stated in the by-laws and administrative policies of the TPR, of the Board of Directors/Governing Body and senior management for French language services
- **Reporting Requirement:** The TPR designated under the FLSA, will affirm compliance with the Province's expectations in a FLS Compliance Attestation Form to be submitted at the time of budget submission. In addition, TPRs designated under the FLSA are required to participate in the Ministry of Francophone Affairs' designation compliance process, including completion of a triennial evaluation and to provide any additional information or supporting documentation requested by the ministry to assess ongoing compliance with designation requirements.

Child and Youth Mental Health (CYMH) Business Intelligence (BI) Solution

CYMH BI Solution - Roles and Responsibilities for Lead Agencies

Program Definition:

This Child and Youth Mental Health (CYMH) Business Intelligence (BI) Solution Roles and Responsibilities Service Description Schedule applies to the program(s) (formerly detail code/s) that are applicable to the Service Provider covered by this Service Contract as listed on the approved budget and other associated schedules.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives:

The CYMH BI Solution is a Ministry of Health (MOH) data warehouse and BI tool that will enable the collection, analysis and reporting of client and service data from core service providers.

Roles and Responsibilities of Lead Agencies

The Service Provider, acting as a Lead Agency, will enter into a data sharing agreement with each Core Service Provider to govern the details of this data sharing arrangement.

The Service Provider will use the CYMH BI Solution as follows:

- Receive and process client-level service data from core service providers in its service area(s).
- In advance of the submission to the CYMH BI Solution, the Service Provider will hash the following personal attributes using the agreed upon hashing algorithm (i.e., SHA-3 512 with salt):
 - First name
 - Middle name
 - Last name
 - Date of birth
 - Postal code
- Ensure that data meets the specifications for data completeness and structure described in the file attached as Appendix A, before transferring to the CYMH BI Solution.

- Decrypt and validate the core service providers' XML files before the files are sent to the CYMH BI Solution.
- Prepare the XML file for each file transfer received from a core service provider and verify the correctness of the file.
- Transfer quarterly XML files containing the agency's client and service actuals as well as client and service actuals from core service providers in its service area(s) to the CYMH BI Solution.
- Send data to the CYMH BI Solution using Secure File Transfer Protocol (SFTP) to the MOH SFTP server.
- Work with the core service providers in the Service Provider's service area(s) to validate data and correct file and data exceptions.
- Work with the core service providers in the Service Provider's service area(s) to review the performance indicator metrics.
- Continue to improve the quality of data by reviewing dashboards, data exception reports, and apply corrections where needed.

The Service Provider is responsible for ensuring the privacy of personal information it collects. The Service Provider will not provide any information about identifiable individuals to MOH for services provided under this Service Description Schedule.

Of the required data elements in Appendix A, the Service Provider will transfer hashed personal attributes listed above about individuals to the Ministry. All other required data elements about individuals are to be transferred to the CYMH BI Solution in accordance with the specifications.

- Data that has been hashed is not considered personal information or personal health information by MOH.
- Hashed values are stored in the MOH integration database which is accessible by automated jobs only.
- Data received from Service Provider will be used by MOH for analytics purposes to inform service delivery, service system planning, performance measurement and monitoring, and continuous improvement of the CYMH service system for children, youth, and families.
- Hashed data will be used by the CYMH BI Solution to conduct matching on clients across all core service providers.
- MOH will not disclose data received from Service Providers to other ministries or partners, except for reports that will not include personal information, hashed values or other values that may be utilized to re-identify clients or that in combination may identify clients.

The quarterly XML files will be sent to the Ministry for the following reporting periods:

- April 1 - June 30 (1st quarter)
- July 1 - September 30 (2nd quarter)
- October 1 - December 31 (3rd quarter)

- January 1 - March 31 (4th quarter)

The Service Provider will complete the following activities within these timelines:

- Receive the XML files from core service providers in Service Provider's service area(s) between:
 - 1st Quarter: July 2-28
 - 2nd Quarter: October 2-28
 - 3rd Quarter: January 2-28
 - 4th Quarter: April 2-28
- Submit the XML files by:
 - 1st Quarter: July 31
 - 2nd Quarter: October 31
 - 3rd Quarter: January 31
 - 4th Quarter: April 30

Appendix A. CYMH BI Solution data specifications



CLIENT_SERVICE_INTERFACE_XSD_V2.22_ISO.XSD

CYMH BI Solution - Roles and Responsibilities for Core Service Providers

Program Definition:

This Child and Youth Mental Health (CYMH) Business Intelligence (BI) Solution Roles and Responsibilities Service Description Schedule applies to the program(s) (formerly detail code/s) that are applicable to the Service Provider covered by this Service Contract as listed on the approved budget and other associated schedules.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives

The CYMH BI Solution is a Ministry of Health data warehouse and BI tool that will enable the collection, analysis and reporting of client and service data from core service providers.

Roles and Responsibilities of Core Service Providers

The Service Provider, acting as a Core Service Provider, is required to provide client-level service data to its Lead Agency, which will process data for reporting to the Ministry as part of improved reporting practices.

The **Service Provider** will use the CYMH BI Solution as follows:

- Transfer quarterly XML files containing the Service Provider's client and service actuals to its Lead Agency.
- Prepare the XML file such that the Transfer Payment Budget Entity Identification is mapped and added to each record and Postal Code mapping can be used to derive the Region.
- Encrypt the XML file before it is sent to its Lead Agency.
- Ensure that data meets the specifications for data completeness and structure described in the file attached as Appendix A, before being transferred to its Lead Agency.
- Work with the Lead Agency to validate data and correct file and data exceptions.
- Work with the Lead Agency to review the performance indicator metrics.
- Continue to improve the quality of data by reviewing dashboards, data exception reports, and apply corrections where needed.

The Service Provider is responsible for ensuring the privacy of personal information it collects and transfers to Lead Agencies via a data sharing agreement.

The Service Provider will not provide client and service data, including any information about identifiable individuals, directly to the Ministry.

The quarterly XML files will be sent to the Ministry for the following reporting periods:

- April 1 - June 30 (1st quarter)
- July 1 - September 30 (2nd quarter)
- October 1 - December 31 (3rd quarter)
- January 1 - March 31 (4th quarter)

The Service Provider will submit the XML files to the Lead Agency by:

- 1st Quarter: July 28
- 2nd Quarter: October 28
- 3rd Quarter: January 28
- 4th Quarter: April 28

Appendix A. CYMH BI Solution data specifications



CLIENT_SERVICE_INTERFACE_XSD_V2.22_ISO.XSD

Core Services, Key Processes and System Management

CYMH Brief Services

Program Name: CYMH Brief Services

Program Definition:

Like counselling and therapy services, brief services focus on reducing the severity of and/or remedying the emotional, social, behavioural and self-regulation problems of children and youth, but these services differ with respect to the duration of the service.

Brief Services provide "quick access" therapeutic encounters to address the immediate or presenting needs of a child or youth. Therapeutic approaches include, but are not limited to, solution-focused, and brief narrative therapies. Brief services may meet the needs of the child/youth and be all the treatment that is required. They can also help identify or clarify the need for further treatment or service such as counselling and therapy and/or additional services and community supports.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives:

CHILD AND YOUTH MENTAL HEALTH SERVICES

Child and youth mental health (CYMH) services are funded by Ontario to achieve the vision of an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.

Ontario-funded child and youth mental health services are provided to children and youth under 18 years of age under the authority of the *Child, Youth and Family Services Act (CYFSA)*. These services are not mandatory under the CYFSA but are provided to the level of available resources. Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses or disorders.

Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, is the context within which services are provided. The Policy Framework has four pillars:

- improving quality;
- expanding existing services;
- implementing innovative solutions; and
- improving access.

The provision of core CYMH services is informed by evidence to support service quality. Evidence-informed practices combine the best available research with the experience and judgment of practitioners, children, youth and families to deliver measurable benefits. They are informed by research findings together with contextual and experiential evidence. This includes practice-based evidence, evidence-based practice, evaluation findings, the expertise of clinicians, and the lived experience of children, youth, and families.

SERVICE DESCRIPTION

Like counselling and therapy services, brief services focus on reducing the severity of and/or remedying the emotional, social, behavioural and self-regulation problems of children and youth, but these services differ with respect to the duration of the service.

Brief Services provide "quick access" therapeutic encounters to address the immediate or presenting needs of a child or youth. Therapeutic approaches include, but are not limited to, solution-focused, and brief narrative therapies. Brief services may meet the needs of the child/youth and be all the treatment that is required. They can also help identify or clarify the need for further treatment or service such as counselling and therapy and/or additional services and community supports.

Brief services are designed to:

- Provide timely, effective early intervention;
- Reduce the need for more intensive and intrusive intervention;
- Improve functioning and resilience;
- Enhance awareness and understanding of the presenting problem; and
- Develop coping skills to deal with the problem.

TARGET POPULATION SERVED

The target population is children and youth under 18 years of age with a mental health problem who are in need of timely, early intervention. Brief services can

address an array of presenting problems and are appropriate for children or youth who require services within a level two or three on the continuum of needs-based services and supports.

At times, brief services may be an appropriate mechanism to provide interim supports to children/youth who require, and have been referred for services, within level four on the continuum, while they are waiting for more intensive services.

AVAILABILITY OF SERVICE

Brief services should be available to children and youth with mental health problems in every service area.

MINISTRY EXPECTATIONS

The following are minimum Ontario expectations for the delivery of brief services:

- Services are provided on a flexible schedule, at times and locations that facilitate access.
- Services are episodic and time-limited (e.g., a single therapeutic session, or three sessions of therapy or consultation sessions within a six-week timeframe).
- Services are provided through the most effective possible delivery mechanisms (e.g., walk-in clinic, single-session model or brief consultation).

The following minimum expectations apply to all core services funded by Ontario:

- Core services and key processes will be provided in a manner that respects the diversity of communities. There are many conditions that may constitute barriers or may reinforce existing barriers to accessing services, including stigma, discrimination, and lack of cultural competency. In order to reduce barriers, core service providers should:
 - Understand the demographics of the population within the service area, including Francophone, First Nations, Métis, Inuit, urban Indigenous children and youth, newcomers and minority populations and their linguistic and cultural needs;
 - Understand the geography of the community within the service area that you are serving, including rural and remote areas;
 - Be sensitive to factors such as poverty, discrimination, and imbalances of power that influence the client experience;
 - Understand issues respecting sexual orientation and gender identity, and the unique needs and challenges faced by young people who are lesbian, gay, bisexual, transsexual, transgender, asexual, queer, questioning, or two-spirited; and

- Discuss with the client, when beginning to develop their service plan, what cultural or other service options would support their treatment.
- Core service providers will be responsible for complying with all relevant legislative, regulatory, and policy directives, including privacy and consent requirements.
- Core services will be delivered in an evidence-informed manner, using evidence-informed tools and practices to support positive outcomes for children and youth.
- Core service providers will review clients' progress on a regular basis and adjust services, as needed.
- The approach to the delivery of core services will be strengths-based, and centred on individuals, considering and respecting their needs and preferences.
- Clients will be provided with information regarding additional community services and supports that may be suitable and, where appropriate, supported in accessing these services (e.g., through a referral).
- Core service providers will participate in the promotion and delivery of brief services for ministry identified initiatives, including One Stop Talk/Parlons maintenant. This involves onboarding to include the provision of brief service delivery through One Stop Talk/Parlons maintenant and may include participation in brief service delivery hours on evenings and weekends.
 - One Stop Talk/Parlons maintenant is a free, confidential, virtual, brief mental health counseling service for children and youth up to their 18th birthday across Ontario.
 - Inclusion of core service providers province wide will enable comprehensive representation throughout the province and greater support for children/youth and their families (e.g., extended hours of service provision.)
- Core services will be delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.
- The intervention/treatment process will promote client involvement, partnership and shared decision-making so that all parties understand the goals and desired outcomes.
- Key partners in multi-disciplinary service delivery will be brought together, where appropriate, to provide an integrated and coordinated service response to help meet the needs of children, youth and their families.

Processes to Support Service Delivery:

Key processes contribute to the client experience and support the delivery of core services to children, youth and their families throughout their involvement with the CYMH service sector. These processes support a coordinated, collaborative and

integrated approach to the delivery of CYMH community-based services for children, youth and their families. These processes are not specific to individual core services but are common to and support all core services. They emphasize a client- and family-centred approach to service delivery that engages children, youth and families at every turn, from the moment the need for a service is identified, through the delivery of that service, and transition out of that service, to the point at which feedback is provided on how well the service has met their needs.

Key processes to support the provision of CYMH core services to children and youth include:

- Coordinated access;
- Intake, eligibility and consent;
- Identifying strengths, needs and risks;
- Child, youth and family engagement;
- Service planning and review;
- Case management and service coordination;
- Monitoring and evaluating client response to service; and
- Transition planning and preparation.

The following minimum expectations apply to all key processes that support the core services funded by Ontario:

- Core service providers are expected to use evidence-informed approaches to support the key processes, the high quality of services, and effective delivery of services to children, youth and families.
- Information gathered from the child, youth, family or practitioners that is necessary for the delivery of core services is to be shared among all relevant service providers, to the extent permitted by privacy and consent requirements (including applicable legislation, regulation, and policy directives). This will promote a client-focused approach to service delivery that is responsive to the needs of clients and will help reduce the need for children, youth and their families to repeat their stories.
- Key processes are delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.

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.

Service System Planning and Information Reporting:

In carrying out these requirements, the service provider will work in collaboration with the lead agency in their service area, where one has been identified, to plan for and align local services to the Program Guidelines and Requirements #01: Core Services and Key Processes so that children, youth and their families:

- Know what child and youth mental health services are available in their communities; and
- How to access the mental health services and supports that meet their needs.

The service provider will report required information based on key performance indicators for the child and youth mental health service system that are relevant to the service described in this Service Description Schedule (see Reporting Requirements).

- Service providers and lead agencies will find this information useful to strengthen and continuously improve service planning and provision, as well as monitor the impact of services on clients and in the community over time.
- Ontario will find this information useful to inform changes to policy through provincial trending and analysis, strengthen transparency and accountability across the sector, and ensure taxpayer dollars are spent effectively and efficiently.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Number of Individuals Served	The number of individuals for whom a record has been created and who were recipients of the approved service(s) at some point during the fiscal year.

Service Data Name	Definition
Number of Days Children/Youth waited for service	The number of days between the initial contact date and the start date for service provided to the child/youth in the reporting period. Both dates are required. The initial contact date is the date the child/youth and/or family member contacted the agency for service/treatment. The start date is defined as the date of first contact between the worker/therapist delivering the service and the child/youth and/or family member to focus on the goals identified for treatment.
Number of Elapsed Days Service Received by Child/Youth	The number of days elapsed between start and end dates for a particular core service provided to children/youth in the reporting period. Both dates are required. Start date is defined as the date of first contact between the worker/therapist delivering a particular service and the child/youth to focus on the goals identified for treatment. End date is defined as the date of last contact between the worker/therapist delivering a particular service and the child/youth, and/or the date when the particular service is determined to have ended based on client preference (i.e., opting out), goal attainment, change in eligibility.
Number of Hours of Direct Service	The total number of hours of "direct" service provided by staff to individuals during the fiscal year for a particular service. "Direct" Hours: The hours spent interacting, whether in a group or individually; face to face or on the phone. It does not include work done "on behalf of" clients, such as telephone calls, advocacy, etc. Administrative support to the service is not to be included. For group service, one hour of service equals one hour of service for the entire group. For example: 1 hour of group service with 5 participants equals one Hour of Direct Service. (Note: each individual in the group is recorded under 'no. of individuals served' where there is a record).

Service Data Name	Definition
Number of Children/Youth require No Further Service Following Brief Service	Number of children/youth receiving brief service that require no additional or further service from the service provider as determined by/with the client at the end of, or within one month of, receiving the brief service. Children/youth are counted only once in a fiscal year in this data element. Children/youth deemed to require additional service following brief service are not included in this count. Children/youth initially deemed as not requiring additional service, but after one month or more are identified as requiring additional service, are included in this count for the first instance.

CYMH Counselling, Therapy Services

Program Name: CYMH Counselling, Therapy Services

Program Definition:

Counselling and therapy services focus on reducing the severity of, and/or remedying, the emotional, social, behavioural and self-regulation problems of children and youth. Services include a series of planned, interrelated interventions based on an assessment of the child, youth and family's multiple risks, needs and strengths. Counselling and therapy services can include a range of modalities (e.g., individual, group, family or play-based) as well as clinical practices (e.g., cognitive-behaviour therapy). Services are provided within the context of the family, culture and community. They can be delivered in a range of settings, at varying frequencies.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives:

CHILD AND YOUTH MENTAL HEALTH SERVICES

Child and youth mental health (CYMH) services are funded by Ontario to achieve the vision of an Ontario in which child and youth mental health is recognized as a key

determinant of overall health and well-being, and where children and youth grow to reach their full potential.

Ontario-funded child and youth mental health services are provided to children and youth under 18 years of age under the authority of the *Child, Youth and Family Services Act* (CYFSA). These services are not mandatory under the CYFSA but are provided to the level of available resources. Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses or disorders.

Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, is the context within which services are provided. The Policy Framework has four pillars:

- improving quality;
- expanding existing services;
- implementing innovative solutions; and
- improving access.

The provision of core CYMH services is informed by evidence to support service quality. Evidence-informed practices combine the best available research with the experience and judgment of practitioners, children, youth and families to deliver measurable benefits. They are informed by research findings together with contextual and experiential evidence. This includes practice-based evidence, evidence-based practice, evaluation findings, the expertise of clinicians, and the lived experience of children, youth, and families.

SERVICE DESCRIPTION:

Counselling and therapy services focus on reducing the severity of, and/or remedying, the emotional, social, behavioural and self-regulation problems of children and youth. Services include a series of planned, interrelated interventions based on an assessment of the child, youth and family's multiple risks, needs and strengths. Counselling and therapy services can include a range of modalities (e.g., individual, group, family or play-based) as well as clinical practices (e.g., cognitive-behaviour therapy). Services are provided within the context of the family, culture and community. They can be delivered in a range of settings, at varying frequencies.

Counselling and therapy services are designed to:

- Support children, youth and their families in the receipt of services designed to address identified needs;
- Reduce the need for more intensive and intrusive intervention;
- Reduce the severity of mental health problems or symptoms;

- Strengthen coping and resilience and improve functioning; and
- Enhance awareness and understanding of the presenting problem.

TARGET POPULATION SERVED

The target population is children and youth under 18 years of age who are experiencing a mental health problem and require services within levels two or three of the continuum of needs-based services and supports. ¹

AVAILABILITY OF SERVICE

Counselling and therapy services are available in every designated service area.

MINISTRY EXPECTATIONS

The following are minimum Ontario expectations for the delivery of counselling and therapy services:

- Counselling and therapy sessions are provided regularly over a period of time (daily, weekly, bi-weekly or monthly), in a range of settings, to address specific treatment goals.
- A clear service plan is developed in collaboration with the child/youth and family, as appropriate (see Service Description Schedule CYMH Coordinated Access and Intake for related minimum expectations).
 - The client's progress is reviewed on a regular basis, and services are adjusted as needed.
- Group therapy services have a written description that clearly articulates their purpose, target population, rationale and expected outcomes.
- Where feasible, services are provided on a flexible schedule, at times and locations that facilitate access.
- For Ontario-funded services that are school-based, provision is made so that children or youth who require it have access to ongoing mental health support during extended school breaks.

The following minimum expectations apply to all core services funded by Ontario:

- Core services and key processes will be provided in a manner that respects the diversity of communities. There are many conditions that may constitute barriers or may reinforce existing barriers to accessing services, including stigma,

¹ Note: Intensive treatment services may be required for individuals experiencing mental health problems at level four of the continuum (refer to CYMH Intensive Treatment Services).

discrimination, and lack of cultural competency. In order to reduce barriers, core service providers should:

- Understand the demographics of the population within the service area, including Francophone, First Nations, Métis, Inuit, urban Indigenous children and youth, newcomers and minority populations and their linguistic and cultural needs;
 - Understand the geography of the community within the service area that you are serving, including rural and remote areas;
 - Be sensitive to factors such as poverty, discrimination, and imbalances of power that influence the client experience;
 - Understand issues respecting sexual orientation and gender identity, and the unique needs and challenges faced by young people who are lesbian, gay, bisexual, transsexual, transgender, asexual, queer, questioning, or two-spirited; and
 - Discuss with the client, when beginning to develop their service plan, what cultural or other service options would support their treatment.
- Core service providers will be responsible for complying with all relevant legislative, regulatory, and policy directives, including privacy and consent requirements.
 - Core services will be delivered in an evidence-informed manner, using evidence-informed tools and practices to support positive outcomes for children and youth.
 - Core service providers will review clients' progress on a regular basis and adjust services, as needed.
 - The approach to the delivery of core services will be strengths-based, and centred on individuals, considering and respecting their needs and preferences.
 - Clients will be provided with information regarding additional community services and supports that may be suitable and, where appropriate, supported in accessing these services (e.g., through a referral).
 - Core services will be delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.
 - The intervention/treatment process will promote client involvement, partnership and shared decision-making so that all parties understand the goals and desired outcomes.
 - Key partners in multi-disciplinary service delivery will be brought together, where appropriate, to provide an integrated and coordinated service response to help meet the needs of children, youth and their families.

Processes to Support Service:

Key processes contribute to the client experience and support the delivery of core services to children, youth and their families throughout their involvement with the CYMH service sector. These processes support a coordinated, collaborative and

integrated approach to the delivery of CYMH community-based services for children, youth and their families. These processes are not specific to individual core services but are common to and support all core services. They emphasize a client- and family-centred approach to service delivery that engages children, youth and families at every turn, from the moment the need for a service is identified, through the delivery of that service, and transition out of that service, to the point at which feedback is provided on how well the service has met their needs.

Key processes to support the provision of CYMH core services to children and youth include:

- Coordinated access;
- Intake, eligibility and consent;
- Identifying strengths, needs and risks;
- Child, youth and family engagement;
- Service planning and review;
- Case management and service coordination;
- Monitoring and evaluating client response to service; and
- Transition planning and preparation.

The following minimum expectations apply to all key processes that support the core services funded by Ontario:

- Core service providers are expected to use evidence-informed approaches to support the key processes, the high quality of services, and effective delivery of services to children, youth and families.
- Information gathered from the child, youth, family or practitioners that is necessary for the delivery of core services is to be shared among all relevant service providers, to the extent permitted by privacy and consent requirements (including applicable legislation, regulation, and policy directives). This will promote a client-focused approach to service delivery that is responsive to the needs of clients and will help reduce the need for children, youth and their families to repeat their stories.
- Key processes are delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.

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.

Service System Planning and Information Reporting:

In carrying out these requirements, the service provider will work in collaboration with the lead agency in their service area, where one has been identified, to plan for and align local services to the Program Guidelines and Requirements #01: Core Services and Key Processes so that children, youth and their families:

- Know what child and youth mental health services are available in their communities; and
- How to access the mental health services and supports that meet their needs.

The service provider will report required information based on key performance indicators for the child and youth mental health service system that are relevant to the service described in this Service Description Schedule (see Reporting Requirements).

- Service providers and lead agencies will find this information useful to strengthen and continuously improve service planning and provision, as well as monitor the impact of services on clients and in the community over time.
- Ontario will find this information useful to inform changes to policy through provincial trending and analysis, strengthen transparency and accountability across the sector, and ensure taxpayer dollars are spent effectively and efficiently.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Number of Individuals Served	The number of individuals for whom a record has been created and who were recipients of the approved service(s) at some point during the fiscal year.

Service Data Name	Definition
Number of Days Children/Youth waited for service	The number of days between the initial contact date and the start date for service provided to the child/youth in the reporting period. Both dates are required. The initial contact date is the date the child/youth and/or family member contacted the agency for service/treatment. The start date is defined as the date of first contact between the worker/therapist delivering the service and the child/youth and/or family member to focus on the goals identified for treatment.
Number of Children/Youth with Behavioural Assessed Needs	Number of children/youth receiving service and having behaviour as a priority need for service/treatment based on an initial needs assessment/presenting issue. Behaviour needs include problems with executive control, self-regulation, non-compliance, conduct, destruction, aggression, criminal and other behaviours. If a child/youth has two or more priority needs identified through assessments these will be captured separately.
Number of Children/Youth with Emotional Assessed Needs	Number of children/youth receiving service and having emotion as a priority need for service/treatment based on an initial needs assessment /presenting issue. Emotional needs include problems with emotional regulation, mood, anxiety, shame, depression, other. If a child/youth has two or more priority needs identified through assessments these will be captured separately.

Service Data Name	Definition
Number of Children/Youth with Social Assessed Needs	Number of children/youth receiving service having social as a priority need for service/treatment based on an initial needs assessment/presenting issue. Social needs include problems with relationships (peer, family, parent), authority, attachment, rejected/isolated, misperceptions/misattributions, other. If a child/youth has two or more priority needs identified through assessments these will be captured separately.
Number of Children/Youth with Substance Use Assessed Needs	Number of children/youth receiving service having Substance Use as a priority need for service/treatment based on an initial needs assessment/presenting issue. Substance use needs include addiction, abuse, response to family member's use, relapse, FASD, other. If a child/youth has two or more priority needs identified through assessments these will be captured separately.
Number of Children/Youth with Trauma Assessed Needs	Number of children/youth receiving service having Trauma as a priority need for service/treatment based on an initial needs assessment/presenting issue. Trauma needs include history of or reactions to sexual abuse, physical abuse, emotional abuse, witness to violence, medical trauma, natural disasters, family death. If a child/youth has two or more priority needs identified through assessments these will be captured separately.

Service Data Name	Definition
Number of Children/Youth with Complex Assessed Needs	Number of children/youth receiving service having more than one priority need requiring multiple services/treatments and/or multiple service providers based on assessed needs/presenting issues. Children/youth will be counted only once per fiscal year in this data element.
Number of Elapsed Days Service Received by Child/Youth	The number of days elapsed between start and end dates for a particular core service provided to children/youth in the reporting period. Both dates are required. Start date is defined as the date of first contact between the worker/therapist delivering a particular service and the child/youth to focus on the goals identified for treatment. End date is defined as the date of last contact between the worker/therapist delivering a particular service and the child/youth, and/or the date when the particular service is determined to have ended based on client preference (i.e., opting out), goal attainment, change in eligibility.
Number of Hours of Direct Service	The total number of hours of "direct" service provided by staff to individuals during the fiscal year. "Direct" Hours: The hours spent interacting, whether in a group or individually; face to face or on the phone. It does not include work done "on behalf of" clients, such as telephone calls, advocacy, etc. Administrative support to the service is not to be included. For group service, one hour of service equals one hour of service for the entire group. For example: 1 hour of group service with 5 participants equals one Hour of Direct Service. (Note: each individual in the group is recorded under 'no. of individuals served' where there is a record).

CYMH Crisis Support Services

Program Name: CYMH Crisis Support Services

Program Definition:

Crisis support services are immediate, time-limited services, delivered in response to an imminent mental health crisis or an urgent situation as assessed by a mental health professional that places the child/youth or others at serious risk of harm.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives:

CHILD AND YOUTH MENTAL HEALTH SERVICES

Child and youth mental health (CYMH) services are funded by Ontario to achieve the vision of an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.

Ontario-funded child and youth mental health services are provided to children and youth under 18 years of age under the authority of the *Child, Youth and Family Services Act (CYFSA)*. These services are not mandatory under the CYFSA but are provided to the level of available resources. Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses or disorders.

Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, is the context within which services are provided. The Policy Framework has four pillars:

- improving quality;
- expanding existing services;
- implementing innovative solutions; and
- improving access.

The provision of core CYMH services is informed by evidence to support service quality. Evidence-informed practices combine the best available research with the experience and judgment of practitioners, children, youth and families to deliver measurable benefits. They are informed by research findings together with contextual and experiential evidence. This includes practice-based evidence,

evidence-based practice, evaluation findings, the expertise of clinicians, and the lived experience of children, youth, and families.

SERVICE DESCRIPTION

Crisis support services are immediate, time-limited services, delivered in response to an imminent mental health crisis or an urgent situation as assessed by a mental health professional that places the child/youth or others at serious risk of harm.

Crisis support services are designed to:

- Stabilize and de-escalate immediate risk;
- Decrease presenting severity of symptoms;
- Help the child/youth and family to cope in immediate and urgent crisis situations, including enhancing awareness and understanding of the presenting problem;
- Transition the client to appropriate treatment(s); and
- Link the individual to other services (e.g., addiction services or hospital services).

TARGET POPULATION SERVED

The target population is children and youth under 18 years of age who are experiencing an urgent mental health crisis, who typically require services within levels three or four of the continuum of needs-based services and supports.

AVAILABILITY OF SERVICE

Crisis services are to be available in every service area 24 hours a day, 7 days a week.

MINISTRY EXPECTATIONS

The following are minimum Ontario expectations for the delivery of crisis services:

- Crisis services should be available within a service area 24-hours a day, seven days a week. Services may be delivered by one service provider, in partnership with a number of service providers and/or with broader sector partners, and within and across service areas. There must also be coordination with other related services, including hospital emergency departments, urgent care centres, mental health crisis services and telephone-response/tele-psychiatry services operated collaboratively with other communities/service areas.
- Depending on the level of need, crisis support/response will either be provided to those in crisis (e.g., impulsive self-harming behaviour), or the core

service provider will help the client secure alternate access to immediate service available from core services and/or other service providers as appropriate (e.g. through a "warm" transfer).

- Where possible, depending on the presenting and immediate needs of the child/youth crisis services should include coordination and alignment with any existing mental health services being received by that child/youth.
- There will be a triage protocol that includes prioritization criteria (e.g., through use of evidence-informed tools and approaches) type of contact and corresponding response time targets (e.g., emergent and urgent definitions; two hour, 24-hour or 48-hour response times; face-to-face, or telephone response). When a client accesses a crisis telephone line and consent has been provided, there will be follow-up with clients and community partners to ensure access to appropriate services (including core services and/or other service providers as appropriate).
- If the child, youth or family is placed on a waiting list for service, there will be an interim plan in place while they are waiting.
- Where appropriate, core service providers will work with the education sector to support service delivery that minimizes school transfers and maintains education programming.
- A safety plan will be developed in all cases where the client needs are not addressed at first contact or where the child, youth or family is known by the core service provider to be an on-going recipient of core services.

The following minimum expectations apply to all core services funded by Ontario:

- Core services and key processes will be provided in a manner that respects the diversity of communities. There are many conditions that may constitute barriers or may reinforce existing barriers to accessing services, including stigma, discrimination, and lack of cultural competency. In order to reduce barriers, core service providers should:
- Understand the demographics of the population within the service area, including Francophone, First Nations, Métis, Inuit, urban Indigenous children and youth, newcomers and minority populations and their linguistic and cultural needs;
- Understand the geography of the community within the service area that you are serving, including rural and remote areas;
 - Be sensitive to factors such as poverty, discrimination, and imbalances of power that influence the client experience;
- Understand issues respecting sexual orientation and gender identity, and the unique needs and challenges faced by young people who are lesbian,

- gay, bisexual, transsexual, transgender, asexual, queer, questioning, or two-spirited; and
- Discuss with the client, when beginning to develop their service plan, what cultural or other service options would support their treatment.
 - Core service providers will be responsible for complying with all relevant legislative, regulatory, and policy directives, including privacy and consent requirements.
 - Core services will be delivered in an evidence-informed manner, using evidence-informed tools and practices to support positive outcomes for children and youth.
 - Core service providers will review clients' progress on a regular basis and adjust services, as needed.
 - The approach to the delivery of core services will be strengths-based, and centred on individuals, considering and respecting their needs and preferences.
 - Clients will be provided with information regarding additional community services and supports that may be suitable and, where appropriate, supported in accessing these services (e.g., through a referral).
 - Core services will be delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.
 - The intervention/treatment process will promote client involvement, partnership and shared decision-making so that all parties understand the goals and desired outcomes.
 - Key partners in multi-disciplinary service delivery will be brought together, where appropriate, to provide an integrated and coordinated service response to help meet the needs of children, youth and their families.

Processes to Support Service Delivery:

Key processes contribute to the client experience and support the delivery of core services to children, youth and their families throughout their involvement with the CYMH service sector.

These processes support a coordinated, collaborative and integrated approach to the delivery of CYMH community-based services for children, youth and their families.

These processes are not specific to individual core services but are common to and support all core services. They emphasize a client- and family-centred approach to service delivery that engages children, youth and families at every turn, from the moment the need for a service is identified, through the delivery of that service, and transition out of that service, to the point at which feedback is provided on how well the service has met their needs.

Key processes to support the provision of CYMH core services to children and youth include:

- Coordinated access;
- Intake, eligibility and consent;
- Identifying strengths, needs and risks;
- Child, youth and family engagement;
- Service planning and review;
- Case management and service coordination;
- Monitoring and evaluating client response to service; and
- Transition planning and preparation.

The following minimum expectations apply to all key processes that support the core services funded by Ontario:

- Core service providers are expected to use evidence-informed approaches to support the key processes, the high quality of services, and effective delivery of services to children, youth and families.
- Information gathered from the child, youth, family or practitioners that is necessary for the delivery of core services is to be shared among all relevant service providers, to the extent permitted by privacy and consent requirements (including applicable legislation, regulation, and policy directives). This will promote a client-focused approach to service delivery that is responsive to the needs of clients and will help reduce the need for children, youth and their families to repeat their stories.
- Key processes are delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.

Individual Planning and Goal Setting:

Each individual will have a current Plan of Care (POC) that reflects an assessment of his / her / their 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.

Service System Planning and Information Reporting:

In carrying out these requirements, the service provider will work in collaboration with the lead agency in their service area, where one has been identified, to plan for and align local services to the Program Guidelines and Requirements #01: Core Services and Key Processes so that children, youth and their families:

- Know what child and youth mental health services are available in their communities; and
- How to access the mental health services and supports that meet their needs.

The service provider will report required information based on key performance indicators for the child and youth mental health service system that are relevant to the service described in this Service Description Schedule (see Reporting Requirements).

- Service providers and lead agencies will find this information useful to strengthen and continuously improve service planning and provision, as well as monitor the impact of services on clients and in the community over time.
- Ontario will find this information useful to inform changes to policy through provincial trending and analysis, strengthen transparency and accountability across the sector, and ensure taxpayer dollars are spent effectively and efficiently.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Number of Individuals Served	The number of individuals for whom a record has been created and who were recipients of the approved service(s) at some point during the fiscal year.
Number of Days Children/Youth waited for service	The number of days between the initial contact date and the start date for service provided to the child/youth in the reporting period. Both dates are required. The initial contact date is the date the child/youth and/or family member contacted the agency for service/treatment. The start date is defined as the date of first contact between the worker/therapist delivering the service and the child/youth and/or family member to focus on the goals identified for treatment.

Service Data Name	Definition
Number of Hours of Direct Service	The total number of hours of "direct" service provided by staff to individuals during the fiscal year. "Direct" Hours: The hours spent interacting, whether in a group or individually; face to face or on the phone. It does not include work done "on behalf of" clients, such as telephone calls, advocacy, etc. Administrative support to the service is not to be included. For group service, one hour of service equals one hour of service for the entire group. For example: 1 hour of group service with 5 participants equals one Hour of Direct Service. (Note: each individual in the group is recorded under 'no. of individuals served' where there is a record).

CYMH Family Capacity Building and Support

Program Name: CYMH Family Capacity Building and Support

Program Definition:

Families (including parents, caregivers, guardians, siblings and other family members) have a critical role to play in promoting and supporting the mental health of their family members. Families are key to effective treatment planning. Families may receive services of a core service provider, where their participation in treatment supports the child or youth's service plan.

Family capacity building and support is a category of service that seeks to promote the resilience of families, the integral role families have to play, and their capacity to support children and youth with mental health problems. These services enhance the family's ability to support and adaptively respond to the mental health needs of the young person. Capacity building and support services will enable the entire

family to better address a child or youth's mental health problems and be active partners in the delivery of core services.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives:

CHILD AND YOUTH MENTAL HEALTH SERVICES

Child and youth mental health (CYMH) services are funded by Ontario to achieve the vision of an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.

Ontario-funded child and youth mental health services are provided to children and youth under 18 years of age under the authority of the *Child, Youth and Family Services Act (CYFSA)*. These services are not mandatory under the CYFSA but are provided to the level of available resources. Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses or disorders.

Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, is the context within which services are provided. The Policy Framework has four pillars:

- improving quality;
- expanding existing services;
- implementing innovative solutions; and
- improving access.

The provision of core CYMH services is informed by evidence to support service quality. Evidence-informed practices combine the best available research with the experience and judgment of practitioners, children, youth and families to deliver measurable benefits. They are informed by research findings together with contextual and experiential evidence. This includes practice-based evidence, evidence-based practice, evaluation findings, the expertise of clinicians, and the lived experience of children, youth, and families.

SERVICE DESCRIPTION

Families (including parents, caregivers, guardians, siblings and other family members) have a critical role to play in promoting and supporting the mental health of their family members. Families are key to effective treatment planning. Families

may receive services of a core service provider, where their participation in treatment supports the child or youth's service plan.

Family capacity building and support is a category of service that seeks to promote the resilience of families, the integral role families have to play, and their capacity to support children and youth with mental health problems. These services enhance the family's ability to support and adaptively respond to the mental health needs of the young person.

Capacity building and support services will enable the entire family to better address a child or youth's mental health problems and be active partners in the delivery of core services.

Family capacity building and support services may include access to peer support to promote resilience and positive child, youth and family functioning. It may provide effective capacity building training for families, developed and chosen in partnership with the families. Family capacity building and support may also include services such as assistance in navigating pathways to care, and training to assist families in learning about the mental health problems of the child or youth.

Support services may be offered in a variety of settings, including agencies, community settings or the family home. Supports may also include, where appropriate, respite services for families by providing temporary care for children and youth with mental health problems.

Respite may be provided as short-term relief for families and caregivers, so that they are able to care more effectively for the child or youth and avert the need for more intrusive and costly interventions, such as out-of-home placement. Respite is distinct from out-of-home treatment, where the emphasis is on treatment as the primary focus. Respite services may also include some skill development for the child or youth. The level and length of respite services will be determined based on child/youth family needs.

Family capacity building and support services are designed to:

- Support timely, effective early intervention;
- Reduce the need for more intensive and intrusive intervention;
- Develop family capacity;
- Connect families to services when appropriate; and
- Improve child and youth functioning.

TARGET POPULATION SERVED

The target population is families of children and youth under 18 years of age, where the child/youth is experiencing mental health problems at levels two, three and four on the continuum of needs-based services and supports.

MINISTRY EXPECTATIONS

The following are minimum Ontario expectations for the delivery of family capacity building and support services:

- Services provided are embedded as a part of the overall service plan for the child or youth.
- Services are designed to strengthen family capacity and gains made through treatment and to prevent recurrence or exacerbation of mental health problems of the child or youth.
- Family support and capacity building will be assessed and provided based on the individual needs and situations of the family and child/youth.
- Services are designed, developed and implemented in partnership with families.
- Services are individualized to the specific needs of the family.
- Flexibility in terms of scheduling and settings is maximized in order to facilitate access to service.

An important complement to the Family Capacity Building and Support service is the Child, Youth and Family Engagement key process (see Service Description Schedule CYMH Coordinated Access and Intake for related minimum expectations). Engaging families in service planning is a way to make sure that supports to families are focused on addressing the needs of families. Another important key process is the Case Management and Service Coordination, which aims to engage other core service providers and broader sector partners in an integrated and coordinated response to service delivery.

The following minimum expectations apply to all core services funded by Ontario:

- Core services and key processes will be provided in a manner that respects the diversity of communities. There are many conditions that may constitute barriers or may reinforce existing barriers to accessing services, including stigma, discrimination, and lack of cultural competency. In order to reduce barriers, core service providers should:
 - Understand the demographics of the population within the service area, including Francophone, First Nations, Métis, Inuit, urban Indigenous children and youth, newcomers and minority populations and their linguistic and cultural needs;
 - Understand the geography of the community within the service area that you are serving, including rural and remote areas;
 - Be sensitive to factors such as poverty, discrimination, and imbalances of power that influence the client experience;
 - Understand issues respecting sexual orientation and gender identity, and the unique needs and challenges faced by young people who are lesbian,

- gay, bisexual, transsexual, transgender, asexual, queer, questioning, or two-spirited; and
 - Discuss with the client, when beginning to develop their service plan, what cultural or other service options would support their treatment.
- Core service providers will be responsible for complying with all relevant legislative, regulatory, and policy directives, including privacy and consent requirements.
- Core services will be delivered in an evidence-informed manner, using evidence-informed tools and practices to support positive outcomes for children and youth.
- Core service providers will review clients' progress on a regular basis and adjust services, as needed.
- The approach to the delivery of core services will be strengths-based, and centred on individuals, considering and respecting their needs and preferences.
- Clients will be provided with information regarding additional community services and supports that may be suitable and, where appropriate, supported in accessing these services (e.g., through a referral).
- Core services will be delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.
- The intervention/treatment process will promote client involvement, partnership and shared decision-making so that all parties understand the goals and desired outcomes.
- Key partners in multi-disciplinary service delivery will be brought together, where appropriate, to provide an integrated and coordinated service response to help meet the needs of children, youth and their families.

Processes to Support Service Delivery:

Key processes contribute to the client experience and support the delivery of core services to children, youth and their families throughout their involvement with the CYMH service sector. These processes support a coordinated, collaborative and integrated approach to the delivery of CYMH community-based services for children, youth and their families. These processes are not specific to individual core services but are common to and support all core services. They emphasize a client- and family-centred approach to service delivery that engages children, youth and families at every turn, from the moment the need for a service is identified, through the delivery of that service, and transition out of that service, to the point at which feedback is provided on how well the service has met their needs.

Key processes to support the provision of CYMH core services to children and youth include:

- Coordinated access;

- Intake, eligibility and consent;
- Identifying strengths, needs and risks;
- Child, youth and family engagement;
- Service planning and review;
- Case management and service coordination;
- Monitoring and evaluating client response to service; and
- Transition planning and preparation.

The following minimum expectations apply to all key processes that support the core services funded by Ontario:

- Core service providers are expected to use evidence-informed approaches to support the key processes, the high quality of services, and effective delivery of services to children, youth and families.
- Information gathered from the child, youth, family or practitioners that is necessary for the delivery of core services is to be shared among all relevant service providers, to the extent permitted by privacy and consent requirements (including applicable legislation, regulation, and policy directives). This will promote a client-focused approach to service delivery that is responsive to the needs of clients and will help reduce the need for children, youth and their families to repeat their stories.
- Key processes are delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.

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.

Service System Planning and Information Reporting:

In carrying out these requirements, the service provider will work in collaboration with lead agency in their service area, where one has been identified, to plan for and align local services to the Program Guidelines and Requirements #01: Core Services and Key Processes so that children, youth and their families:

- Know what child and youth mental health services are available in their communities; and
- How to access the mental health services and supports that meet their needs.

The service provider will report required information based on key performance indicators for the child and youth mental health service system that are relevant to

the service described in this Service Description Schedule (see Reporting Requirements).

- Service providers and lead agencies will find this information useful to strengthen and continuously improve service planning and provision, as well as monitor the impact of services on clients and in the community over time.
- Ontario will find this information useful to inform changes to policy through provincial trending and analysis, strengthen transparency and accountability across the sector, and ensure taxpayer dollars are spent effectively and efficiently.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Number of Families Served	The number of families that received support services at some point during the fiscal year. This is a cumulative number and a family is reported in the initial quarter in which they received services and counted only once during the fiscal year.
Number of Participants in Sessions/Workshops/Training	The total number of individuals participating in skill building or educational sessions/workshops/training to assist with building parenting skills, child/youth management skills, self-management, anger management, risk reduction, resiliency building, etc. Participants are counted each time they attend a program within the fiscal year. If a program (a workshop or seminar) lasts more than one day, a person is counted once, whether or not the person attended more than one day or whether they attended only part of the workshop or seminar.

Service Data Name	Definition
Number of Hours of Direct Service	The total number of hours of "direct" service provided by staff to individuals during the fiscal year for a particular service. "Direct" Hours: The hours spent interacting, whether in a group or individually; face to face or on the phone. It does not include work done "on behalf of" clients, such as telephone calls, advocacy, etc. Administrative support to the service is not to be included. For group service, one hour of service equals one hour of service for the entire group. For example: 1 hour of group service with 5 participants equals one Hour of Direct Service. (Note: each individual in the group is recorded under 'no. of individuals served' where there is a record).

CYMH Coordinated Access Intake Service Planning

Program Name: CYMH Coordinated Access Intake Service Planning

Program Definition:

Coordinated access is a collaborative, community-based approach to streamline access to mental health services and other types of supports. It helps children, youth and families access appropriate services and supports quickly and easily.

The intake process often represents the first point of contact for the child, youth or family into the child and youth mental health (CYMH) service system and involves the collection of basic information about the child or youth requiring service.

Screening, as part of intake, involves confirming eligibility based on age (under 18 years of age). During the intake process, the client's mental health problems and presenting needs and the availability of services are also considered. As part of the intake process, the client's level of need and urgency is assessed in order to

determine the appropriate service required, establish priority for service(s) based on risk, and identify the need for crisis services, where necessary. Preliminary service options are communicated to the child or youth and family at intake.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives:

CHILD AND YOUTH MENTAL HEALTH SERVICES

Child and youth mental health (CYMH) services are funded by Ontario to achieve the vision of an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.

Ontario-funded child and youth mental health services are provided to children and youth under 18 years of age under the authority of the *Child, Youth and Family Services Act (CYFSA)*.

These services are not mandatory under the CYFSA but are provided to the level of available resources.

Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses or disorders.

Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, is the context within which services are provided. The Policy Framework has four pillars:

- improving quality;
- expanding existing services;
- implementing innovative solutions; and
- improving access.

The provision of core CYMH services is informed by evidence to support service quality. Evidence-informed practices combine the best available research with the experience and judgment of practitioners, children, youth and families to deliver measurable benefits. They are informed by research findings together with contextual and experiential evidence. This includes practice-based evidence, evidence-based practice, evaluation findings, the expertise of clinicians, and the lived experience of children, youth, and families.

SERVICE DESCRIPTION:

Coordinated Access:

Coordinated access is a collaborative, community-based approach to streamline access to mental health services and other types of supports. It helps children, youth and families access appropriate services and supports quickly and easily.

The intent of coordinated access is to minimize service gaps and duplication between service providers and sectors by establishing clear linkages among core service providers, and between core service providers and partners from the broader sector. In some service areas an access mechanism or core service provider may have the responsibility for managing the coordinated access process. The coordinated access process supports system-level planning and integrated case management. It is likely to involve parties and professionals such as district school boards, local schools, family health teams, psychiatrists, children's aid societies, special needs coordinating agencies, service planning coordinators and other local/regional planning and delivery partners.

Through the coordinated access process core service providers assess the needs of the child/youth and identify services to meet their needs (e.g., through access to core services or through collaboration with or redirection to other sectors that better match their needs). Developing and facilitating coordination among community agencies and partners is crucial.

Intake, Eligibility and Consent:

The intake process often represents the first point of contact for the child, youth or family into the CYMH service system and involves the collection of basic information about the child or youth requiring service. Screening, as part of intake, involves confirming eligibility based on age (under 18 years of age).

During the intake process, the client's mental health problems and presenting needs and the availability of services are also considered. As part of the intake process, the client's level of need and urgency is assessed in order to determine the appropriate service required, establish priority for service(s) based on risk, and identify the need for crisis services, where necessary. Preliminary service options are communicated to the child or youth and family at intake.

The process also includes obtaining any necessary consents regarding treatment, assessments and information sharing from the child, youth or substitute decision-

maker. Consent to treatment may also need to occur throughout the treatment process.²

Identifying Strengths, Needs and Risks:

Core service providers are responsible for identifying the strengths, needs and risks of children and youth. The initial identification of strengths needs and risks may occur simultaneously at intake to inform identification of initial service needs (e.g., brief services). This process involves using interviews, observations and results of standardized, evidence-informed tools to identify the strengths, needs and risks of children, youth and families. This information is then used to determine service and treatment needs, further inform triage and prioritization of children and youth for service when the level of risk is high, inform the development of a service plan, identify areas of strength to build upon and establish a baseline for outcome monitoring and measurement. Where the needs of the child or youth require longer-term interventions, a more thorough process to identify strengths, needs and risks will be undertaken to inform service planning, and this will occur throughout treatment to reassess changing service needs.

The results are discussed with the child or youth and their family in order to establish a clear understanding, engage and elicit their views and reach agreement about service recommendations. Under some circumstances, a specialized consultation or assessment, which is designed to provide advice in the assessment, diagnosis, prognosis and/or treatment of a child or youth, may be needed to fully identify strengths, needs and risks.

Child, Youth and Family Engagement:

Child, youth and family engagement is the process of partnering with children, youth and their families in the development and implementation of their service plans. It is an integral component of services delivered through the CYMH program, and part of the overall approach to operations and service delivery at all levels. Through engagement with children, youth and families, all core service providers will become more accountable to the population that they serve. Core service providers will be able to communicate the needs of children, youth and families.

Child, youth and family engagement recognizes that children, youth and families bring a unique and critical perspective to their treatment, from identifying their own needs, to understanding what strategies might be most successful to achieve their goals and monitoring whether services are having the intended impact or outcome.

²Core Service providers and staff must comply with applicable legislation including: the *Health Care Consent Act, 1996* (HCCA); the *Substitute Decisions Act, 1992*; and the *Personal Health Information Protection Act, 2004* (PHIPA) – consult [e-laws \(www.e-laws.gov.on.ca\)](http://www.e-laws.gov.on.ca) for further information.

The term “engagement” implies an active partnership between children, youth and families, and core service providers. This requires that professionals listen to children, youth and families, engage them in two-way communication, and involve them in decision-making in a meaningful and purposeful way.

TARGET POPULATION SERVED

Children and youth under 18 years of age with a mental health problem who are in need of timely, effective intervention.

AVAILABILITY OF SERVICE

Intake processes to access services are available in every service area.

MINISTRY EXPECTATIONS

The following are minimum Ontario expectations for these processes:

Coordinated Access:

- Clear pathway protocols are in place to coordinate access and services for children, youth and families between and across core service providers and community partners from related sectors (including but not limited to primary care and education).
- Core service providers use information collected through collaboration with community partners to inform the approach to access and to service. The collection of information is supported by information-sharing protocols, subject to applicable legislation, regulation, and policy directives, including privacy and consent requirements.
- The impact of partnerships and collaborations with regard to child, youth and family access to appropriate services is regularly reviewed and assessed by the lead agency through their planning work.

Intake, Eligibility and Consent:

- A clear intake process is developed that supports establishing eligibility of the child or youth for CYMH services.
- The process for intake screening and delivering services to clients is documented and the written process is available to families, children and youth when they make contact.
- The client's needs and urgency of treatment/intervention is assessed using evidence-informed tools.

- Preliminary service options are communicated to the child or youth and family at intake.
- Where appropriate, the child or youth and family are referred to other services.
- A client record is created to capture information and support service planning, service delivery and ongoing case management.
- Children and youth are prioritized for service based on need and urgency, and immediate crisis support, and response is provided to those at risk or in crisis (e.g., impulsive self-harming behaviour), or efforts are made to help them access to immediate services.
- To the extent possible, service planning, coordination, treatment and/or communication will occur with all involved providers, including those from other sectors. This may involve information sharing with appropriate providers, subject to applicable legislation, regulation, and policy directives, and subject to privacy and consent requirements (see Service Description Schedule –CYMH Case Management and Service Coordination for related minimum expectations).
- When there is a waitlist for service, clients will be informed at intake and at regular intervals about their status on the waitlist.
- Clients and families will be provided with information, supports and resources to help them while waiting, such as contact names and phone numbers, crisis contacts, referral to other services, and community services and supports they can access.

Identifying Strengths, Needs and Risks:

- Strengths, needs and risk assessment process is in place and adapted according to the intervention and treatment needs of the child or youth or family.
- The strengths, needs and risk assessment identify and evaluates the strengths, needs and resources of the child or youth and family that are relevant to the intervention and treatment process.
- The strengths needs and risk assessment will consider the child or youth within their family, community, cultural, socio-economic and religious contexts.
- The strengths needs and risk assessment will include information already gathered from the child or youth, parent/caregiver or other practitioners subject to applicable legislation, regulation, and policy directives including privacy and consent requirements, so they do not have to unnecessarily repeat themselves.

Child, Youth and Family Engagement:

- Youth and families are provided with orientation on youth and family engagement policies and practices and how they can take part in engagement activities.
- Children, youth and their families are engaged in the development and implementation of individual treatment or service plans and participate in processes to identify the impact of services.

- Participatory methods are used to evaluate the outcomes of services to the greatest extent possible.
- Children, youth and their families provide input into planning, evaluation and delivery of services.
- Children, youth and their families are given the opportunity to provide feedback on their overarching experience with the service.

The following minimum expectations apply to all core services funded by Ontario:

- Core services and key processes will be provided in a manner that respects the diversity of communities. There are many conditions that may constitute barriers or may reinforce existing barriers to accessing services, including stigma, discrimination, and lack of cultural competency. In order to reduce barriers, core service providers should:
 - Understand the demographics of the population within the service area, including Francophone, First Nations, Métis, Inuit, urban Indigenous children and youth, newcomers and minority populations and their linguistic and cultural needs;
 - Understand the geography of the community within the service area that you are serving, including rural and remote areas;
 - Be sensitive to factors such as poverty, discrimination, and imbalances of power that influence the client experience;
 - Understand issues respecting sexual orientation and gender identity, and the unique needs and challenges faced by young people who are lesbian, gay, bisexual, transsexual, transgender, asexual, queer, questioning, or two-spirited; and
 - Discuss with the client, when beginning to develop their service plan, what cultural or other service options would support their treatment.
- Core service providers will be responsible for complying with all relevant legislative, regulatory, and policy directives, including privacy and consent requirements.
- Core services will be delivered in an evidence-informed manner, using evidence-informed tools and practices to support positive outcomes for children and youth.
- Core service providers will review clients' progress on a regular basis and adjust services, as needed.
- The approach to the delivery of core services will be strengths-based, and centred on individuals, considering and respecting their needs and preferences.
- Clients will be provided with information regarding additional community services and supports that may be suitable and, where appropriate, supported in accessing these services (e.g., through a referral).

- Core services will be delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.
- The intervention/treatment process will promote client involvement, partnership and shared decision-making so that all parties understand the goals and desired outcomes.
- Key partners in multi-disciplinary service delivery will be brought together, where appropriate, to provide an integrated and coordinated service response to help meet the needs of children, youth and their families.

Processes to Support Service Delivery

Key processes contribute to the client experience and support the delivery of core services to children, youth and their families throughout their involvement with the CYMH service sector. These processes support a coordinated, collaborative and integrated approach to the delivery of CYMH community-based services for children, youth and their families. These processes are not specific to individual core services but are common to and support all core services. They emphasize a client- and family-centred approach to service delivery that engages children, youth and families at every turn, from the moment the need for a service is identified, through the delivery of that service, and transition out of that service, to the point at which feedback is provided on how well the service has met their needs.

Key processes to support the provision of CYMH core services to children and youth include:

- Coordinated access;
- Intake, eligibility and consent;
- Identifying strengths, needs and risks;
- Child, youth and family engagement;
- Service planning and review;
- Case management and service coordination;
- Monitoring and evaluating client response to service; and
- Transition planning and preparation.

The following minimum expectations apply to all key processes that support the core services funded by Ontario:

- Core service providers are expected to use evidence-informed approaches to support the key processes, the high quality of services, and effective delivery of services to children, youth and families.
- Information gathered from the child, youth, family or practitioners that is necessary for the delivery of core services is to be shared among all relevant service providers, to the extent permitted by privacy and consent requirements (including applicable legislation, regulation, and policy directives). This will

promote a client-focused approach to service delivery that is responsive to the needs of clients and will help reduce the need for children, youth and their families to repeat their stories.

- Key processes are delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.

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.

Service System Planning and Information Reporting

In carrying out these requirements, the service provider will work in collaboration with the lead agency in their service area, where one has been identified, to plan for and align local services to the Program Guidelines and Requirements #01: Core Services and Key Processes so that children, youth and their families:

- Know what child and youth mental health services are available in their communities; and
- How to access the mental health services and supports that meet their needs.

The service provider will report required information based on key performance indicators for the child and youth mental health service system that are relevant to the service described in this Service Description Schedule (see Reporting Requirements).

- Service providers and lead agencies will find this information useful to strengthen and continuously improve service planning and provision, as well as monitor the impact of services on clients and in the community over time.
- Ontario will find this information useful to inform changes to policy through provincial trending and analysis, strengthen transparency and accountability across the sector, and ensure taxpayer dollars are spent effectively and efficiently.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Number of Unique Children/Youth Eligible for Service	The total number of unique children/youth who were eligible and consented to receive CYMH services from the service provider or its partners/sub-contractors, and for whom a record has been created, within one fiscal year (i.e., a unique count of open clients whether waiting, receiving or between services). A child/youth cannot be counted more than once in a fiscal year in this data element. A child/youth is to be reported once in the initial quarter in which he/she was first deemed eligible and consent was provided to receive CYMH supports and services. If active service occurs across more than one fiscal year, the child/youth is to be counted once in each fiscal year. For example, a child/youth started receiving service on March 15 and ended this instance of service on July 15. On July 15, the individual is placed on a waitlist to receive another service and starts a second service on September 12 which ends on January 20. This individual would be counted as a unique client once in the fourth quarter of the first fiscal year and once again in the first quarter of the second fiscal year.

Service Data Name	Definition
Number of Children/Youth by Gender Identity - Male	Of the total number of unique clients, the number of children/youth eligible for mental health services having identified their gender identity as male. Gender Identity: Each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same or as different from their assigned sex at birth. Gender identity has nothing to do with a person's sexual orientation. Children/youth would be counted only once in this data element.
Number of Children/Youth by Gender Identity - Female	Of the total number of unique clients, the number of children/youth eligible for mental health services having identified their gender identity as female. Gender identity: Each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same or as different from their assigned sex at birth. Gender identity has nothing to do with a person's sexual orientation Children/youth would be counted only once in this data element.

Service Data Name	Definition
Number of Children/Youth by Gender Identity - X	Of the total number of unique clients, the number of children/youth eligible for mental health having a third gender identity (i.e., Trans/Transgender, Non-Binary, Two-Spirited, or another self-identified gender - as well as anyone who chooses not to display their gender identity). Gender identity: Each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same or as different from their assigned sex at birth. Gender identity has nothing to do with a person's sexual orientation Children/youth would be counted only once in this data element.
Number of Initial Needs Assessment	Of the total number of unique clients, the number of children/youth with an initial needs assessment performed before, at or following intake, using a standardized tool to identify strengths and needs to inform service/treatment planning. Can also be counted if completed by referring organization. If a child/youth has two or more needs assessments completed during service, only the initial needs assessment would be counted in this data element.
Number of Children and Youth between ages 0-5	Of the total number of unique clients, the number of children and youth who are deemed eligible and have consented to service and who are between the ages of 0 and 5 (inclusive) at the date of intake or at the start of the fiscal year if service carries over. Note: Number of Children and Youth between ages 0- 5 + Number of Children and Youth between ages 6-10 + Number of Children and Youth between ages 11-14 + Number of Children and Youth between ages 15-17 = Number of Unique Children/Youth Eligible for Service

Service Data Name	Definition
Number of Children and Youth between ages 6-10	Of the total number of unique clients, the number of children and youth who are deemed eligible and have consented to service and who are between the ages of 6 and 10 (inclusive) at the date of intake or at the start of the fiscal year if service carries over. Note: Number of Children and Youth between ages 0- 5 + Number of Children and Youth between ages 6-10 + Number of Children and Youth between ages 11-14 + Number of Children and Youth between ages 15-17 = Number of Unique Children/Youth Eligible for Service
Number of Children and Youth between ages 11-14	Of the total number of unique clients, the number of children and youth who are deemed eligible and have consented to service and who are between the ages of 11 and 14 (inclusive) at the date of intake or at the start of the fiscal year if service carries over. Note: Number of Children and Youth between ages 0- 5 + Number of Children and Youth between ages 6-10 + Number of Children and Youth between ages 11-14 + Number of Children and Youth between ages 15-17 = Number of Unique Children/Youth Eligible for Service

Service Data Name	Definition
Number of Children and Youth between ages 15-17	Of the total number of unique clients, the number of children and youth who are deemed eligible and have consented to service and who are between the ages of 15 and 17 (inclusive) at the date of intake or at the start of the fiscal year if service carries over. Note: Number of Children and Youth between ages 0- 5 + Number of Children and Youth between ages 6-10 + Number of Children and Youth between ages 11-14 + Number of Children and Youth between ages 15-17 = Number of Unique Children/Youth Eligible for Service
Number of Hours of Direct Service	The total number of hours of "direct" service provided by staff to individuals during the fiscal year. "Direct" Hours: The hours spent interacting, whether in a group or individually; face to face or on the phone. It does not include work done "on behalf of" clients, such as telephone calls, advocacy, etc. Administrative support to the service is not to be included. For group service, one hour of service equals one hour of service for the entire group. For example: 1 hour of group service with 5 participants equals one Hour of Direct Service. (Note: each individual in the group is recorded under 'no. of individuals served' where there is a record).

CYMH Intensive Treatment Services

Program Name: CYMH Intensive Treatment Services

Program Definition:

Intensive treatment services focus on reducing the severity of and/or remedying the mental health problems of children and youth that are psychological, emotional, social and behavioural-related. These services differ from counselling and therapy with respect to the intensity of the service needed to meet the child/youth's identified needs.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives:

CHILD AND YOUTH MENTAL HEALTH SERVICES

Child and youth mental health (CYMH) services are funded by Ontario to achieve the vision of an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.

Ontario-funded child and youth mental health services are provided to children and youth under 18 years of age under the authority of the *Child, Youth and Family Services Act (CYFSA)*. These services are not mandatory under the CYFSA but are provided to the level of available resources. Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses or disorders.

Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, is the context within which services are provided. The Policy Framework has four pillars:

- improving quality;
- expanding existing services;
- implementing innovative solutions; and
- improving access.

The provision of core CYMH services is informed by evidence to support service quality. Evidence-informed practices combine the best available research with the experience and judgment of practitioners, children, youth and families to deliver measurable benefits.

They are informed by research findings together with contextual and experiential evidence. This includes practice-based evidence, evidence-based practice, evaluation findings, the expertise of clinicians, and the lived experience of children, youth, and families.

SERVICE DESCRIPTION:

Intensive treatment services focus on reducing the severity of and/or remedying the mental health problems of children and youth that are psychological, emotional, social and behavioural-related.

These services differ from counselling and therapy with respect to the intensity of the service needed to meet the child/youth's identified needs. Intensive treatment services are designed to:

- Reduce the severity of mental health problems;
- Strengthen coping and resilience;
- Enhance awareness and understanding of the problem;
- Improve functioning at home, school and in the community; and
- Stabilize and transition the individual to less intensive or intrusive treatment services.

Intensive treatment services are targeted to children and youth who have been diagnosed/identified with mental health problems that impair their functioning in some or many areas. Many of these children/youth will require intensive intervention either for a defined period of time or periodically throughout their life span, to maintain functioning in their home, school and/or community.

Intensive treatment services include a suite of services. How these services are delivered will vary based on the needs of the child or youth, and their family. Intensive treatment services are delivered in variety of settings.

Intensive treatment services should be provided in the least restrictive settings, in local communities and as close to home as possible (e.g. community, school, or licensed live-in treatment setting such as a core service provider setting, group home or foster home). Services should be delivered with minimal disruption to the continuity of family, school, and community life.

These services should be customized to meet the individual needs of each child, youth and family, matching the level of need with the appropriate intensity of service.

There should be flexibility in the provision of intensive treatment services. This will help ensure smooth and timely transitions for children and youth to less intensive and disruptive forms of treatment and support as their needs fluctuate.

Core service providers are encouraged to continue exploring innovative models of intensive treatment that allow children and youth to function to their best potential. It is not the expectation that all types of intensive intervention must be offered

within each service (e.g., not all areas may require intensive out-of-home treatment or services may be delivered through cross-sectoral partners). Some clients may also require intensive treatment over and above these services (e.g., hospital-based inpatient care or secure treatment). These determinations should be informed locally with the support of data and information, and services adjusted as needs change and new evidence on best practices emerges.

Maintaining education is important for child and youth mental health and well-being. Every effort should be made to minimize school transfers and maintain education programming. Within intensive treatment services, there may also be a Care, Treatment, Custody and Corrections (CTCC) Section 23 educational program attached to the core service (e.g., day treatment services and intensive out-of-home services) and delivered as part of an integrated service plan. CTCC programs provide educational programming and treatment to students who cannot attend regular classrooms because of their need for care, treatment or rehabilitation. These services are intensive full- or part-time services delivered jointly by core service providers and district school boards. CTCC educational programs are often provided in a classroom setting, which can be located in a core service provider setting, school, custody facility or other settings.

The treatment component is delivered in collaboration and coordination with the education component, and both are provided intensively (three to six hours daily). These services require formal partnerships between district school boards and core service providers. The educational programming is delivered by school board-employed teachers and in some boards by educational assistants. Treatment is delivered by core service provider staff.

Reflecting the significant needs of children/youth accessing these services, intensive treatment services may be accessed singularly or combined to form an integrated service that is responsive to the changing needs of the child/youth. Given the nature of these services, they are likely to be supported by a multidisciplinary team and/or a collaborative team of service providers, including cross-sectoral partners (e.g., health and education). Intensive treatment services may also be supported by special needs coordinated service planning, intensive case management and service resolution. Specific elements available in a particular community will vary based on local conditions and the needs of children/youth in that service area.

The intensive treatment service categories include:

- Intensive community-based/day treatment services;
- Intensive in-home services; and
- Intensive out-of-home services.

Intensive Community-Based/Day Treatment

Intensive community-based treatment and day treatment services are provided to children and youth who have mental health needs (e.g., psychological, behavioural, social, emotional, and self-regulation) that require intensive therapeutic services. The delivery of intensive community-based/day treatment service may occur through various settings within the community (e.g., community agency or school environment).

Intensive community-based treatment services are provided within the context of the family, culture and community. A range of treatments can be provided through intensive community-based treatment services (e.g., wraparound services and family therapy). In addition, services may be supported by respite care, where it is part of an integrated service plan to meet the intensive service needs of a client and used to promote positive family functioning, avert or delay crises, reduce the need for or risk of longer out-of-home placement or to avoid placement breakdown when a child or youth is involved with a children's aid society and/or to support the continuity of a youth justice order/placement.

Day treatment services offer an intensive therapeutic approach that can provide children and youth with treatment and the necessary skills to successfully function in school settings.

As with the delivery of other core services, within this category there are a variety of elements that may be delivered either as stand-alone services, or as part of an integrated service plan with a range of strategies (e.g., individualized supports and family/group therapy).

In general, the delivery of day treatment services requires an environment where psychiatric, psychosocial and academic problems are addressed by multi-disciplinary teams.

Some models approach service delivery on a graduated plan, slowly reducing the focus on therapy and increasing linkages with the school system – as the child/youth's mental health needs diminish and their functioning improves.

Children/youth receiving day treatment services may continue to reside with their families and receive treatment throughout the day (e.g., an 8 a.m. to 8 p.m. program) or the service may be provided in conjunction with out-of-home services (e.g., live-in treatment treatment).

Intensive In-Home Services

Intensive in-home services provide therapeutic support and treatment for children and youth who have been identified as having mental health needs (e.g.,

psychological, behavioural, social, emotional and self-regulation) that require an intensive level of intervention, and which are best addressed through flexible services specifically tailored to meet their individual needs. Depending on the needs of the child/youth, intensive therapeutic services can be appropriately delivered in the home environment than in conventional treatment settings (e.g., clinical environments).

A range of treatments can be provided through intensive in-home services (e.g. wrap-around services, intensive behaviour management support and family therapy). In addition, it may be supported by respite care, where it is part of an integrated service plan to meet intensive service needs and used to promote positive family functioning, avert or delay crises, reduce the need for or risk of longer out-of-home placement or to avoid placement breakdown when a child or youth is involved with a children's aid society and/or to support the continuity of a youth justice order/placement.

Intensive Out-of-Home Services

Intensive out-of-home services provide treatment in external settings (e.g., live-in treatment settings) for children or youth who are dealing with mental health problems that impair their functioning at home, school and/or in the community, and who require an intensive level of intervention. This may include children and youth who may require longer-term treatment (e.g., children and youth with complex mental health needs).

A range of treatment can be provided through intensive out-of-home services (e.g. individual, group and family therapy, day treatment services, milieu therapy and behaviour management programming).

TARGET POPULATION SERVED

The target population is children and youth under 18 years of age with treatment needs requiring highly intensive services due to mental health problems that impair their functioning at home, school and/or in the community. This includes children and youth who typically require services within levels three or four on the continuum of needs-based services and supports.

AVAILABILITY OF SERVICE

While intensive treatment services are available in every service area, out-of-home and day treatment services may not be appropriate for all communities. Where it is determined that the needs of their community can be sufficiently met without out-of-home or day treatment services, or where the level of need for the services in the community does not support sustainable out-of-home or day treatment services, they are responsible for establishing relationships with neighbouring or provincial

programs in order to maintain clear pathways to these services if a child or youth requires a service that is not available within their community.

Some children and youth may require intensive treatment services for the duration of their adolescence; it is expected that there is a smooth transition of these clients to the adult system.

MINISTRY EXPECTATIONS

The following are minimum Ontario expectations for the delivery of all intensive treatment services:

- Where a child or youth is receiving intensive services, an individualized and documented service plan to guide and monitor the intervention/treatment process is mandatory, as is the requirement to review it regularly with the child, youth, and family or guardian.
- Core service providers should establish relationships with neighbouring service providers, including lead agencies or other provincial programs in order to maintain transparent pathways to these services. The core service provider will facilitate the transfer of service when a child, youth, or family requires a service that is not available within their service area.
- The program/service or clinical approach places the child/youth and/or family's needs at the centre of all considerations, respects the uniqueness of each child/youth and as appropriate engages them and/or their family in the service process.
- Core service providers have policies and business processes to implement an interdisciplinary process that is internally or externally available, for professional input to the service plan during the treatment process, including assessment, planning, implementation, review, and case closure.
- Structured group and individual intervention activities take place at a level of intensity appropriate to a client's needs.
- A balance between intervention activities, work, play, structured and free activities, privacy and group involvement.
- The process for planning transitions into and out of day treatment must promote continuity of services and supports (e.g., through information sharing, collaboration and coordinated service planning), and support the child, youth and families for a successful transition to an appropriate placement to the extent possible. (See Service Description Schedule CYMH Case Management and Service Coordination for related minimum expectations).
- There are service pathways with crisis support services to promote the use of positive, safe methods to intervene in crisis situations with children or youth at high risk.

In addition, the following minimum expectations apply to intensive out-of-home services:

- Live-in treatment settings must meet all applicable legislative and regulatory requirements.
- Admission to and discharge /transition from out-of-home service occurs on a planned basis where possible, in a manner that promotes continuity of services and is managed with sensitivity, transparency and, as far as possible, respects the preferences of the child or youth and families.

In addition, where education services are delivered as part of the service program, the following minimum expectation applies:

- Core service providers should work with education partners to deliver education services that approximate, as closely as possible, the normal daily routine of children or youth.
- Core service providers should work with education partners to provide a range of educational activities appropriate to the learning style, strengths and needs, and achievement level and wellbeing of the children and youth being served.
- Where appropriate core service providers should work with education partners to support effective transitions between the education and CYMH sectors. (For information on transition planning refer to Section 4: Key Processes, Transition Planning and Preparation).

The following minimum expectations apply to all core services funded by Ontario:

- Core services and key processes will be provided in a manner that respects the diversity of communities. There are many conditions that may constitute barriers or may reinforce existing barriers to accessing services, including stigma, discrimination, and lack of cultural competency. In order to reduce barriers, core service providers should:
 - Understand the demographics of the population within the service area, including Francophone, First Nations, Métis, Inuit, urban Indigenous children and youth, newcomers and minority populations and their linguistic and cultural needs;
 - Understand the geography of the community within the service area that you are serving, including rural and remote areas;
 - Be sensitive to factors such as poverty, discrimination, and imbalances of power that influence the client experience;
 - Understand issues respecting sexual orientation and gender identity, and the unique needs and challenges faced by young people who are lesbian, gay, bisexual, transsexual, transgender, asexual, queer, questioning, or two-spirited; and
- Discuss with the client, when beginning to develop their service plan, what cultural or other service options would support their treatment.

- Core service providers will be responsible for complying with all relevant legislative, regulatory, and policy directives, including privacy and consent requirements.
- Core services will be delivered in an evidence-informed manner, using evidence-informed tools and practices to support positive outcomes for children and youth.
- Core service providers will review clients' progress on a regular basis and adjust services, as needed.
- The approach to the delivery of core services will be strengths-based, and centred on individuals, considering and respecting their needs and preferences.
- Clients will be provided with information regarding additional community services and supports that may be suitable and, where appropriate, supported in accessing these services (e.g., through a referral).
- Core services will be delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.
- The intervention/treatment process will promote client involvement, partnership and shared decision-making so that all parties understand the goals and desired outcomes.
- Key partners in multi-disciplinary service delivery will be brought together, where appropriate, to provide an integrated and coordinated service response to help meet the needs of children, youth and their families.

Processes to Support Service Delivery:

Key processes contribute to the client experience and support the delivery of core services to children, youth and their families throughout their involvement with the CYMH service sector. These processes support a coordinated, collaborative and integrated approach to the delivery of CYMH community-based services for children, youth and their families. These processes are not specific to individual core services but are common to and support all core services.

They emphasize a client- and family-centred approach to service delivery that engages children, youth and families at every turn, from the moment the need for a service is identified, through the delivery of that service, and transition out of that service, to the point at which feedback is provided on how well the service has met their needs.

Key processes to support the provision of CYMH core services to children and youth include:

- Coordinated access;
- Intake, eligibility and consent;
- Identifying strengths, needs and risks;
- Child, youth and family engagement;

- Service planning and review;
- Case management and service coordination;
- Monitoring and evaluating client response to service; and
- Transition planning and preparation.

The following minimum expectations apply to all key processes that support the core services funded by Ontario:

- Core service providers are expected to use evidence-informed approaches to support the key processes, the high quality of services, and effective delivery of services to children, youth and families.
- Information gathered from the child, youth, family or practitioners that is necessary for the delivery of core services is to be shared among all relevant service providers, to the extent permitted by privacy and consent requirements (including applicable legislation, regulation, and policy directives). This will promote a client-focused approach to service delivery that is responsive to the needs of clients and will help reduce the need for children, youth and their families to repeat their stories.
- Key processes are delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.

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.

Service System Planning and Information Reporting:

In carrying out these requirements, the service provider will work in collaboration with the lead agency in their service area, where one has been identified, to plan for and align local services to the Program Guidelines and Requirements #01: Core Services and Key Processes so that children, youth and their families:

- Know what child and youth mental health services are available in their communities; and
- How to access the mental health services and supports that meet their needs.

The service provider will report required information based on key performance indicators for the child and youth mental health service system that are relevant to the service described in this Service Description Schedule (see Reporting Requirements).

- Service providers and lead agencies will find this information useful to strengthen and continuously improve service planning and provision, as well as monitor the impact of services on clients and in the community over time.
- Ontario will find this information useful to inform changes to policy through provincial trending and analysis, strengthen transparency and accountability across the sector, and ensure taxpayer dollars are spent effectively and efficiently.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Number of Individuals Served	The number of individuals for whom a record has been created and who were recipients of the approved service(s) at some point during the fiscal year.
Number of Individuals Receiving Live-in Treatment Services	The number of individuals for whom a record has been created and who were recipients of live-in treatment service(s) at some point during the fiscal year.
Number of Individuals Receiving Day Treatment Services.	The number of individuals for whom a record has been created and who were recipients of Day Treatment service(s) at some point during the fiscal year.
Number of Days of Live-in Treatment Care	The number of 24-hour periods for which people will be provided live-in treatment care during the fiscal year. The day on which a person arrives is included as one day of service. The day a person leaves is excluded.
Number of spaces available for Intensive Treatment Services	The total number of spaces (i.e., desks) available at the end of the reporting period in the Intensive Treatment Services program including: a) live-in treatment beds, and b) day treatment placements.

Service Data Name	Definition
Number of spaces occupied for Intensive Treatment Services	The total number of spaces (i.e., desks) occupied at the end of the reporting period in the Intensive Treatment Services program including: a) live-in treatment beds, and b) day treatment placements.
Number of Days Children/Youth waited for service	The number of days between the initial contact date and the start date for service provided to the child/youth in the reporting period. Both dates are required. The initial contact date is the date the child/youth and/or family member contacted the agency for service/treatment. The start date is defined as the date of first contact between the worker/therapist delivering the service and the child/youth and/or family member to focus on the goals identified for treatment. Days are counted over the quarters and fiscal year-end.
Number of Children/Youth with Complex Assessed Needs	Number of children/youth receiving service having more than one priority need requiring multiple services/treatments and/or multiple service providers based on assessed needs presenting issue. Children/youth will be counted only once per fiscal year in this data element.

Service Data Name	Definition
Number of Elapsed Days (Service Duration) of Service Received by Children/Youth	The number of days elapsed between start and end dates for a particular core service provided to children/youth in the reporting period. Both dates are required. Start date is defined as the date of first contact between the worker/therapist delivering a particular service and the child/youth to focus on the goals identified for treatment. End date is defined as the date of last contact between the worker/therapist delivering a particular service and the child/youth, and/or the date when the particular service is determined to have ended based on client preference (i.e., opting out), goal attainment, change in eligibility.
Number of Hours of Direct Service	The total number of hours of "direct" service provided by staff to individuals during the fiscal year. "Direct" Hours: The hours spent interacting, whether in a group or individually; face to face or on the phone. It does not include work done "on behalf of" clients, such as telephone calls, advocacy, etc. Administrative support to the service is not to be included. For group service, one hour of service equals one hour of service for the entire group. For example: 1 hour of group service with 5 participants equals one Hour of Direct Service. (Note: each individual in the group is recorded under 'no. of individuals served' where there is a record).
Number of Families Served In-home	The number of client family units that received intensive services in the family home at some time during the fiscal year.

Service Data Name	Definition
Number of Children/Youth Served Out-of-home	The number of children/youth that received intensive treatment respite services out-of-home at some time during the fiscal year.

CYMH Case Management and Service Coordination Process

Program Name: CYMH Case Management and Service Coordination Process

Program Definition:

Case management and service coordination are processes which place the child or youth and family at the centre and bring together the key partners in service delivery to provide an integrated and coordinated response to best meet the needs children, youth and their families. Case management and service coordination are particularly important where a child's or youth's needs are complex (level three or four on the continuum) and where they receive multiple services from one provider, or multiple services from multiple providers and/or sectors.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives:

CHILD AND YOUTH MENTAL HEALTH SERVICES

Child and youth mental health (CYMH) services are funded by Ontario to achieve the vision of an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.

Ontario-funded child and youth mental health services are provided to children and youth under 18 years of age under the authority of the *Child, Youth and Family Services Act (CYFSA)*. These services are not mandatory under the CYFSA but are provided to the level of available resources. Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses or disorders.

Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, is the context within which services are provided. The Policy Framework has four pillars:

- improving quality;
- expanding existing services;
- implementing innovative solutions; and
- improving access.

The provision of core CYMH services is informed by evidence to support service quality. Evidence-informed practices combine the best available research with the experience and judgment of practitioners, children, youth and families to deliver measurable benefits. They are informed by research findings together with contextual and experiential evidence. This includes practice-based evidence, evidence-based practice, evaluation findings, the expertise of clinicians, and the lived experience of children, youth, and families.

SERVICE DESCRIPTION:

Service Planning and Review:

This process involves developing a service plan for service delivery to meet the needs of the child/youth and reviewing progress in meeting the goals of the service plan. This service plan identifies the child or youth's needs to be addressed and the services to be provided. The plan also outlines who has responsibility for services (where multiple service providers are involved), and goals and objectives to be achieved through the services provided. The service plan must be developed, reviewed and updated in collaboration with the child or youth and family, and, if appropriate, the team of providers who are involved in the child or youth's life. The service plan is used to monitor client outcomes and status of current client need as services are being delivered, in order to account for changing needs or priorities. Service plans are to be reviewed on a regular basis by core service providers and updated when needs change, services are added or changed or services are complete.

Referrals may be part of a service plan or occur following the intake process, as additional needs are identified or if current services are not meeting the needs of the child or youth. Referrals may also occur when the child or youth transitions out of the CYMH system and has ongoing needs for services or treatment. The objective is a smooth transition. Rather than simply providing information to the client, assistance is provided for the client's transition to a new provider and other services, as appropriate.

The assistance to transition is supported by providing appropriate background information, as needed, to expedite the transfer to other services, reducing the number of times the client and/or their family needs to repeat their story, connecting directly, where appropriate with the new service provider, and by

providing follow-up after transition/exit (see Service Description Schedule CYMH Case Management and Service Coordination for minimum expectations).

Case Management and Service Coordination:

Case management and service coordination are processes which place the child or youth and family at the centre and bring together the key partners in service delivery to provide an integrated and coordinated response to best meet the needs children, youth and their families. Case management and service coordination are particularly important where a child or youth's needs are complex (level three or four on the continuum) and where they receive multiple services from one provider, or multiple services from multiple providers and/or sectors.

Case management and service coordination involves:

- Identifying the parties responsible for executing a service plan;
- Monitoring progress;
- Adjusting services;
- Connecting with other service providers, as needed;
- Helping with issues and questions as they arise;
- Planning discharge; and
- Measuring impact and outcomes.

These processes are adjusted, based on needs and complexity. The case management function addresses the client's service plan, while the service co-ordination function addresses the need for coordination among multiple agencies. Effective case management/service coordination requires communication between and among providers and sectors and the identification of clear pathways to care.

Where multiple services from more than one provider are required to meet the child or youth's needs under their service plan, one provider should be identified as the primary provider. The primary provider is responsible for contacting the other service providers to discuss service delivery requirements and coordinate services. The primary provider may be the lead agency, another core service provider, service coordinator, or a cross-sectoral provider.

Children/youth with multiple and/or complex special needs may require multiple specialized services in addition to core services. It is expected that clients are connected with special needs coordinating agencies, when they are established, to develop pathways with the goal of providing coordinated services for children and youth with mental health concerns who also have other special needs. This could include referring patients who are newly identified as having special needs beyond mental health needs services to the local special needs coordinating agency as they may also benefit from additional supports provided through

coordinated service planning. Where the child/youth is a recipient of these services this would involve working with the family's service planning coordinator to include core services in the child or youth's coordinated service plan.³

Monitoring and Evaluating Client Response to Service:

The process of monitoring and evaluating a child or youth's response to service, perception of care, service experience, as well as the clinical outcomes of service, is carried out through a variety of means, including interviews, observations and repeated administrations of standardized, evidence-informed tools. Both quantitative and qualitative information is used to monitor impacts and make appropriate adjustments to services. Any such adjustments are discussed with the child or youth and family, before being incorporated into the individual's service plan.

Ongoing monitoring provides evidence as to whether treatment is having the intended impact and, if it is not, ensures the necessary changes in treatment will be reflected in the service plan. The process may identify the potential need to increase or decrease the intensity of services and can be used to inform transitions to more or less intensive services or treatments or for discharge planning. Ongoing monitoring also provides a basis for outcome measurement and reporting.

Transition Planning and Preparation:

Transition planning prepares children, youth and families for transitions between core services, to other community supports, to adult mental health services, back to school or for discharge from services. Planning is accomplished through the setting of clear goals for treatment, as well as ongoing analysis and use of information to track progress and determine timing for transitioning to a new service or for discharge. It is important that transition planning and preparation occur at an early stage for all core services.

Transition planning and preparation supports continuity of care and results in minimal disruption to treatment gains. Early planning and preparation may involve the identification and provision of transition supports when a child or youth's needs are chronic. It is important for core service providers to recognize the chronicity of

³A service plan is distinct from the coordinated service plan being implemented under Ontario's Special Needs Strategy. Through coordinated service planning, children and youth with multiple and/or complex special needs will have one coordinated service plan that takes into account all of their goals, strengths, needs, as well as all of the services that they are and will be receiving. Coordinated service planning does not replace planning for a clinical service, such as core services. If a child/youth has multiple and/or complex special needs, it is expected that information from clinical service plans will be shared, with consent from the parent/guardian, for the purpose of the development, implementation and monitoring of a special needs coordinated service plan.

some cases and to be prepared to facilitate the transition of youth into the adult system in a way that limits service disruption for the client.

- Following discharge from services, a follow-up with the client is performed as a 'check-in' to monitor status, facilitate re-entry to the service system, if required, and/or provide time-limited support to help discharged clients connect with or access needed services. Planning for discharge or transitions between services should start as early as the initial service plan.
- Following discharge, it is considered a best practice that follow-up contact be made within three to six months of discharge to discern status and facilitate service access where needed. At the point of follow-up, if the child or youth reports or displays deteriorated functioning, it is determined whether the service plan needs to be re-opened or the child or youth's needs and strengths need to be reviewed and services recommended based on the reassessment results. Where appropriate the client may re-enter service to address new or unmet needs.

TARGET POPULATION SERVED

Children and youth under 18 years of age with a mental health problem who are in need of timely, effective intervention.

AVAILABILITY OF SERVICE

Service coordination processes are provided in every service area.

MINISTRY EXPECTATIONS

The following are minimum Ontario expectations for these processes:

Service Planning and Review:

- The service planning and review process focuses on the child or youth's strengths and resources, within the context of their family, agreed-upon goals and objectives, the management of safety and risk issues, and what can reasonably be achieved. This is informed by an assessment of strengths, needs and risks, and on the professional judgment of the core service provider.
- Each child or youth and family has a written service plan developed in collaboration with the child, youth or family as appropriate, to guide and monitor

the intervention and treatment process (Where multiple sectors are involved see Service Description Schedule CYMH Case Management and Service Coordination).

- Information contained in the service plan is subject to applicable legislation, regulation, and policy directives, including privacy and consent requirements.
- Protocols for communicating changes to the service plan to clients and issues that may be related to all service providers involved must be clearly established at the outset.
- Intervention, treatment and referrals are reviewed and recorded in the child or youth's service plan on a regular basis. The review of intervention and treatment is used to modify the child or youth's service plan where necessary.
- There are written policies and procedures with other service providers that define the relationship and referral process to intake points/processes in the service system.
- Where a referral occurs, the transition is supported by providing background information, as needed, to expedite the process; reducing the number of times the client and/or their family needs to repeat their story; and connecting directly, where appropriate, with the new service provider. These activities may involve sharing client information with appropriate providers, subject to applicable legislation, regulation and policy directives, including privacy and consent requirements.
- The service plan makes provision for transitions and follow-up from service, between services, and where the overall responsibility for treatment shifts to another service provider.

Case Management and Service Coordination:

- Service coordination will take place through collaboration with all core service providers who are involved in the service plan.
- Case management and service coordination includes the clear identification of respective roles and responsibilities of all service providers involved, and the documentation and communication of these across involved providers and to the child, youth and their families.
- Case management and service coordination activities will respect the preferences of children, youth, and their families.
- Where appropriate, core service providers will work with the education sector to support service delivery that minimizes school transfers and maintains education programming.
 - Where a core service provider is the primary provider, they will, to the extent possible:
 - Provide the family with a stable point of contact from the start of their involvement in service through to their transition out of service or between services;

- Work with other involved providers to support service planning, coordination and treatment;
- Monitor services regularly to ensure that services are scheduled and delivered according to the child or youth's service plan; and
- Maintain effective and clear communication with involved parties, including the child, youth and family.
- Lead agencies should work with core service providers, and broader sector partners to establish written policies and procedures that define case management/ service coordination in the service area. These should also describe the relationship(s) with, and referral processes between other intake processes in the service system to support effective pathways to, through and out of care. Written policies and procedures must be transparent to all parties, including clients and families.
- Where a child or youth has multiple and/or complex special needs and requires multiple specialized services in addition to core services (e.g., rehabilitation services, autism services or respite supports), their family may benefit from additional supports provided through coordinated service planning and should be referred to the special needs coordinating agency in their service delivery area.
 - It is expected that clients are connected with special needs coordinating agencies, when they are established, to develop pathways with the goal of providing coordinated services for children and youth with mental health concerns who also have other special needs.
 - Clients who are newly identified as having special needs should be referred beyond mental health needs services to the local special needs coordinating agency as they may also benefit from additional supports provided through coordinated service planning.
 - Service providers will work with the family's service planning coordinator to include core services in the child or youth's coordinated service plan where the child/youth is a recipient of services available through the local special needs coordinating agency.
- When a core service provider takes a lead or substantive role in a community service plan on behalf of a child or youth involving multiple agencies and/or informal supports, services are coordinated and integrated.

Monitoring and Evaluating Client Response to Service:

- The core service provider will review and record intervention and treatment on a regular basis.
- The core service provider will share information among involved service providers to monitor and evaluate the client's response to services. Information sharing will take place subject to applicable legislation, regulation and policy directives, including privacy and consent requirements.

- The review of intervention and treatment, including the use of evidence-informed tools, is used to modify the service plan, if necessary.
- Services are designed with intended clinical outcomes, and progress towards clinical outcomes is measured, evaluated and services adjusted as needed.

Transition Planning and Preparation:

- Planning for discharge and transition begins from the point when a child or youth enters into treatment or service.
- Discharge is a planned process in which core service provider staff and the child or youth and family negotiate a plan for case closure.
- Where case closure is unplanned, efforts are made to inform and involve the client, as appropriate under the circumstances.
- There is a written discharge report for each child, youth and/or their family, with details appropriate to the nature of service provided.
- Where a child/youth is transitioning to another service provider, or to another service system (e.g. education system), the core service provider should work in partnership with all (including the child or youth, their family, and involved providers) to develop a seamless transition approach. This will support reducing the number of times the child, youth and/or their family needs to repeat their story.
 - Transitioning to another service provider must be planned in advance, agreed-upon between child or youth and family, and all the providers, and communicated to everyone involved.
 - Where appropriate, core service providers will work with the education sector to support service delivery that minimizes school transfers and maintains education programming.
 - These activities may involve sharing client information with appropriate service providers, subject to applicable legislation, regulation, and policy directives, including privacy/consent requirements.

The following minimum expectations apply to all core services funded by Ontario:

- Core services and key processes will be provided in a manner that respects the diversity of communities. There are many conditions that may constitute barriers or may reinforce existing barriers to accessing services, including stigma, discrimination, and lack of cultural competency. In order to reduce barriers, core service providers should:
 - Understand the demographics of the population within the service area, including Francophone, First Nations, Métis, Inuit, urban Indigenous children and youth, newcomers and minority populations and their linguistic and cultural needs;

- Understand the geography of the community within the service area that you are serving, including rural and remote areas;
 - Be sensitive to factors such as poverty, discrimination, and imbalances of power that influence the client experience;
 - Understand issues respecting sexual orientation and gender identity, and the unique needs and challenges faced by young people who are lesbian, gay, bisexual, transsexual, transgender, asexual, queer, questioning, or two-spirited; and
 - Discuss with the client, when beginning to develop their service plan, what cultural or other service options would support their treatment.
- Core service providers will be responsible for complying with all relevant legislative, regulatory, and policy directives, including privacy and consent requirements.
 - Core services will be delivered in an evidence-informed manner, using evidence-informed tools and practices to support positive outcomes for children and youth.
 - Core service providers will review clients' progress on a regular basis and adjust services, as needed.
 - The approach to the delivery of core services will be strengths-based, and centred on individuals, considering and respecting their needs and preferences.
 - Clients will be provided with information regarding additional community services and supports that may be suitable and, where appropriate, supported in accessing these services (e.g., through a referral).
 - Core services will be delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.
 - The intervention/treatment process will promote client involvement, partnership and shared decision-making so that all parties understand the goals and desired outcomes.
 - Key partners in multi-disciplinary service delivery will be brought together, where appropriate, to provide an integrated and coordinated service response to help meet the needs of children, youth and their families.

Processes to Support Service Delivery:

Key processes contribute to the client experience and support the delivery of core services to children, youth and their families throughout their involvement with the CYMH service sector. These processes support a coordinated, collaborative and integrated approach to the delivery of CYMH community-based services for children, youth and their families. These processes are not specific to individual core services but are common to and support all core services. They emphasize a client- and family-centred approach to service delivery that engages children, youth and families at every turn, from the moment the need for a service is identified, through

the delivery of that service, and transition out of that service, to the point at which feedback is provided on how well the service has met their needs.

Key processes to support the provision of CYMH core services to children and youth include:

- Coordinated access;
- Intake, eligibility and consent;
- Identifying strengths, needs and risks;
- Child, youth and family engagement;
- Service planning and review;
- Case management and service coordination;
- Monitoring and evaluating client response to service; and
- Transition planning and preparation.

The following minimum expectations apply to all key processes that support the core services funded by Ontario:

- Core service providers are expected to use evidence-informed approaches to support the key processes, the high quality of services, and effective delivery of services to children, youth and families.
- Information gathered from the child, youth, family or practitioners that is necessary for the delivery of core services is to be shared among all relevant service providers, to the extent permitted by privacy and consent requirements (including applicable legislation, regulation, and policy directives). This will promote a client-focused approach to service delivery that is responsive to the needs of clients and will help reduce the need for children, youth and their families to repeat their stories.
- Key processes are delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.

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.

Service System Planning and Information Reporting:

In carrying out these requirements, the service provider will work in collaboration with the identified lead agency in their service area, where one has been identified, to plan for and align local services to the Program Guidelines and Requirements #01: Core Services and Key Processes so that children, youth and their families:

- Know what child and youth mental health services are available in their communities; and
- How to access the mental health services and supports that meet their needs.

The service provider will report required information based on key performance indicators for the child and youth mental health service system that are relevant to the service described in this Service Description Schedule (see Reporting Requirements).

- Service providers and lead agencies will find this information useful to strengthen and continuously improve service planning and provision, as well as monitor the impact of services on clients and in the community over time.
- Ontario will find this information useful to inform changes to policy through provincial trending and analysis, strengthen transparency and accountability across the sector, and ensure taxpayer dollars are spent effectively and efficiently.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage (unless stated otherwise).

Service Data Name	Definition
Number of Individuals Served	The number of individuals for whom a record has been created and who received service coordination/case management support at some point during the fiscal year.

Service Data Name	Definition
Number of Children/Youth who Ended Service	Of the total number of unique clients (MHUCYS#), the number of children/youth who stop receiving child and youth mental health (CYMH) supports and services and are discharged from the agency/ service provider. A child/youth is to be reported in the initial quarter in which he/she stops receiving CYMH supports and services and is discharged from the agency/ service provider. Reasons for ending can include: service / treatment plan is complete, and goals have been achieved, client has opted out of treatment/service, client is no longer eligible to receive service. A child/youth is to be counted only once in a fiscal year, even if he/she returns for additional service and is re-opened as a client to the agency.
Number of Children/Youth with Positive Outcomes	Of the total number of clients discharged, the number of children/youth who display positive outcomes at end of service (once service plan is complete and/or discharge is planned). Positive outcome is a clinical formulation based on: (1) Reduction in severity of needs or symptoms; and/or (2) Improvement in functioning/enhanced strengths; and (3) Majority (more than 50%) of treatment goals successfully attained; and (4) Child/youth or caregiver concur outcome is positive.

Service Data Name	Definition
Number of Caregiver/Youths Reporting Positive Outcomes	The number of survey responses (anonymous) in a consistent method (e.g., a consistent feedback form, verbal questionnaire, or app) reported by caregivers and/or youth at discharge who indicated their experience of service resulted in an outcome that was positive. It is subjective and based on caregiver or youth perception of: (1) Reduction in severity of needs or symptoms; and/or (2) Improvement in functioning/enhanced strengths; and/or (3) Majority of treatment goals successfully attained (at least 50%) and/or (4) Other. Only a "Final" report is required.
Number of Caregiver/Youths Reporting Positive Experience with Service System	The number of caregivers and/or youth that have ended service and who report positive experience with the service system at the end of service (once service plan is complete and/or discharge is planned). Positive experience of the service system is subjective and based on caregiver/youth perception of: (1) Reasonable length of time waiting for service; and/or (2) Extent to which service plan was integrated and coordinated; and/or (3) Client/caregiver was involved in key service-related decisions; and/or (4) Transitions/referrals were supported and timely. Only a "Final" report is required.
Number of Children/Youth with Feedback of Discharge	The number of survey responses from whom feedback was received in a consistent method (by example, a consistent feedback form, verbal questionnaire, or app) at discharge during the fiscal year. Only a "Final" report is required.

Service Data Name	Definition
Number of Children/Youth requiring Transition at end of CYMH Service	Of the total number of clients discharged , the number of children/youth requiring transitions to other sectors and/or service providers (e.g., adult mental health) once service or treatment plan for CYMH services has been completed (i.e., delivered by all core service providers including partner agencies). Transition supports are needed to continue gains made and facilitate continued improvement. Children/youth are counted only once per fiscal year in this data element.

CYMH Specialized Consultation and Assessment

Program Name: CYMH Specialized Consultation and Assessment

Program Definition:

Specialized consultation and assessments are designed to provide advice in the assessment, diagnosis, prognosis and/or treatment of a child or youth with identified mental health needs. Children and youth may only receive a specialized consultation or assessment as a component of a service plan. Specialized consultation and assessments are distinguished from standard intake assessments by the level of specialization and expertise required to provide these services.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives:

CHILD AND YOUTH MENTAL HEALTH SERVICES

Child and youth mental health (CYMH) services are funded by Ontario to achieve the vision of an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.

Ontario-funded child and youth mental health services are provided to children and youth under 18 years of age under the authority of the *Child, Youth and Family Services Act (CYFSA)*. These services are not mandatory under the CYFSA but are provided to the level of available resources. Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems

are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses or disorders.

Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, is the context within which services are provided. The Policy Framework has four pillars:

- improving quality;
- expanding existing services;
- implementing innovative solutions; and
- improving access.

The provision of core CYMH services is informed by evidence to support service quality. Evidence-informed practices combine the best available research with the experience and judgment of practitioners, children, youth and families to deliver measurable benefits. They are informed by research findings together with contextual and experiential evidence. This includes practice-based evidence, evidence-based practice, evaluation findings, the expertise of clinicians, and the lived experience of children, youth, and families.

SERVICE DESCRIPTION:

Specialized consultation and assessments are designed to provide advice in the assessment, diagnosis, prognosis and/or treatment of a child or youth with identified mental health needs. Children and youth may only receive a specialized consultation or assessment as a component of a service plan. Specialized consultation and assessments are distinguished from standard intake assessments by the level of specialization and expertise required to provide these services (see Service Description Schedule CYMH Coordinated Access and Intake for minimum expectations).

Examples of specialized consultations and assessments include, but are not limited to, psychological and psychiatric consultation/assessments.⁴ Specialized consultation and assessments are intended to address the mental health needs of the child or youth. They are not intended to solely address or identify needs or eligibility for non-core services (e.g., educational placement purposes or eligibility for autism services).

Specialized consultation and assessments are designed to:

- Identify or diagnose mental health problems;

⁴ These psychological and psychiatric consultation/assessments may be delivered in-person or through use of technology such as tele-mental health.

- Provide timely, effective information to inform intervention and identify appropriate services; and
- Enhance awareness and understanding of the presenting problem, intervention strategies and recommended service plans.

TARGET POPULATION SERVED

The target population is children and youth under 18 years of age with mental health problems that may have a service level of three or four on the continuum of needs-based services and supports.

AVAILABILITY OF SERVICE

Specialized consultations and assessments are available in every service area.

MINISTRY EXPECTATIONS

The following are minimum Ontario expectations for the delivery of specialized consultation/assessment services:

- Specialized consultations and assessments should be prioritized for children and youth who:
 - present with complex mental health problems;
 - have not responded to other treatment; and,
 - have a history which indicates recurring difficulty in clarifying a diagnosis or determining effective interventions or treatment approaches.
- Lead agencies should establish relationships with neighbouring lead agencies or provincial programs in order to maintain clear pathways to these services if a child or youth requires an assessment service that is not available within their service area.
- Where broader needs are identified, information collected is shared with the appropriate provider/access point/service coordinator to inform the approach to service, subject to applicable legislation, regulation, and policy directives, including privacy and consent requirements.

The following minimum expectations apply to all core services funded by Ontario:

- Core services and key processes will be provided in a manner that respects the diversity of communities. There are many conditions that may constitute barriers or may reinforce existing barriers to accessing services, including stigma, discrimination, and lack of cultural competency. In order to reduce barriers, core service providers should:

- Understand the demographics of the population within the service area, including Francophone, First Nations, Métis, Inuit, urban Indigenous children and youth, newcomers and minority populations and their linguistic and cultural needs;
- Understand the geography of the community within the service area that you are serving, including rural and remote areas;
- Be sensitive to factors such as poverty, discrimination, and imbalances of power that influence the client experience;
- Understand issues respecting sexual orientation and gender identity, and the unique needs and challenges faced by young people who are lesbian, gay, bisexual, transsexual, transgender, asexual, queer, questioning, or two-spirited; and
- Discuss with the client, when beginning to develop their service plan, what cultural or other service options would support their treatment.
- Core service providers will be responsible for complying with all relevant legislative, regulatory, and policy directives, including privacy and consent requirements.
- Core services will be delivered in an evidence-informed manner, using evidence-informed tools and practices to support positive outcomes for children and youth.
- Core service providers will review clients' progress on a regular basis and adjust services, as needed.
- The approach to the delivery of core services will be strengths-based, and centred on individuals, considering and respecting their needs and preferences.
- Clients will be provided with information regarding additional community services and supports that may be suitable and, where appropriate, supported in accessing these services (e.g., through a referral).
- Core services will be delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.
- The intervention/treatment process will promote client involvement, partnership and shared decision-making so that all parties understand the goals and desired outcomes.
- Key partners in multi-disciplinary service delivery will be brought together, where appropriate, to provide an integrated and coordinated service response to help meet the needs of children, youth and their families.

Processes to Support Service Delivery:

Key processes contribute to the client experience and support the delivery of core services to children, youth and their families throughout their involvement with the CYMH service sector. These processes support a coordinated, collaborative and integrated approach to the delivery of CYMH community-based services for

children, youth and their families. These processes are not specific to individual core services but are common to and support all core services.

They emphasize a client- and family-centred approach to service delivery that engages children, youth and families at every turn, from the moment the need for a service is identified, through the delivery of that service, and transition out of that service, to the point at which feedback is provided on how well the service has met their needs.

Key processes to support the provision of CYMH core services to children and youth include:

- Coordinated access;
- Intake, eligibility and consent;
- Identifying strengths, needs and risks;
- Child, youth and family engagement;
- Service planning and review;
- Case management and service coordination;
- Monitoring and evaluating client response to service; and
- Transition planning and preparation.

The following minimum expectations apply to all key processes that support the core services funded by Ontario:

- Core service providers are expected to use evidence-informed approaches to support the key processes, the high quality of services, and effective delivery of services to children, youth and families.
- Information gathered from the child, youth, family or practitioners that is necessary for the delivery of core services is to be shared among all relevant service providers, to the extent permitted by privacy and consent requirements (including applicable legislation, regulation, and policy directives). This will promote a client-focused approach to service delivery that is responsive to the needs of clients and will help reduce the need for children, youth and their families to repeat their stories.
- Key processes are delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.

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.

Service System Planning and Information Reporting:

In carrying out these requirements, the service provider will work in collaboration with the lead agency in their service area, where one has been identified, to plan for and align local services to the Program Guidelines and Requirements #01: Core Services and Key Processes so that children, youth and their families:

- Know what child and youth mental health services are available in their communities; and
- How to access the mental health services and supports that meet their needs.

The service provider will report required information based on key performance indicators for the child and youth mental health service system that are relevant to the service described in this Service Description Schedule (see Reporting Requirements).

- Service providers and lead agencies will find this information useful to strengthen and continuously improve service planning and provision, as well as monitor the impact of services on clients and in the community over time.
- Ontario will find this information useful to inform changes to policy through provincial trending and analysis, strengthen transparency and accountability across the sector, and ensure taxpayer dollars are spent effectively and efficiently.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Number of Individuals Served	The number of individuals for whom a record has been created and who were recipients of the approved service(s) at some point during the fiscal year.
Number of Client Consultations	The total number of consultation or assessment sessions provided by a specialist about specific client(s) during the fiscal year.
Total Number of Education Sessions	The total number of education sessions provided to agency staff by a specialist (e.g., cognitive behaviour therapy) during the fiscal year.

Service Data Name	Definition
Total Number of Program Consultations	The total number of consultations provided to agency staff by a specialist about a particular program or service (e.g., advice about brief service model) during a fiscal year.
Number of Hours of Direct Service	The total number of hours of "direct" service provided by staff to individuals during the fiscal year for a particular service. "Direct" Hours: The hours spent interacting, whether in a group or individually; face to face or on the phone. It does not include work done "on behalf of" clients, such as telephone calls, advocacy, etc. Administrative support to the service is not to be included. For group service, one hour of service equals one hour of service for the entire group. For example: 1 hour of group service with 5 participants equals one Hour of Direct Service. (Note: each individual in the group is recorded under 'no. of individuals served' where there is a record).

CYMH Targeted Prevention

Program Name: CYMH Targeted Prevention

Program Definition:

Targeted prevention services focus on changing views and behaviours, building skills and competencies and/or creating awareness and resiliency through the provision of information, education, and programming to defined at-risk populations. Core service providers will work across sectors such as health and education, through community planning. Strong community partnerships will support the development of a comprehensive approach to targeted prevention. Targeted prevention programs may occur in a variety of settings including education, health and community settings, and may involve health practitioners and educators as partners.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives:**CHILD AND YOUTH MENTAL HEALTH SERVICES**

Child and youth mental health (CYMH) services are funded by Ontario to achieve the vision of an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.

Ontario-funded child and youth mental health services are provided to children and youth under 18 years of age under the authority of the *Child, Youth and Family Services Act* (CYFSA). These services are not mandatory under the CYFSA but are provided to the level of available resources. Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses or disorders.

Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, is the context within which services are provided. The Policy Framework has four pillars:

- improving quality;
- expanding existing services;
- implementing innovative solutions; and
- improving access.

The provision of core CYMH services is informed by evidence to support service quality. Evidence-informed practices combine the best available research with the experience and judgment of practitioners, children, youth and families to deliver measurable benefits. They are informed by research findings together with contextual and experiential evidence. This includes practice-based evidence, evidence-based practice, evaluation findings, the expertise of clinicians, and the lived experience of children, youth, and families.

SERVICE DESCRIPTION:

Targeted prevention services focus on changing views and behaviours, building skills and competencies and/or creating awareness and resiliency through the provision of information, education, and programming to defined at-risk populations. Core service providers will work across sectors such as health and education, through community planning. Strong community partnerships will support the development of a comprehensive approach to targeted prevention. Targeted prevention programs may occur in a variety of settings including education, health and community settings, and may involve health practitioners and educators as partners.

Targeted prevention activities are:

- Therapeutic activities that intervene in, or avert the development or occurrence of a mental health problem;
- Aimed at increasing the child, youth and/or family's capacity to understand mental health problems, identify these problems early in the course of illness and change perspectives and enhance resiliency; and
- Avenues to promote early identification of mental health problems, provide timely, effective early intervention, and develop skills in the target populations.

Targeted prevention addresses specific risk factors. It does not include broad universal programming.

TARGET POPULATION

The target population is children and youth under 18 years of age who have been identified as a member of a group that shares a significant risk factor for a mental health problem. These children or youth would generally require services within level two of the continuum of needs-based services and supports.

Identification of risk factors should be conducted in careful consultation (subject to applicable legislation, regulation and policy directives, including privacy and consent requirements), with those most familiar with the children/youth. This includes families, teachers, educational assistants, child and youth workers, staff of core service providers and child care centres, probation officers, and primary care practitioners.

AVAILABILITY OF SERVICE

Targeted prevention activities are available in every designated service area.

MINIMUM EXPECTATIONS

The following are minimum Ontario expectations for the delivery of targeted prevention services:

- The service helps children/youth and their families to understand mental health problems and increases their resiliency by building their skills and competencies.
- The service identifies the objective of the prevention activity and is designed to counter or mitigate a significant risk factor without stigmatizing the children or youth.

The following minimum expectations apply to all core services funded by Ontario:

- Core services and key processes will be provided in a manner that respects the diversity of communities. There are many conditions that may constitute barriers or may reinforce existing barriers to accessing services, including stigma, discrimination, and lack of cultural competency. In order to reduce barriers, core service providers should:
 - Understand the demographics of the population within the service area, including Francophone, First Nations, Métis, Inuit, urban Indigenous children and youth, newcomers and minority populations and their linguistic and cultural needs;
 - Understand the geography of the community within the service area that you are serving, including rural and remote areas;
 - Be sensitive to factors such as poverty, discrimination, and imbalances of power that influence the client experience;
 - Understand issues respecting sexual orientation and gender identity, and the unique needs and challenges faced by young people who are lesbian, gay, bisexual, transsexual, transgender, asexual, queer, questioning, or two-spirited; and
 - Discuss with the client, when beginning to develop their service plan, what cultural or other service options would support their treatment.
- Core service providers will be responsible for complying with all relevant legislative, regulatory, and policy directives, including privacy and consent requirements.
- Core services will be delivered in an evidence-informed manner, using evidence-informed tools and practices to support positive outcomes for children and youth.
- Core service providers will review clients' progress on a regular basis and adjust services, as needed.
- The approach to the delivery of core services will be strengths-based, and centred on individuals, considering and respecting their needs and preferences.
- Clients will be provided with information regarding additional community services and supports that may be suitable and, where appropriate, supported in accessing these services (e.g., through a referral).
- Core services will be delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.
- The intervention/treatment process will promote client involvement, partnership and shared decision-making so that all parties understand the goals and desired outcomes.
- Key partners in multi-disciplinary service delivery will be brought together, where appropriate, to provide an integrated and coordinated service response to help meet the needs of children, youth and their families.

Processes to Support Service Delivery:

Key processes contribute to the client experience and support the delivery of core services to children, youth and their families throughout their involvement with the CYMH service sector. These processes support a coordinated, collaborative and integrated approach to the delivery of CYMH community-based services for children, youth and their families. These processes are not specific to individual core services but are common to and support all core services. They emphasize a client- and family-centred approach to service delivery that engages children, youth and families at every turn, from the moment the need for a service is identified, through the delivery of that service, and transition out of that service, to the point at which feedback is provided on how well the service has met their needs.

Key processes to support the provision of CYMH core services to children and youth include:

- Coordinated access;
- Intake, eligibility and consent;
- Identifying strengths, needs and risks;
- Child, youth and family engagement;
- Service planning and review;
- Case management and service coordination;
- Monitoring and evaluating client response to service; and
- Transition planning and preparation.

The following minimum expectations apply to all key processes that support the core services funded by Ontario:

- Core service providers are expected to use evidence-informed approaches to support the key processes, the high quality of services, and effective delivery of services to children, youth and families.
- Information gathered from the child, youth, family or practitioners that is necessary for the delivery of core services is to be shared among all relevant service providers, to the extent permitted by privacy and consent requirements (including applicable legislation, regulation, and policy directives). This will promote a client-focused approach to service delivery that is responsive to the needs of clients and will help reduce the need for children, youth and their families to repeat their stories.
- Key processes are delivered by individuals with an appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and their families.

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.

Service System Planning and Information Reporting:

In carrying out these requirements, the service provider will work in collaboration with the lead agency in their service area, where one has been identified, to plan for and align local services to the Program Guidelines and Requirements #01: Core Services and Key Processes so that children, youth and their families:

- Know what child and youth mental health services are available in their communities; and
- How to access the mental health services and supports that meet their needs.

The service provider will report required information based on key performance indicators for the child and youth mental health service system that are relevant to the service described in this Service Description Schedule (see Reporting Requirements).

- Service providers and lead agencies will find this information useful to strengthen and continuously improve service planning and provision, as well as monitor the impact of services on clients and in the community over time.
- Ontario will find this information useful to inform changes to policy through provincial trending and analysis, strengthen transparency and accountability across the sector, and ensure taxpayer dollars are spent effectively and efficiently.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Number of Participants in Sessions/Workshops/Training	The total number of individuals participating in skill building or educational sessions/workshops/training to assist with building parenting skills, child/youth management skills, self-management, anger management, risk reduction, resiliency building, etc. Participants are counted each time they attend a program within the fiscal year. If a program (a workshop or seminar) lasts more than one day, a person is counted once, whether or not the person attended more than one day or whether they attended only part of the workshop or seminar.

CYMH System Management

Program Name: CYMH System Management

Program Definition:

The System Management program funds Lead Agencies to provide system leadership at the service-area level and to carry out core non-clinical, system management functions; leadership, coordination, planning, and performance oversight.

The System Management program was introduced to enable Lead Agencies to fulfill these functions, with the intent to:

- Strengthen local system leadership, coordination, and accountability;
- Improve consistency and transparency in service planning and reporting;
- Support evidence-informed decision-making through improved data; and

- Support the collaboration and effective implementation and oversight of CYMH programs and priority initiatives.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives:

The goal of this program is to support Lead Agencies in their roles and responsibilities as CYMH system managers in their service area.

In partnership with community service providers (including those from other sectors, such as, child welfare, justice, education, and health) the Service Provider will develop its capacity to assume greater responsibility within its geographic service area as the lead agency with respect to the client experience, service pathways and the planning and delivery of CYMH core services, as described in Program Guidelines and Requirements (PGR#1), as may be issued and/or amended by Ontario from time to time in its sole discretion.

Service areas are defined on the <https://www.ontario.ca/page/mental-health-services-children-and-youth>.

SERVICE DESCRIPTION:

The Service Provider will demonstrate their role as CYMH system managers in carrying out their responsibilities as a lead agency. The Service Provider will carry out work in the four functional areas of leadership, planning, service delivery and program alignment and performance management.

1. Leadership

The Service Provider will build and sustain a leadership team, participate in provincial meetings of lead agencies, and develop structures and processes to lead engagement across the service area.

Supporting activities may include (but are not limited to):

- Identifying a primary point of contact for Ontario, sector partners and CYMH core service providers in the service area;
- Developing and implementing approaches to managing processes necessary to support system transformation (e.g., activities related to governance, decision-making, problem-solving, conflict resolution, power differentials, and addressing the needs of diverse populations);

- Leading effective cross-sector partnerships working towards commonly held goals, exercising influence to build and sustain ongoing cohesive partnerships across sectors;
- Engaging with Ontario and supporting the refinement of lead agency roles and responsibilities;
- Board of Directors/members to review the Board Articles of Incorporation, Board By-Laws and Board Policies to ensure that these documents reflect the organization's goals and vision as a lead agency;
- Reviewing the lead agency's mandate, scope of operations and geography of responsibility in the relevant incorporating and policy documents;
- Reviewing the lead agency's organizational structure;
- Reviewing the agency's governance framework, including their strategic plan;
- Reviewing the senior management performance plan;
- Convening all relevant CYMH stakeholders (including parents and youth) and is collaborating with them in planning and delivery of service; and,
- Communicating across the service area to bring parties together, create consensus and commitment including seeking the perspectives of diverse populations (Francophone, Indigenous and other groups).

2. Planning

The Service Provider will develop a CYMH Service Area Multi-Year Plan and effectively engage in planning activities with system partners and core service providers in the service area to develop these plans.

Supporting activities may include (but are not limited to):

- Documenting the current state of core CYMH services, other related services for children and youth, pathways between and among services, gathering baseline information and developing improvement priorities, and monitoring progress against the baseline;
- Developing and documenting an approach to data collection that supports identification of service area needs and integrates these into service and improvement plans;
- Analyzing service area needs and trends using population demographic and other data;
- Developing system level planning capacity;
- Incorporating family, youth, caregiver, and stakeholder input into the planning process and evaluating the approach;
- Seeking the perspectives of diverse populations (including Francophone, Indigenous and other groups) in the development of the plans;

- Planning includes an understanding of service delivery capabilities for meeting Francophone population needs (particularly for French designated areas); and Indigenous population needs in the service area;
- Assessing progress against CYMH service system improvement plans using both quantitative and qualitative data and evidence-based practice;
- Establishing short-, intermediate-, and long-term goals and objectives that will continuously improve the CYMH service system in the service area; and,
- Establishing appropriate planning mechanisms for the service area.

3. Service Delivery and Program Alignment

The Service Provider will make progress on activities linked to the priorities identified in the previous year's CYMH Service Area Multi-Year Plan, by meeting the targets and completing the activities set out in that plan. This work will support the development of an effective and efficient system of CYMH core services in the service area

Supporting activities may include (but are not limited to):

- Reviewing all core services within the service area with a gap analysis completed to identify any core services not available to address existing needs;
 - Including reviewing service area's population profile, analyzing whether core services meet the needs of the population and developing a plan to address gaps (if applicable).
- Developing a pathways strategy for CYMH core services not available within the service area (if applicable);
- Reviewing core services provision in light of service standards described in PGR #01: Core Services and Key Processes;
- Identifying overlaps in service provision and/or services that do not address priority needs;
- Supporting the effective implementation of the CYMH program, including providing critical system-level perspectives on local implementation and transition approaches that respond to potential adjustments in service area funding;
- Developing recommendations based on priorities in the CYMH Service Area Multi-Year Plan with impacts and timelines for changes in local service delivery; and,
- Submitting recommendations for changes to service delivery within the service area including proposed plans and approaches to Ontario for review and approval

4. Performance Management

The Service Provider will work towards establishing a performance management approach (e.g., performance planning, monitoring, measurement, and responding to results) for the service area that will support continuous improvement of CYMH core service system in the service area.

Supporting activities may include (but are not limited to):

- Undertake an analysis of service area needs with respect to performance management. Such as:
 - Creating an inventory of existing processes and IT systems in use (or could be used) for performance management in the service area;
 - Documenting service providers' (within their service area) current use of IT systems, including case management, financial planning, and other data collection tools (including paper based and automated information technology systems) used to measure performance, assist with internal program management, and support effective service delivery and improved outcomes, and reporting;
 - Analyzing service area capacity/ training needs with respect to data collection, use, and consistency, as well as the compatibility of data collection tools and systems across the service area to support longer-term planning;
 - Based on assessment of capacity and need, developing and implementing a plan to support enhanced data capacity for system-level performance measurement (e.g., training, infrastructure); and,
 - Identifying legal, administrative, and/or technological barriers to the effective collection and use of data for the purpose of service delivery, performance monitoring and improving outcomes.
- Developing an approach to systematically collect, analyze and use key performance indicator data with providers of core CYMH services in the service area;
- Developing protocols to ensure the collection of information from sub-contracted providers (and any other information for performance management in the service area);
- Developing knowledge and capacity to use data to inform service delivery, service system planning and performance monitoring for the service area;
- Developing consistent processes and methods to incorporate the voices of children, youth, parents and stakeholders in the performance management approach;
- Working with other sectors to develop key data requirements for assessing service pathways between and among service systems;
- Developing quality improvement targets and goals, including a reporting approach; and,
- Developing protocols for any potential required corrective action with sub-contracted agencies.

Ministry expectations

Ontario's expectations are that Service Providers:

- Perform activities in each of the four functional areas; Leadership, Planning, Service Delivery and Alignment and Performance Management;
- Develop a l CYMH Service Area Multi-Year Plan including effective engagement; coordination and planning activities associated with the development of a CYMH Service Area Multi-Year Plan and any supplemental or supporting plans as required;
- Achieve progress in the implementation of activities related to priorities identified in the plan(s) (as appropriate); and,
- Comply with Ministry direction on lead agency branding and communication within the service area.

Reporting Requirements

The Service Provider will track progress through supplemental reports submitted to Ontario through Transfer Payment Ontario (TPON) regarding progress on their system management activities.

Child and Youth Tele-Mental Health

Child and Youth Tele-Mental Health Service Coordinating Agency

Program Name: Tele-Mental Health Service Coordinating Agency

Program Definition:

Using video-conferencing and a range of other technology-enabled approaches, the Child and Youth Tele-Mental Health Service provides publicly funded child and youth mental health (CYMH) community service providers with access to expert specialized mental health consultations.

Consultations may be in the form of clinical consultations (direct interaction between a child/youth and psychiatric expertise), and/ or program consultations (professional-to-professional dialogue about a specific child/youth, treatment, or mental health condition).

Coordinating Agency: A child and youth mental health community service provider funded by Ontario to coordinate the Child and Youth Tele-Mental Health Service for an identified Service Area.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Glossary of Terms:

Term	Definition
<i>Child and Youth Mental Health (CYMH) Community Service Provider(s)</i>	A publicly funded professional providing mental health service to children and youth. Examples include service providers working in: • publicly funded child and youth mental health agencies • school boards • hospital out-patient programs • family health teams • Indigenous Health Access Centres • Friendship Centres • trained professionals in youth justice settings • mental health professionals in other community-based agencies that provide child and youth mental health services

<i>Term</i>	<i>Definition</i>
<i>Coordination Agency</i>	A child and youth mental health community service provider funded by Ontario to coordinate the Child and Youth Tele-Mental Health Service for an identified Service Area. The Coordination Agencies are: • Hands the Family Help Network.ca (Service Area 1) • Woodview Mental Health and Autism Services (Service Area 2) • Algoma Family Services (Service Area 3) • Southwest Ontario Indigenous Health Access Centre (Service Area 4) • Dilico Anishinabek Family Care (Service Area 5) • Weechi-it-te-win Family Services (Service Area 6)
<i>Hub</i>	An academic health science centre that is funded by Ontario to provide specialized mental health expertise to CYMH community service providers throughout the province of Ontario leveraging videoconferencing technology. They are: • Vanier Children's Mental Wellness (London) • The Children's Hospital of Eastern Ontario (Ottawa) • The Hospital for Sick Children (Toronto)
<i>Ontario Telemedicine Network</i>	A not-for-profit organization which manages the network and infrastructure for videoconferencing in the Child and Youth Tele-Mental Health Service.
<i>Service Area</i>	An associated collection of communities (Census Divisions) with access to the Child and Youth Tele-Mental Health Service coordinated by one Coordination Agency.
<i>Local Access Site</i>	A child and youth mental health agency receiving funding to provide access for the community to their Ontario Telemedicine Network secure videoconferencing site.

Service Objectives:

- To enable access to specialized mental health expertise for children and youth for an expert specialized mental health consult, while providing services to children/youth and their families, as close to home as possible.
- To build local community capacity and promote knowledge transfer in the provision of mental health services through consultations for children and youth and their families or caregivers; including professional to professional consultations.
- Through outreach and partnership development, promote the Tele-Mental Health Service as part of a continuum of child and youth mental health services in the community.

Service Description

People Served:

Through the use of video-conferencing technology, the Child and Youth Tele-Mental Health Service provides publicly funded child and youth mental health (CYMH) community service providers with access to expert specialized mental health consultations.

Services may be in the form of:

- Clinical consultations (direct interaction between a child/youth and mental health clinician), and/or program consultations (professional-to-professional dialogue about a specific child/youth, treatment, or mental health condition).
- Education sessions provided to build capacity in the community providers and mental health agencies.
- Program consultations provided on an ongoing basis to provide de-identified support for community providers and mental health agencies to assist in care of child/youth treatment planning and support.

All publicly funded CYMH community service providers working with children and youth will be able to refer to the Child and Youth Tele-Mental Health Service.

Examples of organizations that will be able to refer to the service include service providers working in:

- publicly funded child and youth mental health agencies;
- school boards;
- hospital out-patient programs;
- family health teams;
- Indigenous Health Access Centres;
- Friendship Centres;
- youth justice settings; and/or
- mental health professionals in other community-based agencies that provide child and youth mental health services.

Program/Service Features:

The program/services contracted by Ontario will reflect the following features:

Coordination Agencies will:

Be responsible for the following functions and activities for their assigned Service Area:

a) Local Coordination

- Communicate service eligibility criteria and referral processes to CYMH community service providers.
- Receive referrals from CYMH community service providers and conduct a "Service Readiness Review", which includes:
 - Ensuring a case manager is in place (i.e., a CYMH community service provider to participate in the consult and implement recommendations);
 - Ensuring all applicable forms are complete; and
 - Working in partnership (where appropriate) with the CYMH community service provider to review alternate local mental health supports, determine that the service will meet the needs of the child/youth, and what is the most cost-effective service available.
- Collaborate with Hubs to provide access to the Child and Youth Tele-Mental Health Service including:
 - Establishing referral protocols;
 - Prioritizing referrals from a Service Area; and
 - Managing wait times for the Child and Youth Tele-Mental Health Service.
- Follow up with CYMH community service provider as appropriate to review consultation recommendations and determine if further consultation is required.

b) Organizational Support

- Schedule consultations between CYMH community service providers, on behalf of the client, and the appropriate Hub.
- Arrange for the consultation to take place at an Ontario Telemedicine Network or (Ontario Telemedicine Network partner) access site as close to home as possible for the client and to leverage appropriate platforms to maximize access to virtual mental health services provided by TMHS
- Participate in committees composed of Child and Youth Tele-Mental Health Coordination Agencies, Hubs and key partners to work collaboratively across the Service Areas, provide operational support, and ongoing leadership to the Service, including but not necessarily limited to the Tele-Mental Health Working Group(s) led by Provincial Leads (e.g., the Indigenous subcommittee).
- Collect and report data in accordance with government requirements:
 - Including but not limited to data which identifies the referring organization; and

- Including but not limited to any data recommendations developed by the TMHS working group(s) and Provincial Leads

c) Outreach

- Promote the Child and Youth Tele-Mental Health Service as part of a continuum of child and youth mental health services in the community, including but not limited to:
 - Increasing awareness of the availability of the Child and Youth Tele-Mental Health Service across various CYMH community service providers and across sectors;
 - Supporting CYMH community service providers in accessing the Child and Youth Tele-Mental Health Service; and
 - Working collaboratively with referring CYMH community service providers to identify the most appropriate local mental health support, including the Child and Youth Tele-Mental Health Service.
- Optimize use of the Child and Youth Tele-Mental Health Service through targeted outreach and support including but not limited to:
 - Submitting and enacting an annual outreach plan that defines target communities and concrete strategies to optimize use of the Child and Youth Tele-Mental Health Service;
 - Semi-annual progress and year-end progress reports on the functions and activities of the service outreach plans will be submitted to the ministry and reviewed in collaboration with the TMHS Provincial Leads. These reports are due with the second quarter year-to-date report and fourth quarter report.
 - Supporting CYMH community service providers in developing the technological knowledge to access the Child and Youth Tele-Mental Health Service;
 - Helping CYMH community service providers to understand where the Child and Youth Tele-Mental Health Service fits in supporting the needs of their communities; and
 - Working collaboratively with CYMH community service providers to deliver the Child and Youth Tele-Mental Health Service in a culturally and linguistically appropriate way.
- Build local community capacity by leveraging videoconferencing equipment to increase educational and professional development opportunities for CYMH community service providers, including but not limited to the promotion of the Child and Youth Tele-Mental Health Provincial Education Program and linkages with the Knowledge Institute on Child and Youth Mental Health and Addictions.

d) Partnership Development

- Develop local partnerships to provide culturally and linguistically appropriate service and outreach.

- Develop local partnerships and relationships necessary to facilitate technology sharing and client hosting with non-Ontario funded Ontario Telemedicine Network sites, including local/regional planning and delivery partners.
- Collaborate with CYMH community service providers.

General Population Coordination Agencies (Service Areas 1, 2 and 3) will:

- Provide the Child and Youth Tele-Mental Health Service in both English and French in accordance with the *French Language Services Act*.
- Provide the Child and Youth Tele-Mental Health Service in a culturally safe context.
- Develop and implement an annual outreach plan that includes service to Francophone communities.

Indigenous Population Coordination Agencies (Service Areas 4, 5 and 6) will:

- Provide the Child and Youth Tele-Mental Health Service in a culturally appropriate/culturally safe context.
- Develop and implement an annual outreach plan that includes service to First Nations, Métis, Inuit and urban Indigenous communities.

Services will be:

- Child and youth centered: The emphasis of the service is for children and youth; their needs should drive service delivery.
- Sensitive to the social, linguistic and cultural diversity of families and Indigenous communities.
- Continuous in care: Children and youth experience the integration of services and coordination.
- Cost effective: The Child and Youth Tele-Mental Health Service should be cost-effective for the province of Ontario.
- Accountable to the individual, family, community and funder.
- Staffed by individuals with the appropriate range of skills and abilities necessary to respond effectively to the needs of adults, children and their families.
- Based on the individual's assessed needs, strengths and available individual, agency, community and contracted Ministry resources.
- Delivered in a manner that is collaborative in nature and coordinated with other community based CYMH service providers, including:
 - all publicly funded child and youth mental health agencies;
 - school boards;
 - hospital out-patient programs;
 - family health teams;
 - Indigenous Health Access Centres;

- Friendship Centres;
- trained professionals in youth justice settings; and/or
- mental health professionals in other community-based agencies that provide child and youth mental health services.

Governance, Accountability and Service System Requirements:

The agency will deliver the programs and services in accordance with the requirements as outlined in:

- the legal, financial and service target data portions of the service contract;
- the Agency Governance service description schedules;
- Governance and Accountability: Transfer Payments to Community Agencies framework;
- any service/program specific guidelines provided; and
- in keeping with evidence-based and emerging best practice for the delivery of services.

Reporting Requirements

- Coordinating Agencies must complete and enact an annual outreach plan that defines target communities and concrete strategies to optimize use of the Child and Youth Tele-Mental Health Service. Coordinating Agencies must submit a year-end progress report that provides an update on the functions and activities of the service outreach plan.
- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Number of New Referrals Received	Number of referrals received by the Coordinating Agency from child and youth mental health service providers for a Tele-Mental Health consultation/assessment in the reporting period.
Number of Referrals Made	Number of client consultation/assessment referrals made by the Coordinating Agency to hub(s) for the Child and Youth Tele-Mental Health Service in the reporting period.

Child and Youth Tele-Mental Health Access Sites

Program Name: Child and Youth Tele-Mental Health Access Sites

Program Definition:

Using video conferencing and a range of other technology-enabled approaches, the Child and Youth Tele-Mental Health Service provides publicly funded child and youth mental health (CYMH) community service providers with access to expert specialized mental health consultations.

Consultations may be in the form of clinical consultations (direct interaction between a child/youth and psychiatric expertise), and/or program consultations (professional-to-professional dialogue about a specific child/youth, treatment, or mental health condition).

Access Site: A child and youth mental health agency receiving funding to provide access for the community to Ontario Telemedicine Network secure video-conferencing equipment at their site.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Glossary of Terms:

Term	Definition
<i>Child and Youth Mental Health (CYMH) Community Service Provider(s)</i>	A publicly funded professional providing mental health service to children and youth. Examples include service providers working in: • publicly funded child and youth mental health agencies; • school boards; • hospital out-patient programs; • family health teams; • Indigenous Health Access Centres; • Friendship Centres; • trained professionals in youth justice settings; and/or • mental health professionals in other community-based agencies that provide child and youth mental health services.
<i>Coordination Agency</i>	A child and youth mental health community service provider funded by Ontario to coordinate the Child and Youth Tele-Mental Health Service for an identified Service Area.

<i>Term</i>	<i>Definition</i>
	The Coordination Agencies are: • Hands the Family Help Network.ca (Service Area 1) • Woodview Mental Health and Autism Services (Service Area 2) • Algoma Family Services (Service Area 3) • Southwest Ontario Indigenous Health Access Centre (Service Area 4) • Dilico Anishinabek Family Care (Service Area 5) • Weechi-it-te-win Family Services (Service Area 6)
<i>Hub</i>	An academic health science centre that is funded by Ontario to provide specialized mental health expertise to CYMH community service providers throughout the province of Ontario leveraging videoconferencing technology. They are: • Vanier Children's Mental Wellness (London) • The Children's Hospital of Eastern Ontario (Ottawa) • The Hospital for Sick Children (Toronto)
<i>Ontario Telemedicine Network</i>	A not-for-profit organization which manages the network and infrastructure for videoconferencing in the Child and Youth Tele-Mental Health Service.
<i>Service Area</i>	An associated collection of communities (Census Divisions) with access to the Child and Youth Tele-Mental Health Service coordinated by one Coordination Agency.
<i>Local Access Site</i>	A child and youth mental health agency receiving funding to provide access for the community to their Ontario Telemedicine Network secure videoconferencing site.

Service Objectives:

- To enable access to specialized mental health expertise for children and youth to an expert specialized mental health consult, while providing services to children/youth and their families, as close to home as possible.

- To build local community capacity and promote knowledge transfer in the provision of mental health services through consultations for children and youth and their families or caregivers; including professional to professional consultations.
- Through outreach and partnership development, promote the Child and Youth Tele-Mental Health Service as part of a continuum of child and youth mental health services in the community.

Service Description

People Served:

Using video conferencing and a range of other technology-enabled approaches, the Child and Youth Tele-Mental Health Service provides publicly funded child and youth mental health (CYMH) community service providers with access to expert specialized mental health consultations.

Services may be in the form of:

- Clinical consultations (direct interaction between a child/youth and mental health clinician), and/or program consultations (professional-to-professional dialogue about a specific child/youth, treatment, or mental health condition).
- Education sessions provided to build capacity in the community providers and mental health agencies.
- Program consultations provided on an ongoing basis to provide de-identified support for community providers and mental health agencies to assist in care of child/youth treatment planning and support

All publicly funded CYMH community service providers working with children and youth will be able to refer to the Child and Youth Tele-Mental Health Service. Examples of organizations that will be able to refer to the service include service providers working in:

- publicly funded child and youth mental health agencies;
- school boards;
- hospital out-patient programs;
- family health teams;
- Indigenous Health Access Centres;
- Friendship Centres;
- youth justice settings; and/or
- mental health professionals in other community-based agencies that provide child and youth mental health services.

Program/Service Features:

The program/services contracted by Ontario will reflect the following features:

Local Access Sites will:

- Submit their Child and Youth Tele-Mental Health Service referrals to their local Coordination Agency as a CYMH community service provider;

Enable community service providers, including CYMH community service providers and other local/regional planning and delivery partners to access provincially funded services delivered via videoconferencing, through use of the local access site's Ontario Telemedicine Network equipment and a range of other technology-enabled approaches.

Services will be:

- Child and youth centered: The emphasis of the service is for children and youth; their needs should drive service delivery.
- Sensitive to the social, linguistic and cultural diversity of families and Indigenous communities.
- Continuous in care: Children and youth experience the integration of services and coordination.
- Cost effective: The Child and Youth Tele-Mental Health Service should be cost-effective for the province of Ontario.
- Accountable to the individual, family, community and funder.
- Staffed by individuals with the appropriate range of skills and abilities necessary to respond effectively to the needs of adults, children and their families.
- Based on the individual's assessed needs, strengths and available individual, agency, community and contracted government resources.
- Delivered in a manner that is collaborative in nature and coordinated with other community based CYMH service providers, including:
 - all publicly funded child and youth mental health agencies;
 - school boards;
 - hospital out-patient programs;
 - family health teams;
 - Indigenous Health Access Centres;
 - Friendship Centres;
 - trained professionals in youth justice settings; and/or
 - mental health professionals in other community-based agencies that provide child and youth mental health services.

Governance, Accountability and Service System Requirements:

The agency will deliver the programs and services in accordance with the requirements as outlined in:

- the legal, financial and service target data portions of the service contract;

- the Agency Governance service description schedules;
- Governance and Accountability: Transfer Payments to Community Agencies framework;
- any service/program specific guidelines provided; and
- in keeping with evidence-based and emerging best practice for the delivery of services.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Access Equipment Usage	Number of times equipment (i.e., OTN) that has been funded by the Ministry of Health was used to support provision of consultations through the Child and Youth Tele-Mental Health Service during the reporting period.

Child and Youth Tele-Mental Health Service (Hubs)

Program Name: Child and Youth Tele-Mental Health Service (Hubs)

Program Definition:

Using video-conferencing and a range of other technology-enabled approaches, the Child and Youth Tele-Mental Health Service provides publicly funded child and youth mental health (CYMH) community service providers with access to expert specialized mental health consultations.

Consultations may be in the form of clinical consultations (direct interaction between a child/youth and psychiatric expertise), and/ or program consultations (professional-to-professional dialogue about a specific child/youth, treatment, or mental health condition).

Hub: An academic health science centre that is funded by Ontario through the Child and Youth Tele-Mental Health Service to provide specialized mental expertise to CYMH community service providers throughout the province of Ontario leveraging video-conferencing technology.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Glossary of Terms:

Term	Definition
<i>Child and Youth Mental Health (CYMH) Community Service Provider(s)</i>	A publicly funded professional providing mental health service to children and youth. Examples include service providers working in: • publicly funded child and youth mental health agencies; • school boards; • hospital out-patient programs; • family health teams; • Indigenous Health Access Centres; • Friendship Centres; • trained professionals in youth justice settings; and/or • mental health professionals in other community-based agencies that provide child and youth mental health services.
<i>Coordination Agency</i>	A child and youth mental health community service provider funded by Ontario) to coordinate the Child and Youth Tele-Mental Health Service for an identified Service Area. The Coordination Agencies are: • Hands the Family Help Network.ca (Service Area 1) • Woodview Mental Health and Autism Services (Service Area 2) • Algoma Family Services (Service Area 3) • Southwest Ontario Indigenous Health Access Centre (Service Area 4) • Dilico Anishinabek Family Care (Service Area 5) • Weechi-it-te-win Family Services (Service Area 6)
<i>Hub</i>	An academic health science centre that is funded by Ontario to provide specialized mental health expertise to CYMH community service providers throughout the province of Ontario leveraging videoconferencing technology. They are: • Vanier Children's Mental Wellness (London) • The Children's Hospital of Eastern Ontario (Ottawa) • The Hospital for Sick Children (Toronto)
<i>Ontario Telemedicine Network</i>	A not-for-profit organization which manages the network and infrastructure for videoconferencing in the Child and Youth Tele-Mental Health Service.

Term	Definition
<i>Service Area</i>	An associated collection of communities (Census Divisions) with access to the Child and Youth Tele-Mental Health Service coordinated by one Coordination Agency.
<i>Local Access Site</i>	A child and youth mental health agency receiving funding to provide access for the community to their Ontario Telemedicine Network secure videoconferencing site.

Service Objectives:

- To enable access to specialized mental health expertise for children and youth to an expert specialized mental health consult, while providing services to children/youth and their families, as close to home as possible.
- To build local community capacity and promote knowledge transfer in the provision of mental health services through consultations for children and youth and their families or caregivers; including professional to professional consultations.
- Through outreach and partnership development, promote the Child and Youth Tele-Mental Health Service as part of a continuum of child and youth mental health services in the community.

Service Description

People Served:

Using video-conferencing and a range of other technology-enabled approaches, the Child and Youth Tele-Mental Health Service provides publicly funded child and youth mental health (CYMH) community service providers with access to expert specialized mental health consultations.

Services may be in the form of:

- Clinical consultations (direct interaction between a child/youth and mental health clinician), and/or program consultations (professional-to-professional dialogue about a specific child/youth, treatment, or mental health condition).
- Education sessions provided to build capacity in the community providers and mental health agencies.
- Program consultations provided on an ongoing basis to provide de-identified support for community providers and mental health agencies to assist in care of child/youth treatment planning and support.

All publicly funded CYMH community service providers working with children and youth will be able to refer to the Child and Youth Tele-Mental Health Service. Examples of organizations that will be able to refer to the service include service providers working in:

- publicly funded child and youth mental health agencies;
- school boards;
- hospital out-patient programs;
- family health teams;
- Indigenous Health Access Centres;
- Friendship Centres;
- youth justice settings; and/or
- mental health professionals in other community-based agencies that provide child and youth mental health services.

Program/Service Features:

The program/services contracted by Ontario will reflect the following features:

All Hubs will:

- Use videoconferencing technology to provide CYMH community service providers with access to specialized mental health expertise for the purposes of clinical and program consultations.
- Maintain a roster of experts of child and youth mental health.
- Coordinate referrals received to ensure the appropriate provision of consultations by assigning referrals to the psychiatrist deemed to have the best skill set for the referral. Provide the service in a way which addresses the cultural and linguistic needs of the province.
- Support the Coordination Agencies in facilitating access to the Child and Youth Tele-Mental Health Service by:
 - Establishment of referral protocols;
 - Supporting the prioritization of referrals;
 - Management of wait times for the Child and Youth Tele-Mental Health Service; and
 - Work with Coordination Agencies to provide outreach to high needs communities.
- Participate in committees composed of Child and Youth Tele-Mental Health Coordination Agencies, Hubs and key partners to work collaboratively across the Service Areas, provide operational support, and ongoing leadership to the Child and Youth Tele-Mental Health Service, including but not necessarily limited to the Tele-Mental Health Working Group(s) and its subcommittees (e.g., the Indigenous subcommittee) led by TMHS Provincial Leads.
- Provide education and training to CYMH community service providers, and their community, where applicable.

- Collect and report data in accordance with Ontario's requirements, including but not limited to:
 - data which identifies the referring organization; and
 - any data recommendations developed by the Tele-Mental Health Working Group and its subcommittees.
- Provide consultations and training services in both English and French in accordance with the *French Language Services Act*.
- Practice cultural competence in order to provide support to Indigenous communities.

Intake Hub (Hospital for Sick Children) will:

- Receive referrals from all six Coordination Agencies and triage referrals provincially, collaborating with the other two Hubs.
- Coordinate intake for all three Hubs to ensure the appropriate provision of consultations and support services to Coordination Agencies by:
 - Assigning referrals to one of the three Hubs; Addressing cultural and linguistic needs;
 - Supporting existing Hub and CYMH community service provider relationships; and
 - Supporting the service targets and operational capacity of all three Hubs.

Provincial Tele-Mental Health Service Provincial Lead and Indigenous Lead (at the Hospital for Sick Children) will:

- Be accountable to all three Hubs to provide strategic leadership and oversight for the Child and Youth Tele-Mental Health Service as a whole;
- Ensure a coordinated provincial approach to program/service delivery for the Child and Youth Tele-Mental Health Service;
- Manage, develop, and implement communication, education, evaluation, data and technology planning processes for the Child and Youth Tele-Mental Health Service;
- Consult with a broad range of stakeholder groups, including the Tele-Mental Health Working Group, the government of Ontario and community sector partners, regarding their concerns as well as potential program improvements;
- Analyze and evaluate the effectiveness and efficiency of the Child and Youth Tele-Mental Health Service and provide recommendations to the program leadership and the ministry. and
- Provide secretariat support to the Tele-Mental Health Working Group.

Services will be:

- Child and youth centered: The emphasis of the service is for children and youth; their needs should drive service delivery.

- Sensitive to the social, linguistic and cultural diversity of families and Indigenous communities.
- Continuous in care: Children and youth experience the integration of services and coordination.
- Cost effective: The Child and Youth Tele-Mental Health Service should be cost-effective for the province of Ontario.
- Accountable to the individual, family, community and funder.
- Staffed by individuals with the appropriate range of skills and abilities necessary to respond effectively to the needs of adults, children and their families.
- Based on the individual's assessed needs, strengths and available individual, agency, community and contracted government resources.
- Delivered in a manner that is collaborative in nature and coordinated with other community based CYMH service providers, including:
 - all publicly funded child and youth mental health agencies;
 - school boards;
 - hospital out-patient programs;
 - family health teams;
 - Indigenous Health Access Centres;
 - Friendship Centres;
 - trained professionals in youth justice settings; and/or
 - mental health professionals in other community-based agencies that provide child and youth mental health services.

Governance, Accountability and Service System Requirements:

The agency will deliver the programs and services in accordance with the requirements as outlined in:

- the legal, financial and service target data portions of the service contract;
- the Agency Governance service description schedules;
- Governance and Accountability: Transfer Payments to Community Agencies framework;
- any service/program specific guidelines provided; and
- in keeping with evidence-based and emerging best practice for the delivery of services.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Total Number of Individuals Served	The number of individuals for whom a record has been created and who were recipients of the approved service(s) at some point during the reporting period. Reported on by the hub responsible for providing the service.
Total Number of Client Consultations	The total number of consultation or assessment sessions provided by a specialist about specific client(s) during the reporting period.
Total Number of Education Sessions	The total number of education sessions provided to agency staff by a specialist (e.g., cognitive behaviour therapy) in the reporting period.
Total Number of Program Consultations	The total number of consultations provided to agency staff by a specialist about a particular program or service (e.g., advice about brief service model) during the reporting period.
Number of Indigenous Client Consultations	The total number of consultation or assessment sessions provided to a service provider at an Indigenous owned/operated organization by a specialist about specific client(s) during the reporting period.
Number of Indigenous Education Sessions	The total number of education sessions provided to agency staff at an Indigenous owned/operated organization by a specialist (e.g., cognitive behaviour therapy) during the reporting period.
Number of Indigenous Program Consultations	The total number of consultations provided to agency staff at an Indigenous owned/operated organization by a specialist about a particular program or service (e.g., advice about brief service model) during the reporting period.

Child and Youth Tele-Mental Health Service (Central Hub)

Program Name: Child and Youth Tele-Mental Health Service (Central Hub)

Program Definition:

Using video-conferencing and a range of other technology-enabled approaches, the Child and Youth Tele-Mental Health Service provides publicly funded child and youth mental health (CYMH) community service providers with access to expert specialized mental health consultations.

Consultations may be in the form of clinical consultations (direct interaction between a child/youth and psychiatric expertise), and/ or program consultations (professional-to-professional dialogue about a specific child/youth, treatment, or mental health condition).

Hub: An academic health science centre that is funded by Ontario through the Child and Youth Tele-Mental Health Service to provide specialized mental expertise to CYMH community service providers throughout the province of Ontario leveraging video-conferencing technology.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Glossary of Terms:

Term	Definition
<i>Child and Youth Mental Health (CYMH) Community Service Provider(s)</i>	A publicly funded professional providing mental health service to children and youth. Examples include service providers working in: • publicly funded child and youth mental health agencies; • school boards; • hospital out-patient programs; • family health teams; • Indigenous Health Access Centres; • Friendship Centres; • trained professionals in youth justice settings; and/or • mental health professionals in other community-based agencies that provide child and youth mental health services.

Term	Definition
<i>Coordination Agency</i>	A child and youth mental health community service provider funded by Ontario) to coordinate the Child and Youth Tele-Mental Health Service for an identified Service Area. The Coordination Agencies are: • Hands the Family Help Network.ca (Service Area 1) • Woodview Mental Health and Autism Services (Service Area 2) • Algoma Family Services (Service Area 3) • Southwest Ontario Indigenous Health Access Centre (Service Area 4) • Dilico Anishinabek Family Care (Service Area 5) • Weechi-it-te-win Family Services (Service Area 6)
<i>Hub</i>	An academic health science centre that is funded by Ontario to provide specialized mental health expertise to CYMH community service providers throughout the province of Ontario leveraging videoconferencing technology. They are: • Vanier Children's Mental Wellness (London) • The Children's Hospital of Eastern Ontario (Ottawa) • The Hospital for Sick Children (Toronto)
<i>Ontario Telemedicine Network</i>	A not-for-profit organization which manages the network and infrastructure for videoconferencing in the Child and Youth Tele-Mental Health Service.
<i>Service Area</i>	An associated collection of communities (Census Divisions) with access to the Child and Youth Tele-Mental Health Service coordinated by one Coordination Agency.
<i>Local Access Site</i>	A child and youth mental health agency receiving funding to provide access for the community to their Ontario Telemedicine Network secure videoconferencing site.

Service Objectives:

- To enable access to specialized mental health expertise for children and youth to an expert specialized mental health consult, while providing services to children/youth and their families, as close to home as possible.
- To build local community capacity and promote knowledge transfer in the provision of mental health services through consultations for children and youth

and their families or caregivers; including professional to professional consultations.

- Through outreach and partnership development, promote the Child and Youth Tele-Mental Health Service as part of a continuum of child and youth mental health services in the community.

Service Description

People Served:

Using video-conferencing and a range of other technology-enabled approaches, the Child and Youth Tele-Mental Health Service provides publicly funded child and youth mental health (CYMH) community service providers with access to expert specialized mental health consultations.

Services may be in the form of:

- Clinical consultations (direct interaction between a child/youth and mental health clinician), and/or program consultations (professional-to-professional dialogue about a specific child/youth, treatment, or mental health condition).
- Education sessions provided to build capacity in the community providers and mental health agencies.
- Program consultations provided on an ongoing basis to provide de-identified support for community providers and mental health agencies to assist in care of child/youth treatment planning and support

All publicly funded CYMH community service providers working with children and youth will be able to refer to the Child and Youth Tele-Mental Health Service. Examples of organizations that will be able to refer to the service include service providers working in:

- publicly funded child and youth mental health agencies;
- school boards;
- hospital out-patient programs;
- family health teams;
- Indigenous Health Access Centres;
- Friendship Centres;
- youth justice settings; and/or
- mental health professionals in other community-based agencies that provide child and youth mental health services.

Program/Service Features:

The program/services contracted by Ontario will reflect the following features:

All Hubs will:

- Use videoconferencing technology to provide CYMH community service providers with access to specialized mental health expertise for the purposes of clinical and program consultations.
- Maintain a roster of experts of child and youth mental health.
- Coordinate referrals received to ensure the appropriate provision of consultations by assigning referrals to the psychiatrist deemed to have the best skill set for the referral
- Provide the service in a way which addresses the cultural and linguistic needs of the province.
- Support the Coordination Agencies in facilitating access to the Child and Youth Tele-Mental Health Service by:
 - Establishment of referral protocols;
 - Supporting the prioritization of referrals;
 - Management of wait times for the Child and Youth Tele-Mental Health Service;
 - Work with Coordination Agencies to provide outreach to high needs communities; and
- Participate in committees composed of Tele-Mental Health Coordination Agencies, Hubs and key partners to work collaboratively across the Service Areas, provide operational support, and ongoing leadership to the Service, including but not necessarily limited to the Tele-Mental Health Working Group and its subcommittees (e.g., the Indigenous subcommittee).
- Provide education and training to CYMH community service providers, and their community, where applicable.
- Collect and report data in accordance with government requirements, including but not limited to:
 - data which identifies the referring organization; and
 - any data recommendations developed by the Tele-Mental Health Service Working Group and its subcommittees.
- Provide consultations and training services in both English and French in accordance with the *French Language Services Act*.
- Practice cultural competence in order to provide support to Indigenous communities.

Intake Hub (Hospital for Sick Children) will:

- Receive referrals from all six Coordination Agencies and triage referrals provincially, collaborating with the other two Hubs.
- Coordinate intake for all three Hubs to ensure the appropriate provision of consultations and support services to Coordination Agencies by:
 - Assigning referrals to one of the three Hubs;
 - Addressing cultural and linguistic needs;
 - Supporting existing Hub and CYMH community service provider

- relationships; and
- Supporting the service targets and operational capacity of all three Hubs.

Youth Justice Hub (Hospital for Sick Children) will:

- Provide priority access to the Child and Youth Tele-Mental Health Service for youth referred from justice custody/detention facilities and probation services. This includes access to clinical consultations and/ or program consultations and education sessions.
 - “Priority access” refers to providing access to a consultation for youth justice custody/detention facilities and probation services within a two-week window. If this is not possible, the Hub will communicate directly with the Youth Justice Division of the Ministry of Children, Community and Social Services (MCCSS) to make alternate arrangements as appropriate.
- TMHS Provincial leads will interact directly with the Youth Justice Division of MCCSS for the purposes of priority service provision and access to other services through the Child and Youth Tele-Mental Health Service for youth referred by justice custody/detention facilities and probation services.

Provincial Tele-Mental Health Service Coordinator (at the Hospital for Sick Children) will:

- Be accountable to all three Hubs to provide strategic leadership and oversight for the Child and Youth Tele-Mental Health Service as a whole;
- Ensure a coordinated provincial approach to program/service delivery for the Child and Youth Tele-Mental Health Service;
- Manage, develop, and implement communication, education, evaluation, data and technology planning processes for the Child and Youth Tele-Mental Health Service;
- Consult with a broad range of stakeholder groups, including the Tele-Mental Health Working Group, the government of Ontario and community sector partners, regarding their concerns as well as potential program improvements;
- Analyze and evaluate the effectiveness and efficiency of the Child and Youth Tele-Mental Health Service and provide program development and project management advice to advance its service objectives; and
- Provide secretariat support to the Tele-Mental Health Working Group.

Services will be:

- Child and youth centered: The emphasis of the service is for children and youth; their needs should drive service delivery.
- Sensitive to the social, linguistic and cultural diversity of families and Indigenous communities.

- Continuous in care: Children and youth experience the integration of services and coordination.
- Cost effective: The Child and Youth Tele-Mental Health Service should be cost-effective for the province of Ontario.
- Accountable to the individual, family, community and funder.
- Staffed by individuals with the appropriate range of skills and abilities necessary to respond effectively to the needs of adults, children and their families.
- Based on the individual's assessed needs, strengths and available individual, agency, community and contracted Ministry resources.
- Delivered in a manner that is collaborative in nature and coordinated with other community based CYMH service providers, including:
 - all publicly funded child and youth mental health agencies;
 - school boards;
 - hospital out-patient programs;
 - family health teams;
 - Indigenous Health Access Centres;
 - Friendship Centres;
 - trained professionals in youth justice settings; and/or
 - mental health professionals in other community-based agencies that provide child and youth mental health services.

Governance, Accountability and Service System Requirements:

The agency will deliver the programs and services in accordance with the requirements as outlined in:

- the legal, financial and service target data portions of the service contract;
- the Agency Governance service description schedules;
- Governance and Accountability: Transfer Payments to Community Agencies framework;
- any service/program specific guidelines provided; and
- in keeping with evidence-based and emerging best practice for the delivery of services.

Reporting Requirements

- Through Transfer Payment Ontario, the service provider must report required service data that are relevant to the service described in this Service Description Schedule (see Reporting Requirements) on an Interim and Final basis.
- The service provider must also submit to Ontario, through Transfer Payment Ontario, a list of secure custody and detention facilities that referred youth into the Child and Youth Tele-Mental Health Service for a consultation on an interim and final basis.

The following service data will be reported on at an Interim and Final stage:

Service Data Name	Definition
Total Number of Individuals Served	The total number of individuals for whom a record has been created and who were recipients of the approved service(s) at some point during the reporting period. Reported on by the hub responsible for providing the service.
Total Number of Client Consultations	The total number of consultation or assessment sessions provided by a specialist about specific client(s) during the reporting period.
Total Number of Education Sessions	The total number of education sessions provided to agency staff by a specialist (e.g., cognitive behaviour therapy) during the reporting period.
Total Number of Program Consultations	The total number of consultations provided to agency staff by a specialist about a particular program or service (e.g., advice about brief service model) during the reporting period.
Total Number of Referrals from Indigenous Organizations	The total number of referrals received from Indigenous owned/operated organizations during the reporting period.
Number of Indigenous Client Consultations	The total number of consultation or assessment sessions provided to an Indigenous service provider by a specialist about specific client(s) during the reporting period.
Number of Indigenous Education Sessions	The total number of education sessions provided to agency staff at an Indigenous owned/operated organization by a specialist (e.g., cognitive behaviour therapy) during the reporting period.
Number of Indigenous Program Consultations	The total number of consultations provided to agency staff at an Indigenous owned/operated organization by a specialist about a particular program or service (e.g., advice about brief service model) during the reporting period.

Service Data Name	Definition
Number of Client Consultations at a Youth Justice Facility	provider at a secure custody/ detention facility or an open custody/detention facility about specific client(s) during the reporting period.
Number of Program Consultations at a Youth Justice Facility	The total number of program consultations provided to staff in a secure custody/ detention facility or an open custody/detention facility about a particular program or service (e.g. advice about brief service model) during the reporting period.
Number of Client Consultations at a Probation Office	The total number of consultation or assessment sessions provided to a service provider at a probation office by a specialist about specific client(s) during the reporting period.
Number of Program Consultations at a Probation Office	The total number of consultations provided to agency staff at a probation office by a specialist about a particular program or service (e.g., advice about brief service model) during the reporting period.

URBAN Child and Youth Tele-Mental Health Service Coordinating Agency

Program Name: URBAN Child and Youth Tele-Mental Health Service Coordinating Agency

Program Definition:

Using video-conferencing and a range of other technology-enabled approaches,, the Urban Child and Youth Tele-Mental Health Service provides publicly funded child and youth mental health (CYMH) community service providers with access to expert specialized mental health consultations in the City of Toronto and the Greater Toronto Area (including the municipalities of Durham, Halton, Peel and York).

Consultations may be in the form of clinical consultations (direct interaction between a child/youth and psychiatric expertise), and/ or program consultations

(professional-to-professional dialogue about a specific child/youth, treatment, or mental health condition).

Coordinating Agency: A child and youth mental health community service provider funded by Ontario to coordinate the Urban Child and Youth Tele-Mental Health Service for in the City of Toronto and the GTA. For the Urban Child and Youth Tele-Mental Health Service, this is Strides Toronto (formerly East Metro Youth Services).

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives:

Glossary of Terms:
Service Area: City of Toronto and Greater Toronto Area (including the municipalities of Durham, Halton, Peel and York) Child and Youth Mental Health (CYMH) Community Service Provider(s): A publicly funded professional providing mental health service to children and youth. Examples include service providers working in: • publicly funded CYMH agencies; • school boards; • medical models with embedded mental health programming; • hospital out-patient programs; • family health teams; • Indigenous Health Access Centres; • Friendship Centres; • trained professionals in youth justice settings; and/or • mental health professionals in other community-based agencies that provide CYMH services. Coordination Agency: A community-based CYMH organizations funded by Ontario to coordinate the Child and Youth Tele-Mental Health Service for an identified Service Area. The Coordination Agencies are: • Hands the Family Help Network.ca (Service Area 1) • Woodview Mental Health and Autism Services (Service Area 2) • Algoma Family Services (Service Area 3) • Southwest Ontario Indigenous Health Access Centre (Service Area 4) • Dilico Anishinabek Family Care (Service Area 5) • Weechi-it-te-win Family Services (Service Area 6)

Glossary of Terms:

- Strides Toronto (City of Toronto and GTA)

Hub: An academic health science centre that is funded by Ontario to provide specialized mental health expertise to CYMH community service providers in rural, remote and underserved areas of Ontario and select urban areas (i.e. Toronto and the GTA), leveraging videoconferencing technology. They are:

- Vanier Children's Mental Wellness (London)
- The Children's Hospital of Eastern Ontario (Ottawa)
- The Hospital for Sick Children (Toronto)

Service Objectives:

- To enable coordinated access to specialized mental health expertise for children, youth and families within the City of Toronto and the GTA based on a demonstrable need for an expert specialized mental health consult.
- Extend outreach/promotion of the UTMH Service to regions in the Toronto area that are currently excluded from the broader Child and Youth Tele-Mental Health Service (which is currently restricted to rural, remote and underserved communities). Outreach will be conducted by Strides Toronto in their capacity as the Coordinating Agency for UTMH (see below for more details).
- To leverage appropriate platforms to maximize access to virtual mental health services provided by UTMH.
- To build local community capacity and promote knowledge transfer in the provision of mental health services through consultations for children, youth and their families or caregivers; including professional to professional consultations.
- To respond to gaps and emerging needs in the service system that may have been caused by the COVID-19 pandemic by providing access to virtual consultations, capacity enhancement and education for CYMH service providers.
- Through a collaborative approach to outreach and partnership development between the Coordinating Agency and Hub, promote the UTMH as part of a continuum of child and youth mental health services in Toronto and the GTA.

Service Description:

- Using video-conferencing and a range of other technology-enabled approaches, UTMH provides publicly funded community service providers with access to expert specialized mental health consultations.
- Services may be in the form of:
 - Clinical consultations (direct interaction between a child/youth and mental health clinician), and/ or program consultations (professional-to-

- professional dialogue about a specific child/youth, treatment, or mental health condition).
 - Education sessions provided to build capacity in the community providers and mental health agencies.
 - Program consults provided on an ongoing basis to provide de-identified support for community providers and mental health agencies to assist in care of child/youth treatment planning and support.
- All publicly funded community service providers working with children and youth in the City of Toronto and GTA will be able to refer to UTMH. Examples of organizations that will refer to the service include:
 - publicly funded child and youth mental health agencies;
 - school boards;
 - hospital out-patient programs;
 - family health teams and primary care;
 - medical models with embedded mental health programming;
 - Indigenous Health Access Centres;
 - Friendship Centres;
 - youth justice settings; and/or
 - mental health professionals in other community-based agencies that provide child and youth mental health services.

Service Features:

- Child and youth centered: The emphasis of the service is for children and youth; their needs should drive service delivery.
- Sensitive to the social, linguistic and cultural diversity of children, youth, families and community-based service providers.
- Continuous in care: Children/youth and community-based service providers experience services that are integrated and coordinated of services and coordination.
- Cost effective: The UTMH should be cost-effective for the Province of Ontario.
- Accountable to the individual, family, community and funder.
- Staffed by individuals with the appropriate range of skills and abilities necessary to respond effectively to the needs of adults, children and their families.
- Based on the individual's assessed needs, strengths and available resources (i.e. individual, agency, community and/or contracted Ministry resources).
- Delivered in a manner that is collaborative in nature and coordinated with other community-based mental health services, for example those offered by:
 - all publicly funded CYMH organizations;
 - school boards;
 - hospital out-patient programs;
 - medical models with embedded mental health programming;
 - family health teams;

- Indigenous Health Access Centres;
- Friendship Centres;
- trained professionals in youth justice settings; and
- mental health professionals in other community-based agencies that provide CYMH services.

Roles and Responsibilities of the Recipients:

The Hospital for Sick Children will provide:

Services	• Psychiatric assessment, consultation and training recommendations about children's mental health to eligible community service providers as per this service agreement. • Psychiatric services in both English and French in accordance with the French Language Services Act. • Program and Education Consults to community service providers and CYMH organizations as requested. • Process referrals from Strides Toronto as the Co-ordinating Agency for the UTMH. • Process referrals directly from SickKids providers. • Collect and report data in accordance with provincial requirements, including but not limited to: ○ data which identifies the referring organization; and ○ data in line with recommendations from the Tele-Mental Health Service Working Group and/or its sub-committees.
Collaboration	• Share information with Ontario, Strides Toronto (as the Coordinating Agency) and/or other partners as appropriate (e.g. the Tele-Mental Health Working Group) regarding usage, referral sources, outreach activities and other information, as appropriate, to ensure the efficient operation of the Service. • Participate in committees composed of Child and Youth Tele-Mental Health Coordination Agencies, Hubs and other key partners to work collaboratively across the Service Areas, provide operational support, and ongoing leadership to the Child and Youth Tele-Mental Service, including but not necessarily limited to the Tele-Mental Health Service Working Group(s) and its sub-committees (e.g., the Indigenous sub-committee) led by Provincial Leads.

French Language/ Culturally Appropriate Services	• Provide the UTMH in both English and French in accordance with the French Language Services Act. • Provide services in a culturally safe context. The capacity to fulfill the requirements of the role in both French and English are as follows: a) Support clients to access French Language Services delivered through the Hub. Initial incoming calls shall be answered in French and over-the-counter services are available in French at all times; signage and visibility of available services in French; appropriate means of communicating with the Francophone population. b) Quality of services: In order to ensure the ongoing provision and availability of services in French, the Hub must ensure services provided under this Initiative can be provided at the advanced or superior level of French-language proficiency. c) Communication with stakeholders: All correspondence sent to the agency in French must receive a reply in French. All materials intended for public distribution will be made available simultaneously in English and French. Any forum, meetings or consultation meetings will be offered in both French and English. d) Written communication: The Hub will ensure the translation and/or revision of documents produced for public use is appropriate. e) Complaint resolution: A complaint mechanism will be identified by the Hub and Coordinating Agency to support resolution of complaint/issues pertaining to the delivery of French-language services. f) Data collection/reporting required (if/when applicable): The agency will collect data and report on the number of individuals served, the number of activities/consultations with Francophone community and other related reporting requested by Regional Offices.
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Strides Toronto will act as the Coordination Agency and be responsible for the following functions and activities for the City of Toronto and GTA:

Local Coordination	• Communicate service eligibility criteria and referral processes to CYMH community service providers and others as described. • Receive referrals from CYMH organizations and community-service providers and conduct a "Service Readiness Review", which includes: ○ Ensuring a case manager/designated mental health practitioner is in place (i.e., a community service provider/case manager to participate in the consult and implement recommendations); ○ Ensuring all applicable forms are complete; and ○ Working in partnership (where appropriate) with the community service providers to review alternate local mental health supports, determine that the service will meet the needs of the child/youth, and what is the most cost-effective service available. • Collaborate with the Hub to provide access to the UTMH including: ○ Establishing referral protocols ○ Prioritizing referrals from a Service Area ○ Collaborate with the Hub to track and manage wait times for the UTMH.
Organizational Support	• To support care coordination Strides Toronto will furnish UTMH with client and collateral information, communicate to the client the appointment provided by UTMH and work with the case manager/provider to ensure follow up requests for service are facilitated. • When necessary, provide a suitable environment for private consultations to occur using the appropriate platform. • Participate in committees composed of Child and Youth Tele-Mental Health Coordination Agencies, Hubs and key partners to work collaboratively across the Service Areas, provide operational support, and ongoing leadership to the Child and Youth Tele-Mental Health Service, including but not necessarily limited to the Tele-Mental Health Service Working Group and its subcommittees (e.g., the Indigenous subcommittee). • Provide services in both English and French, including: ○ Initial calls to the Coordinating Agency will have an option for an English and French recording. ○ Translating any written, web or social media content into French that has been designed and created for the purpose of promotion/education of UTMH by Strides Toronto.

Outreach	• Promote the UTMH as part of a continuum of CYMH services in the Toronto and the GTA, including but not limited to: ◦ Increasing awareness of the availability of the UTMH across various child and youth serving agencies and sectors in Toronto and the GTA. ◦ Supporting child and youth serving community providers in accessing the UTMH in Toronto and the GTA; and ◦ Working collaboratively with referring child and youth serving community providers to identify the most appropriate local mental health support, including UTMH. • Optimize use of the UTMH through targeted outreach and support including but not limited to: ◦ Supporting child and youth serving community providers in developing the technological knowledge to access UTMH. ◦ Helping child and youth serving community providers to understand where UTMH fits in supporting the needs of their communities; and ◦ Working collaboratively with child and youth serving community providers to deliver the UTMH in a culturally and linguistically appropriate way. • Build local community capacity by leveraging videoconferencing technology and delivery platforms to increase educational and professional development opportunities for child and youth serving community providers, including but not limited to the promotion of the Child and Youth Tele-Mental Health Provincial Education Program and linkages with the Knowledge Institute on Child and Youth Mental Health and Addictions.
Partnership Development	• Develop local partnerships to provide culturally and linguistically appropriate service and outreach. • Collaborate with the Hub and other child and youth serving community providers.

Reporting Requirements

- Strides Toronto, in their capacity as the Coordinating Agency and in collaboration with the Hub, must submit to the ministry an annual outreach plan that defines target communities and concrete strategies to optimize use of the UTMH.
 - Strides Toronto must also submit a year-end progress report that provides an update on the functions and activities of the service outreach plan. A

reporting template is included as a supplementary attachment through Transfer Payment Ontario.

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Number of New Referrals Received	Number of referrals received by the Coordinating Agency (Strides Toronto) for a consultation/assessment through the Urban Child and Youth Tele-Mental Health Service during the reporting period.
Number of Referrals Made	Number of referrals made by the Coordinating Agency (Strides Toronto) to the hub (Hospital for Sick Children) for a client consultation/assessment through the Urban Child and Youth Tele-Mental Health Service during the reporting period.

URBAN Child and Youth Tele-Mental Health Hub

Program Name: URBAN Child and Youth Tele-Mental Health Hub

Program Definition:

Using video-conferencing and a range of other technology-enabled approaches, the Urban Child and Youth Tele-Mental Health Service provides publicly funded child and youth mental health (CYMH) community service providers with access to expert specialized mental health consultations in the City of Toronto and the Greater Toronto Area (including the municipalities of Durham, Halton, Peel and York). Consultations may be in the form of clinical consultations (direct interaction between a child/youth and psychiatric expertise), and/ or program consultations (professional-to-professional dialogue about a specific child/youth, treatment, or mental health condition).

Hub: An academic health science centre that is funded by Ontario through the Child and Youth Tele-Mental Health Service to provide specialized mental expertise to CYMH community service providers leveraging video-conferencing technology. For the Urban Child and Youth Tele-Mental Health Service, this is the Hospital for Sick Children.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Glossary of Terms:
Service Area: City of Toronto and Greater Toronto Area (including the municipalities of Durham, Halton, Peel and York) Child and Youth Mental Health (CYMH) Community Service Provider(s): A publicly funded professional providing mental health service to children and youth. Examples include service providers working in: • publicly funded CYMH agencies; • school boards; • medical models with embedded mental health programming; • hospital out-patient programs; • family health teams; • Indigenous Health Access Centres; • Friendship Centres; • trained professionals in youth justice settings; and/or • mental health professionals in other community-based agencies that provide CYMH services. Coordination Agency: A community-based CYMH organizations funded by Ontario to coordinate the Child and Youth Tele-Mental Health Service for an identified Service Area. The Coordination Agencies are: • Hands the Family Help Network.ca (Service Area 1) • Woodview Mental Health and Autism Services (Service Area 2) • Algoma Family Services (Service Area 3) • Southwest Ontario Indigenous Health Access Centre (Service Area 4) • Dilico Anishinabek Family Care (Service Area 5) • Weechi-it-te-win Family Services (Service Area 6) • Strides Toronto (City of Toronto and GTA)

Glossary of Terms:

Hub: An academic health science centre that is funded by Ontario to provide specialized mental health expertise to CYMH community service providers in rural, remote and underserved areas of Ontario and select urban areas (i.e. Toronto and the GTA), leveraging videoconferencing technology. They are:

- Vanier Children's Mental Wellness (London)
- The Children's Hospital of Eastern Ontario (Ottawa)
- The Hospital for Sick Children (Toronto)

Service Objectives:

- To enable coordinated access to specialized mental health expertise for children, youth and families within the City of Toronto and the GTA based on a demonstrable need for an expert specialized mental health consult.
- Extend outreach/promotion of the UTMH Service to regions in the Toronto area that are currently excluded from the broader Child and Youth Tele-Mental Health Service (which is currently restricted to rural, remote and underserved communities). Outreach will be conducted by Strides Toronto in their capacity as the Coordinating Agency for UTMH (see below for more details).
- To leverage appropriate platforms to maximize access to virtual mental health services provided by UTMH.
- To build local community capacity and promote knowledge transfer in the provision of mental health services through consultations for children, youth and their families or caregivers; including professional to professional consultations.
- To respond to gaps and emerging needs in the service system that may have been caused by the COVID-19 pandemic by providing access to virtual consultations, capacity enhancement and education for CYMH service providers.
- Through a collaborative approach to outreach and partnership development between the Coordinating Agency and Hub, promote the UTMH as part of a continuum of child and youth mental health services in Toronto and the GTA.

Service Description:

- Through the use of video-conferencing technology, UTMH provides publicly funded community service providers with access to expert specialized mental health consultations.
- Services may be in the form of:
 - Clinical consultations (direct interaction between a child/youth and mental health clinician), and/ or program consultations (professional-to-

- professional dialogue about a specific child/youth, treatment, or mental health condition).
 - Education sessions provided to build capacity in the community providers and mental health agencies.
 - Program consults provided on an ongoing basis to provide de-identified support for community providers and mental health agencies to assist in care of child/youth treatment planning and support.
- All publicly funded community service providers working with children and youth in the City of Toronto and GTA will be able to refer to UTMH. Examples of organizations that will refer to the service include:
 - publicly funded child and youth mental health agencies;
 - school boards;
 - hospital out-patient programs;
 - family health teams and primary care;
 - medical models with embedded mental health programming;
 - Indigenous Health Access Centres;
 - Friendship Centres;
 - youth justice settings; and/or
 - mental health professionals in other community-based agencies that provide child and youth mental health services.

Service Features:

- Child and youth centered: The emphasis of the service is for children and youth; their needs should drive service delivery.
- Sensitive to the social, linguistic and cultural diversity of children, youth, families and community-based service providers.
- Continuous in care: Children/youth and community-based service providers experience services that are integrated and coordinated of services and coordination.
- Cost effective: The UTMH should be cost-effective for the Province of Ontario.
- Accountable to the individual, family, community and funder.
- Staffed by individuals with the appropriate range of skills and abilities necessary to respond effectively to the needs of adults, children and their families.
- Based on the individual's assessed needs, strengths and available resources (i.e. individual, agency, community and/or contracted Ministry resources).
- Delivered in a manner that is collaborative in nature and coordinated with other community-based mental health services, for example those offered by:
 - all publicly funded CYMH organizations;
 - school boards;
 - hospital out-patient programs;
 - medical models with embedded mental health programming;
 - family health teams;

- Indigenous Health Access Centres;
- Friendship Centres;
- trained professionals in youth justice settings; and
- mental health professionals in other community-based agencies that provide CYMH services.

Roles and Responsibilities of the Recipients:

The Hospital for Sick Children will provide:

Services	• Psychiatric assessment, consultation and training recommendations about children's mental health to eligible community service providers as per this service agreement. • Psychiatric services in both English and French in accordance with the French Language Services Act. • Program and Education Consults to community service providers and CYMH organizations as requested. • Process referrals from Strides Toronto as the Co-ordinating Agency for the UTMH. • Process referrals directly from SickKids providers. • Collect and report data in accordance with provincial requirements, including but not limited to: ○ data which identifies the referring organization; and ○ data in line with recommendations from the Tele-Mental Health Service Working Group and/or its sub-committees.
Collaboration	• Share information with Ontario, Strides Toronto (as the Coordinating Agency) and/or other partners as appropriate (e.g. the Tele-Mental Health Working Group) regarding usage, referral sources, outreach activities and other information, as appropriate, to ensure the efficient operation of the Service. • Participate in committees composed of Child and Youth Tele-Mental Health Coordination Agencies, Hubs and other key partners to work collaboratively across the Service Areas, provide operational support, and ongoing leadership to the Child and Youth Tele-Mental Service, including but not necessarily limited to the Tele-Mental Health Service Working Group and its sub-committees (e.g., the Indigenous sub-committee).

French Language/ Culturally Appropriate Services	• Provide the UTMH in both English and French in accordance with the French Language Services Act. • Provide services in a culturally safe context. The capacity to fulfill the requirements of the role in both French and English are as follows: a) Support clients to access French Language Services delivered through the Hub. Initial incoming calls shall be answered in French and over-the-counter services are available in French at all times; signage and visibility of available services in French; appropriate means of communicating with the Francophone population. b) Quality of services: In order to ensure the ongoing provision and availability of services in French, the Hub must ensure services provided under this Initiative can be provided at the advanced or superior level of French-language proficiency. c) Communication with stakeholders: All correspondence sent to the agency in French must receive a reply in French. All materials intended for public distribution will be made available simultaneously in English and French. Any forum, meetings or consultation meetings will be offered in both French and English. d) Written communication: The Hub will ensure the translation and/or revision of documents produced for public use is appropriate. e) Complaint resolution: A complaint mechanism will be identified by the Hub and Coordinating Agency to support resolution of complaint/issues pertaining to the delivery of French-language services. f) Data collection/reporting required (if/when applicable): The agency will collect data and report on the number of individuals served, the number of activities/consultations with Francophone community and other related reporting requested by Regional Offices.
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Strides Toronto will act as the Coordination Agency and be responsible for the following functions and activities for the City of Toronto and GTA:

Local Coordination	• Communicate service eligibility criteria and referral processes to CYMH community service providers and others as described. • Receive referrals from CYMH organizations and community-service providers and conduct a “Service Readiness Review”, which includes: ○ Ensuring a case manager/designated mental health practitioner is in place (i.e., a community service provider/case manager to participate in the consult and implement recommendations); ○ Ensuring all applicable forms are complete; and ○ Working in partnership (where appropriate) with the community service providers to review alternate local mental health supports, determine that the service will meet the needs of the child/youth, and what is the most cost-effective service available. • Collaborate with the Hub to provide access to the UTMH including: ○ Establishing referral protocols ○ Prioritizing referrals from a Service Area ○ Collaborate with the Hub to track and manage wait times for the UTMH.
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Organizational Support	• To support care coordination Strides Toronto will furnish UTMH with client and collateral information, communicate to the client the appointment provided by UTMH and work with the case manager/provider to ensure follow up requests for service are facilitated. • When necessary, provide a suitable environment for private consultations to occur using the appropriate platform. • Participate in committees composed of Child and Youth Tele-Mental Health Coordination Agencies, Hubs and key partners to work collaboratively across the Service Areas, provide operational support, and ongoing leadership to the Child and Youth Tele-Mental Health Service, including but not necessarily limited to the Tele-Mental Health Service Working Group and its subcommittees (e.g., the Indigenous subcommittee). • Provide services in both English and French, including: ○ Initial calls to the Coordinating Agency will have an option for an English and French recording. ○ Translating any written, web or social media content into French that has been designed and created for the purpose of promotion/education of UTMH by Strides Toronto.
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Outreach	• Promote the UTMH as part of a continuum of CYMH services in the Toronto and the GTA, including but not limited to: ◦ Increasing awareness of the availability of the UTMH across various child and youth serving agencies and sectors in Toronto and the GTA. ◦ Supporting child and youth serving community providers in accessing the UTMH in Toronto and the GTA; and ◦ Working collaboratively with referring child and youth serving community providers to identify the most appropriate local mental health support, including UTMH. • Optimize use of the UTMH through targeted outreach and support including but not limited to: ◦ Supporting child and youth serving community providers in developing the technological knowledge to access UTMH. ◦ Helping child and youth serving community providers to understand where UTMH fits in supporting the needs of their communities; and ◦ Working collaboratively with child and youth serving community providers to deliver the UTMH in a culturally and linguistically appropriate way. • Build local community capacity by leveraging videoconferencing technology and delivery platforms to increase educational and professional development opportunities for child and youth serving community providers, including but not limited to the promotion of the Child and Youth Tele-Mental Health Provincial Education Program Knowledge Institute on Child and Youth Mental Health and Addictions.
Partnership Development	• Develop local partnerships to provide culturally and linguistically appropriate service and outreach. • Collaborate with the Hub and other child and youth serving community providers.

Reporting Requirements

- Strides Toronto, in their capacity as the Coordinating Agency and in collaboration with the Hub, must submit to the ministry an annual outreach plan that defines target communities and concrete strategies to optimize use of the UTMH.
 - Strides Toronto must also submit a year-end progress report that provides an update on the functions and activities of the service outreach plan. A

reporting template is included as a supplementary attachment through Transfer Payment Ontario.

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Number of Individuals Served	The number of individuals for whom a record has been created and who were recipients of the approved service(s) at some point during the reporting period.
Number of Client Consultations	The total number of consultation or assessment sessions provided by a specialist about specific client(s) during the reporting period.
Total Number of Education Sessions	The total number of education sessions provided to agency staff by a specialist (e.g., cognitive behaviour therapy) during the reporting period.
Total Number of Program Consultations	The total number of consultations provided to agency staff by a specialist about a particular program or service (e.g., advice about brief service model) during the reporting period.

Indigenous Mental Health Programs

Indigenous Mental Health and Addictions Workers

Program Name: Indigenous Mental Health and Addictions Workers

Program Definition:

Community-based workers provide culturally appropriate supports and services to Indigenous children and youth in high needs Indigenous communities (First Nations and off-reserve). Workers provide a range of direct intervention or treatment services that are delivered as needed to facilitate improved functioning and outcomes for Indigenous children and youth. Direct services may include counseling, therapy, brief intervention, crisis intervention, group therapy or other supports and services deemed to be culturally appropriate by the Service Provider.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives:

- This investment introduces new expectations regarding goals for services being delivered by community-based Indigenous child and youth mental health service providers.
- Funding is provided to select community-based Indigenous owned and operated child and youth mental health service providers to hire Mental Health and Addiction Workers (Workers) to provide culturally appropriate supports and services to children and youth.
- Workers will form a holistic approach to closing critical service gaps.

Through this funding, Workers have been hired in high needs Indigenous communities (First Nations and off-Reserve) in order to:

- Increase the number of children and youth with mental health and addictions issues served;
- Improve functioning and overall outcomes for children, youth and families in these communities;
- Increase the number of culturally appropriate supports available to children and youth in these communities; and
- Improve the capacity of community-based Indigenous mental health service providers to meet the need for service in high needs communities.

Ministry Expectations of Service Providers:

The Service Provider will build upon, enhance and/or expand upon culturally appropriate services and supports to children and youth. Workers hired through this initiative will contribute to the following goals:

- People in the community know where to go to get services.
 - Every child-serving agency has staff knowledgeable about what to look for and what to do when they are concerned about a child;
 - Information about the services in the community is available and clearly communicated to the community, including how to access services;
 - Formal, written protocols are in place to support early identification and referral processes within and across sectors; and
 - Information to support referrals is shared with service providers based on principles of informed client consent (i.e., from identification tools and/or other means).
- Services are delivered as close to home as possible.
 - Services are accessible to clients in terms of hours and locations; and
 - Providers work together to find accessible solutions to service needs.
- Services are integrated, coordinated and appropriate to the needs of the population.
 - Children and youth are referred to other services as appropriate;
 - Services are provided in a flexible, responsive manner and clients are supported while awaiting service;
 - Service providers work together to resolve issues, gaps in service;
 - Eligibility criteria for services across providers in the community encompass the full range of need and the full continuum of service; and
 - Services are culturally competent.
- Services are high quality, timely, effective and sustainable.
 - Service Providers will provide effective, evidence-based services;
 - Services are delivered in a timely manner;
 - Providers work together to reduce wait times for services through collaborative models, brief therapy or clinic models and shared resource models of service;
 - Children and youth are prioritized based on need using tools to support triage and prioritization;
 - Service Providers are accountable for outcomes, quality, performance monitoring and measurement; and

Service Description:

A range of direct intervention or treatment services will be delivered as needed to facilitate improved functioning and outcomes for Indigenous children and youth. Direct services may include counseling, therapy, brief intervention, crisis intervention, group therapy or other supports and services deemed to be culturally appropriate by the Service Provider.

Services are based upon an assessment of strengths, needs and resources, and provided according to the best available evidence of effectiveness.

Program/Service Features:**Individuals Served:**

- Children and youth, with identified mental health and/or addictions difficulties including social, emotional, behavioural, adjustment, psychiatric and/or other challenges that affect overall functioning and success.

Individual Planning and Goal Setting (standard term):

Each individual will have a current service plan that reflects an assessment of his/her/their needs and strengths. The service plan will identify the specific services/ supports received by the individual, the expected outcomes, timelines and responsibilities and be based on the principles of person-centred planning, self-determination and choice.

Parents/guardians are to be involved in service planning and decision-making processes regarding their children and youth where appropriate and applicable.

Services will be (standard term):

- Reflective and responsive to individual, family and community strengths and needs.
- Accountable to the individual, family, community and funder.
- Sensitive to the social, linguistic and cultural diversity of Indigenous families and Indigenous.
- Staffed by individuals with the appropriate range of skills and abilities necessary to respond effectively to the needs of adults, children and their families.
- Based on the individual's assessed needs, strengths and available individual, agency, community and contracted Ontario resources.
- Delivered in a manner that is collaborative in nature and coordinated with schools and other providers

Requirements:

- Funding will increase the number of full-time equivalent (FTE) Workers in the agency and this increase in staff complement will be reported to Ontario.
- Workers will provide culturally appropriate direct services (as described above) to children and youth.
- Funding for this initiative is to be used for direct service costs related to Worker(s). Any funds available after salaries and benefits for the full-time equivalent complement of Workers have been accounted for may be used for program costs directly related to the Worker(s) or for allocated central administration (overhead) if required.
- The Service Provider will:
 - Build capacity over time in providing culturally and linguistically sensitive services, including French Language Services, where appropriate;
 - Provide traditional cultural methods of mental health care as well as other best practice mental health methods across a continuum of care, and will collaborate and consult, when necessary, with other mental health services or service providers;
 - Ensure that services are being provided to Indigenous communities in a way that meets the evolving needs of those communities;
 - Provide service to the appropriate geographical area;
 - Provide outreach to clients in their home communities;
 - Monitor and manage wait times for services; and
 - Participate in evaluation activities associated with this funding.

Governance, Accountability and Service System Requirements (standard term):

The Service Provider will deliver the programs and services in accordance with the requirements as outlined in:

- The legal, financial and service target data portions of the service contract;
- The *Making Services Work for People* and *Agency Governance* service description schedules;
- Governance and Accountability: Transfer Payments to Community Agencies framework;
- Any service/program specific guidelines provided; and
- Keeping with best practices for the delivery of services.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Number of Individuals Served with this Investment	The number of individuals for whom a record has been created and who were recipients of the approved service(s) at some point during the fiscal year reporting period.

Indigenous Youth Life Promotion (Urban Indigenous)

Program Name: Indigenous Youth Life Promotion (Urban Indigenous)

Program Definition:

Youth Life Promotion addresses the high rates of suicide among Indigenous youth by building resiliency and promoting the mental health and well-being of Indigenous children and/or youth, through the implementation of holistic and land-based programming.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Background:

Nationally, suicide rates are five to seven times higher for First Nations youth than for non-Indigenous youth. Suicide rates among the Inuit are among the highest in the world, at eleven times the national average. In May 2016, the Ontario announced new funding to co-develop youth life promotion and suicide prevention initiatives with Indigenous partners. The aim of this funding is to address high rates of suicide among Indigenous youth, by building resiliency and promoting the mental health and well-being of Indigenous children and/or youth, through the implementation of holistic and land-based programming.

Vision:

Through the services offered by the program, Indigenous children and/or youth are supported in their emotional well-being through holistic, culturally-grounded supports that instill a sense of belonging, purpose, meaning and hope, in the context of their communities.

Service Objectives:

To:

- Build capacity of workers/helpers/communities/organizations to better support the mental well-being of Indigenous children and/or youth;
- Improve mental health and well-being of Indigenous children and/or youth by increasing traditional knowledge and enhancing cultural identity through holistic/land-based and culturally appropriate mental health services and programming;
- Improve outcomes and opportunities for Indigenous children and/or youth in Ontario by increasing access to evidence-based programming and interventions; and/or
- Provide opportunities and resources for Indigenous children and/or youth to access supports on the mental wellness spectrum
- Enable Indigenous children and youth to remain in their communities, receiving culturally appropriate services from the local providers and preventing them from escalating into crisis.

Service Description:

The Service Provider will provide mental health and well-being services to Indigenous children and/or youth. Services will focus on holistic/land-based programming and prevention supports.

Holistic/land-based programming and prevention supports may include activities such as:

- Stabilizing communities in crisis;
- Providing suicide prevention training and supports;
- Combining clinical and cultural/land-based programming and services; and/or
- Meeting local need through other Ontario approved activities, as identified by the Service Provider and detailed in the Agency Completed section of this schedule.

Service Features:

- Holistic, harmonized, culturally appropriate and strength-based approaches that are child and youth-centred;
- Preventative perspective and focused on the social determinants of health;
- Culture and identity as foundational;
- Flexible and outcomes focused;
- Responsive to youth voice; and

- Reconciliation focused (acknowledges the past, acts now, and looks to the future).

Governance, Accountability and Service System Requirements (standard term):

The Service Provider will deliver the programs and services in accordance with the requirements as outlined in:

- The legal, financial, and service target data portions of the service contract;
- Governance and Accountability: Transfer Payments to Community Agencies framework;
- Any service/program specific guidelines provided; and
- Keeping with best practices for the delivery of services.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.
- Service provider must also provide a narrative report which outlines challenges and lessons learned through TPON on an interim and final basis. A reporting template can be found in TPON as a supplementary document.

Service Data Name	Definition
Number of Indigenous Children/Youth Served	Number of Indigenous children and/or youth accessing direct holistic response/ prevention supports and/or cultural land-based programming.

Indigenous Youth Life Promotion (First Nations)

Program Name: Indigenous Youth Life Promotion (First Nations)

Program Definition:

Youth Life Promotion addresses the high rates of suicide among Indigenous youth by building resiliency and promoting the mental health and well-being of Indigenous children and/or youth, through the implementation of holistic and land-based programming, and by providing access to mental health and addictions workers and other mental health and wellness supports for students in First Nations.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Background:

Nationally, suicide rates are five to seven times higher for First Nations youth than for non-Indigenous youth. Suicide rates among the Inuit are among the highest in the world, at eleven times the national average. In May 2016, the Ontario announced new funding to co-develop youth life promotion and suicide prevention initiatives with Indigenous partners. The aim of this funding is to address high rates of suicide among Indigenous youth, by building resiliency and promoting the mental health and well-being of Indigenous children and/or youth, through the implementation of holistic and land-based programming, and by providing access to mental health and addictions workers and other mental health and wellness supports for students in First Nations schools.

Vision:

Through the services offered by the program, Indigenous children and/or youth are supported in their emotional well-being through holistic, culturally-grounded supports that instill a sense of belonging, purpose, meaning and hope, in the context of their communities.

Service Objectives:

To build capacity of workers/helpers/communities/organizations to better support the mental health and well-being of Indigenous children and/or youth;

- Improve mental health and well-being of Indigenous children and/or youth by increasing traditional knowledge and enhancing cultural identity through holistic/land-based and culturally appropriate mental health services and programming;
- Improve outcomes and opportunities for Indigenous children and/or youth in Ontario by increasing access to evidence-based programming and interventions; and/or
- Provide opportunities and resources for Indigenous children and/or youth to access supports on the mental wellness spectrum.

- Enable Indigenous children and youth to remain in their communities, receiving culturally appropriate services from the local providers and preventing them from escalating into crisis.

Service Description:

The Service Provider will provide mental health and well-being services to Indigenous children and/or youth. Services will focus on holistic/land-based programming and prevention supports, and mental health and addictions workers and supports for students in First Nations schools.

- Holistic/land-based programming and prevention supports may include activities such as:
 - Stabilizing communities in crisis;
 - Providing suicide prevention training and supports;
 - Combining clinical and cultural/land-based programming and services; and/or
 - Meeting local need through other Ontario approved activities, as identified by the Service Provider and detailed in the Agency Completed section of this schedule.
- Indigenous mental health and addictions workers and/or supports for students in First Nations schools may include such activities as:
 - Increasing cross-sectoral collaboration and coordination;
 - Providing evidence-based mental health services and supports;
 - Training Indigenous mental health and addictions workers to build and enhance worker knowledge, competencies and skill capacity;
 - Providing coordination and support for Indigenous students that move between the First Nations schools and provincially funded schools; and/or
 - Meeting local need through other Ontario approved activities, as identified by the Service Provider and detailed in the Agency Completed section of this schedule.

Service Features:

- Holistic, harmonized, culturally appropriate and strength-based approaches that are child and youth-centred;
- Preventative perspective and focused on the social determinants of health;
- Culture and identity as foundational;
- Flexible and outcomes-focused;
- Responsive to youth voice; and
- Reconciliation-focused (acknowledges the past, acts now, and looks to the future).

Governance, Accountability and Service System Requirements (standard term):

The Service Provider will deliver the programs and services in accordance with the requirements as outlined in:

- The legal, financial and service target data portions of the service contract;
- Governance and Accountability: Transfer Payments to Community Agencies framework;
- Any service/program specific guidelines provided; and
- Keeping with best practices for the delivery of services.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.
- Service provider must also provide a narrative report which outlines challenges and lessons learned through TPON on an interim and final basis. A reporting template can be found in TPON as a supplementary document.

Service Data Name	Definition
Number of Indigenous children and/or youth served	Number of Indigenous children and/or youth accessing direct holistic response/ prevention supports and/or cultural land-based programming.

Indigenous Professional Development Fund**Program Name: Indigenous Professional Development Fund****Program Definition:**

The Indigenous Professional Development Fund builds the knowledge and capacity of child and youth mental health workers serving Indigenous children and youth by enabling Service Providers to purchase and/or facilitate access to training and professional development opportunities.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017***Service Objectives:**

The Recipient must only use Professional Development Funds to purchase and/or facilitate access to training opportunities and other professional and workforce development activities for workers that provide direct mental health, addictions and/or wellness services to children, youth and families with mental health needs or workers that are directly involved in mental health and addictions service delivery.

Training opportunities and other professional development activities that are provided and/or purchased by the Recipient must focus on one or more of the following priority topics:

- Addictions
- Trauma informed care
- Counselling
- Indigenous knowledge and approaches to mental health and addictions
- Clinical training
- Other topics as requested by communities/organizations/workers that meet local need (e.g. post-pandemic care, virtual models of care etc.).

Training opportunities and other professional development activities must be:

- Holistic;
- Culturally appropriate;
- Strengths-based;
- Child- and/or youth-centred;
- Flexible to meet local need and considering the unique needs of Indigenous communities;
- Responsive to children's/youth' voices; and
- Focused on prevention, reconciliation and culture as foundational.

Training opportunities and other professional development activities for mental health and addictions workers may include:

- Offering training courses and workshops;
- Inviting experts to provide training or intensive coaching and/or purchasing training courses (e.g. Mental Health Applied Suicide Interventions Skills Training; Indigenous Mental Health Continuum Framework etc.);
- Course development, design and field testing;
- Hosting/attending worker gatherings and/or professional conferences;
- Revising/enhancing existing Indigenous-focused training materials (e.g. facilitator's manuals, slide decks, handouts, course curricula), resources, exercises, evaluation tools etc. based on previous feedback from training recipients and training providers; and/or
- Supporting workers to obtain, maintain or upgrade relevant professional certifications.

The Recipient may also use the Funds allocated to the Professional Development Fund component of the Program to cover the cost of:

- Travel costs for mental health and addictions workers and/or facilitators to attend training courses; and
- Curriculum and resource printing.

Service Objectives:

The Recipient shall carry out the Professional Development component of the Program in furtherance of the following objectives:

- Delivering trauma-informed, strengths-based training opportunities to Indigenous mental health and addictions workers to help address mental health, addictions and wellness concerns in Indigenous communities; and
- Building capacity of Indigenous workers/communities/Friendship Centres to better support the mental health and well-being of children, youth and families.

Ministry Expectations:

The Recipient shall, in partnership with their communities and based on the Recipients' internal assessment of community needs and available resources (within the parameters of the Agreement), plan training opportunities for mental health and addictions workers. The Recipient will submit to the Ministry for approval, a proposal for any training activities only if they fall outside of the priority topic areas identified within the Agreement.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.
- Service provider must also provide a final supplementary data report through TPON. A reporting template can be found in TPON as a supplementary document.

Service Data Name	Definition
Number of Individuals Trained	The number of individuals who attended at least one training opportunity funded in whole or in part using the Indigenous Professional Development Fund within the fiscal year. A training opportunity may consist of one or more sessions, tied together by a common training objective. An individual who has received more than one training opportunity within the reporting year is only counted once, in the quarter in which their first training opportunity was delivered.

Specialized and Targeted Mental Health

Child and Youth Secure Treatment Program

Program Name: Child Treatment - Operating-Secure

Program Definition:

Secure Treatment is at the highest level of care in the CYMH system of care. This provincial mental health treatment program is the most restrictive and highest service intensity level of Ontario's child and youth mental health and addictions system. Secure Treatment aims to improve safety and reduce risk of harm, support stabilization, improve mental health, and support transition and discharge planning to the most appropriate level of care. The program improves children and young people's safety and reduces their risk of harm, enables their stabilization, and supports improvements in their mental health, wellness, and functioning.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Secure Treatment Programs are provided by agencies established or approved by the Minister of Health under the *Child Youth and Family Services Act, 2017 (CYFSA)*. The CYFSA has several pieces in place to ensure the rights of the child or young person are balanced with the restrictions imposed on their liberty.

Service Objectives:

- To provide comprehensive and intensive treatment for children and youth with a mental disorder in a highly structured, secure facility that places continuous restrictions on the liberties of the child or youth when alternative treatment programs cannot appropriately, adequately, and safely treat their mental health and behavioural concerns.

Service Description:

People Served:

- Children and youth with a mental disorder, who as a result of their mental disorder require secure treatment to prevent themselves from causing serious bodily harm to themselves or another person when no less restrictive method of providing treatment for the child's or youth's mental disorder is appropriate.

- Children and youth between the ages of 12 and 17 years at the time of admission. Youth under age 12 years may be admitted with approval of the Minister.

Program / Service Features:

(The program / services contracted by Ontario will reflect the following features.)

- Secure, facility-based treatment designed to treat a mental or psychiatric disorder.
- Treatment provided by, or under the supervision of, a psychiatrist who retains direct clinical responsibility for the case.
- The program will provide a therapeutic milieu and programs related to personal development and skill acquisition.
- 24 hours per day support and supervision.

Admission Procedures

- Admission procedures and criteria are in accordance with *Child, Youth and Family Services Act* provisions for secure treatment programs.
- Although the legislation addresses some aspects of admission, it pertains primarily to the legal processes of admitting and committing a child or young person to Secure Treatment. The legislation articulates two ways of admitting and committing a child or young person to Secure Treatment: through a **court-order** under section 164 and through **emergency** admission under section 171.
- Each of these pathways are pursuant of the criteria under the CYFSA.
- Commitment into the Secure Treatment Program: the CYFSA stipulates that a child younger than 16 will need parental consent (or, a society that has custody of the child under an order made under Part V (Child Protection)); and where the child is 16 years or older the child will need to consent to the application.

Individual Planning and Goal Setting

Each child and youth will have a current plan of care that reflects an assessment of his/her needs and preferences. The plan of care will identify the specific services/supports received by the child/youth, the expected outcomes and be based on the principles of person-centred planning, self-determination and choice.

Services will be:

- Reflective and responsive to child/youth, family and community strengths and needs.
- Accountable to the child/youth, family and community.

- Sensitive to the social, linguistic and cultural diversity of families and Indigenous communities.
- Enhance safety and security and balance the need to protect the safety of the public while also promoting positive outcomes for children/youth. Services should be designed such that they consider the needs of the child/youth and restrict their liberty as little as possible and instead promote progress toward safe discharge.
- Services should be evidence-informed, and data driven, based on the best available evidence.
- Staffed by individuals with the appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and families.
- The support is based on the child's and youth's assessed needs, preferences and available individual, agency, community and contracted Ministry resources.

Governance, Accountability and Service System Requirements:

The agency will deliver the programs and services in accordance with the requirements as outlined in:

- the legal, financial and service target data portions of the service contract; Governance and Accountability: Transfer Payments to Community Agencies framework;
- all applicable provisions of the *Child, Youth and Family Services Act*;
- any additional service/program specific guidelines provided; and
- in keeping with evidence based and emerging practice for the delivery of services.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Count of individuals with Emergency (Section 171) followed by Court-Ordered (Section 164) admission	The total number of individuals for whom a record has been created and who were recipients of the approved service(s) on an Emergency Admission (Section 171 of the CYFSA) at some point during the fiscal year, who were then subject to a Court Ordered Admission (Section 164 of CYFSA), without being discharged from the Secure Treatment Program.

Service Data Name	Definition
The total number of licenced beds at the beginning of the reporting period in the Program	The total number of licenced beds at the beginning of the reporting period in the Secure Treatment Program.
The total number of licenced beds available at the beginning of the reporting period in the Program	The total number of licenced beds vacant/not occupied at the beginning of the reporting period in the Secure Treatment Program.
The total number of licenced beds at the end of the reporting period in the Program	The total number of licenced beds at the end of the reporting period in the Secure Treatment Program.
The total number of licenced beds available at the end of the reporting period in the Program	The total number of licenced beds vacant/not occupied at the end of the reporting period in the Secure Treatment Program.
Number of Unique Individuals Served for an Emergency Admission	The number of individuals for whom a record has been created and who were recipients of an approved Emergency Admission at some point during the fiscal year. Emergency Admission: Section 171 of CYFSA.
Number of Unique Individuals Served for a Court-Ordered Admission	The number of individuals for whom a record has been created and who were recipients of an approved Court-Ordered Admission at some point during the fiscal year. Court-Order Admission: Section 164 of CYFSA.
Number of Days of Live-in Treatment Care on an Emergency Admission	The number of 24-hour periods for which people were provided live-in treatment care during the fiscal year. The day on which a person arrives is included as one day of service. The day a person leaves is excluded.

Service Data Name	Definition
Number of Days of Live-in Treatment Care on a Court-Ordered Admission	The number of 24-hour periods for which people were provided live-in treatment care during the fiscal year. The day on which a person arrives is included as one day of service. The day a person leaves is excluded.
Number of Emergency Admissions of Children younger than 12 years of age	The number of approved recipients of Children younger than 12 years of age admitted on an Emergency Order in the reporting period.
Number of Court-Ordered Admissions of Children younger than 12 years of age	The number of approved recipients of Children younger than 12 years of age admitted on a Court-Order in the reporting period.
The number of Emergency Admissions of Children /Youth between the ages of 12 and 15 (inclusive)	The number of approved recipients of Children/Youth between the ages of 12 and 15 (inclusive) years admitted on an Emergency Order in the reporting period.
The number of Court-Ordered Admissions of Children /Youth between the ages of 12 and 15 (inclusive)	The number of approved recipients of Children/Youth between the ages of 12 and 15 (inclusive) years admitted on a Court-Order in the reporting period.
The number of Emergency Admissions of youth older than 15	The number of approved recipients of Youth older than 15 years admitted on an Emergency Order in the reporting period.
The number of Court-Ordered Admissions of youth older than 15	The number of approved recipients of Youth older than 15 years admitted on a Court Order in the reporting period.

Service Data Name	Definition
Number of Emergency Admissions of Children/Youth by Gender Identity – Male	Of the total number of unique clients on an Emergency Admission, the number of children/youth having identified their gender identity as male in the reporting period. Gender Identity: Each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their assigned sex at birth. Gender identity has nothing to do with a person's sexual orientation. Children/youth would be counted only once in this data element.
Number of Court-Ordered Admissions of Children/Youth by Gender Identity – Male	Of the total number of unique clients on a Court-Ordered Admission, the number of children/youth having identified their gender identity as male in the reporting period. Gender Identity: Each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their assigned sex at birth. Gender identity has nothing to do with a person's sexual orientation. Children/youth would be counted only once in this data element.

Service Data Name	Definition
Number of Emergency Admissions of Children/Youth by Gender Identity - Female	Of the total number of unique clients on an Emergency Admission, the number of children/youth having identified their gender identity as female in the reporting period. Gender identity: Each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their assigned sex at birth. Gender identity has nothing to do with a person's sexual orientation. Children/youth would be counted only once in this data element.
Number of Court- Ordered Admissions of Children/Youth by Gender Identity – Female	Of the total number of unique clients on a Court-Ordered Admission, the number of children/youth having identified their gender identity as female. In the reporting period. Gender identity: Each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their assigned sex at birth. Gender identity has nothing to do with a person's sexual orientation Children/youth would be counted only once in this data element.

Service Data Name	Definition
Number of Emergency Admissions of Children/Youth by Gender Identity - X	Of the total number of unique clients on an Emergency Admission, the number of children/youth having a third gender identity (i.e., Trans/Transgender, Non-Binary, Two-Spirited, or another self-identified gender - as well as anyone who chooses not to display their gender identity) in the reporting period. Gender identity: Each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their assigned sex at birth. Gender identity has nothing to do with a person's sexual orientation Children/youth would be counted only once in this data element.
Number of Court-Ordered Admissions of Children/Youth by Gender Identity - X	Of the total number of unique clients on a Court-Ordered Admission, the number of children/youth having a third gender identity (i.e., Trans/Transgender, Non-Binary, Two-Spirited, or another self-identified gender - as well as anyone who chooses not to display their gender identity) in the reporting period. Gender identity: Each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their assigned sex at birth. Gender identity has nothing to do with a person's sexual orientation. Children/youth would be counted only once in this data element.

Service Data Name	Definition
Number of Discharges of those on an Emergency Admission from the Secure Treatment Program	The total number of discharges of those admitted into the Secure Treatment Program on an Emergency admission during the reporting period. Reasons for discharge include: an end of an Emergency admission from a Secure Treatment Program.
Number of Discharges of those on a Court-Ordered Admission from the Secure Treatment Program	The total number of discharges of those admitted into the Secure Treatment Program on a Court-Ordered admission during the reporting period. Reasons for discharge include: an end of a Court-Order admission from a Secure Treatment Program.
Number of spaces occupied by Emergency ordered admissions in the Secure Treatment Program	The total number of beds occupied by Emergency ordered admissions at the end of the reporting period in the Secure Treatment program.
Number of spaces occupied by Court-Ordered admissions in the Secure Treatment Program	The total number of beds occupied by Court-Ordered admissions at the end of the reporting period in the Secure Treatment program.
Number of Days Children/Youth waited for service (Emergency Admission)	The number of days between the initial contact date and the start date for service provided to the child/youth in the reporting period. Both dates are required. The initial contact date is the date the child/youth and/or family member contacted the agency for service/treatment. The start date is defined as the date of first contact between the worker/therapist delivering the service and the child/youth and/or family member to focus on the goals identified for treatment. Days are counted over the quarters and fiscal year-end.

Service Data Name	Definition
Number of Days Children/Youth waited for service (Court Ordered Admission)	The number of days between the initial contact date and the start date for service provided to the child/youth in the reporting period. Both dates are required. The initial contact date is the date the child/youth and/or family member contacted the agency for service/treatment. The start date is defined as the date of first contact between the worker/therapist delivering the service and the child/youth and/or family member to focus on the goals identified for treatment. Days are counted over the quarters and fiscal year-end.
Number of Elapsed Days (Service Duration) of Service Received by Children/Youth (Emergency Admission)	The number of days elapsed (24-hour periods) between start and end dates for the Secure Treatment program provided to children/youth in the reporting period. Both dates are required. Start date is defined as the date of first contact between the worker/therapist delivering a particular service and the child/youth to focus on the goals identified for treatment. End date is defined as the date of last contact between the worker/therapist delivering a particular service and the child/youth, and/or the date when the particular service is determined to have ended based on client preference (i.e., opting out), goal attainment, change in eligibility.

Service Data Name	Definition
Number of Elapsed Days (Service Duration) of Service Received by Children/Youth (Court Ordered Admission)	The number of days elapsed (24-hour periods) between start and end dates for the Secure Treatment program provided to children/youth in the reporting period. Both dates are required. Start date is defined as the date of first contact between the worker/therapist delivering a particular service and the child/youth to focus on the goals identified for treatment. End date is defined as the date of last contact between the worker/therapist delivering a particular service and the child/youth, and/or the date when the particular service is determined to have ended based on client preference (i.e., opting out), goal attainment, change in eligibility.

Child and Youth Forensic Mental Health Services

Program Name: Child and Youth Forensic Mental Health Services

Program Definition:

- Child and youth forensic mental health services are provided through Child and Youth Secure Treatment Programs that are designated by the Minister of Health as a hospital under Part XX.1 / Mental Disorder of the Criminal Code (Canada)
- Designated hospitals provide custody, treatment or assessment of an accused in respect of whom an assessment order, a disposition or a placement decision is made.

Legislation:

- ***Child, Youth and Family Services Act (CYFSA), 2017***
- **Criminal Code of Canada (RSC 1985, c. C-46)**

Service Description

- Given that youth forensic mental health services are offered through Child and Youth Secure Treatment Programs, the service objectives and many of the program features for Child and Youth Secure Treatment Programs apply to

forensic mental health services (see the Child and Youth Secure Treatment Service Description Schedule for more details).

Service Objectives:

- Improved client outcomes, leading to:
 - increased community, staff and client safety;
 - reduced risk for recidivism;
 - reduced time patients are detained in a forensic program; and
 - successful reintegration into community.
- Improved forensic mental health system collaboration, achieved by working together alongside other forensic programs in the province, as well as the criminal courts and the Ontario Review Board (ORB).

People Served:

- Children and youth who are detained in a Secure Treatment Program under the jurisdiction of Part XX.1 of the Criminal Code of Canada, meaning they have been accused of committing an offence pursuant to the Youth Criminal Justice Act, and are being assessed for, or have been determined by the courts to be not criminally responsible for their actions or deemed unfit to stand trial due to the nature of their mental illness.
- Children and youth who are subject to a disposition by the ORB which provides for detention in the custody of a Secure Treatment Program.

Program / Service Features:

- Relevant and Appropriate: Services provided and/or privileges accorded to a child/youth will be in line with their ORB disposition order and/or court assessment order.
- Enhance safety and security: Services will balance the need to protect the safety of the public while also promoting positive outcomes for children/youth. Services should be designed such that they consider the needs of the child/youth and restrict their liberty as little as possible (within the authority of the court order or ORB disposition order) and instead promote progress toward safe discharge.
- Holistic: Policies and procedures should consider the efficiency and effectiveness of forensic mental health services as a whole. This may include streamlining operational policies and/or implementing additional supports that will improve therapeutic outcomes overall.

- Evidence-informed: Initiatives should be data driven and based on the best available evidence.
- Culturally appropriate: Sensitive to the social, linguistic and cultural diversity of children, youth, and families.
- Cost effective: Initiatives should be cost-effective for the Province.
- Increase accountability: To the individual, family, community and funder, as well as the youth criminal courts and the Ontario Review Board.
- Resourced appropriately: Staffed by individuals with the appropriate range of skills and abilities necessary to respond effectively to the needs of the children, youth and their families accessing services.

Governance, Accountability and Service System Requirements:

- The Service Provider will deliver the programs and services in accordance with the requirements as outlined in:
 - The legal, financial and service target data portions of the service contract;
 - Governance and Accountability: Transfer Payments to Community Agencies framework;
 - All applicable provisions of the *Child, Youth and Family Services Act*;
 - All applicable provisions under the *Criminal Code of Canada (Part XX.1)* or relevant ORB Disposition Order(s).
 - Any additional service/program specific guidelines provided; and
 - In keeping with evidence based and emerging practice for the delivery of services.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule at the Final stage.

Service Data Name	Definition
Number of ORB-NCR admissions	Number of young people admitted to the inpatient program as a result of a Court Order or ORB Disposition Order after a finding of Not Criminally Responsible.

Service Data Name	Definition
Number of ORB-NCR discharges	Number of young people discharged from the inpatient program after a finding of Not Criminally Responsible. Could include an Absolute Discharge, Conditional Discharge, or Detention order with Community Living, or a new Disposition Order for a new location.
Number of ORB-Unfit Admissions	Number of young people admitted to the inpatient program as the result of a Court Order or ORB Disposition Order after a finding of Unfit.
Number of ORB-Unfit Discharges	Number of young people discharged from the inpatient program after a finding of Unfit. Could include an Absolute Discharge, Conditional Discharge or Detention order with Community Living, a stay of charges or a new Disposition Order for a new location.
Number of Outpatient Fitness Assessments	Number of fitness to stand trial assessments that are court-ordered under Criminal Code s. 672.11, completed for youth during the fiscal year on an <i>outpatient</i> basis, including fitness assessments conducted by video/OTN, in court, at a detention centre, a brief assessment unit, in hospital, or other.
Number of Inpatient Fitness Assessments	Number of fitness to stand trial assessments that are court-ordered under Criminal Code s. 672.11, completed for youth during the fiscal year on an <i>inpatient</i> basis.
Number of NCR (criminal responsibility) assessments	Number of assessments of criminal responsibility ordered under Criminal Code s.672.11 completed for youth during the fiscal year on an inpatient <i>and</i> outpatient basis.

Service Data Name	Definition
Number of Treatment Orders	Number of court orders for treatment of youth, completed during the fiscal year under Criminal Code s.672.58.
Number of Keep-Fit Orders	Number of court orders to keep youth fit to stand trial while detained in hospital, completed in the fiscal year (under Part XX.1 of the Criminal Code).
Number of Elapsed Days (Service Duration) of Service Received by Inpatients under the Ontario Review Board	The number of days elapsed between start and end dates for Inpatient service (those under the ORB) in the reporting period. Both dates are required. Start date is defined as the date of first contact between the worker/therapist delivering a particular service and the child/youth to focus on the goals identified for treatment. End date is defined as the date of last contact between the worker/therapist delivering a particular service and the child/youth, and/or the date when the particular service is determined to have ended/ receive an absolute discharge.
Number of Ontario Review Board Hearings	Number of total Ontario Review Board (ORB) Hearings held for youth during the fiscal year, including initial and annual hearings.
Number of Restriction of Liberty Hearings	Number of total Restriction of Liberty hearings held for youth during the fiscal year, in cases where the youth's liberty has been significantly restricted for more than 7 days.
Number of Community Passes	Number of community passes provided to youth under the jurisdiction of the Ontario Review Board (ORB) by the transitional support worker during the fiscal year, including supervised and unsupervised passes to the community.

Service Data Name	Definition
Number of patients over the age of 18.	Number of patients who turn 18 years old, or are 18 years of age or older who are still receiving inpatient services and are under the Ontario Review Board during the reporting period.

Children's Community Support - Other

Program Name: Children's Community Support - Other

Program Definition:

The costs of support and prevention services targeted towards children in the general community as approved in service plans and program agreements.

Legislation: *Child, Youth and Family Services Act (CYFSA), 2017*

Service Objectives:

- To provide community-based supports, initiatives and prevention services for children and youth in the general community.

Service Description:

People served:

- Supports, initiatives and prevention activities relate to children and youth, under 18 years of age, who are at risk of developing social, emotional, behavioral or psychiatric needs that require intervention.

Program / Service Features:

(The program / services / initiatives contracted by Ontario will reflect the following features.)

- The services are directed at children, youth and their families, in the general community and have a focus of support and / or prevention. is changed to:

- The program/ services/ initiatives are directed at children, youth and their families, in the general community and have a focus of support and / or prevention.

Community Planning and Goal Setting:

Each community will have a current plan of prevention services that reflects an assessment of the community's needs and preferences. The community plan will identify the specific services/supports/initiatives received by the community, and the expected outcomes.

Services will be:

- Reflective and responsive to child/youth, family and community strengths and needs.
- Accountable to the child/youth, family and community.
- Sensitive to the social, linguistic and cultural diversity of families and Indigenous communities.
- Staffed by individuals with the appropriate range of skills and abilities necessary to respond effectively to the needs of children, youth and families.
- The support is based on the child's and youth's assessed needs, preferences and available individual, agency, community and contracted Ministry resources.

Governance, Accountability and Service System Requirements:

The agency will deliver the programs and services in accordance with the requirements as outlined in:

- the legal, financial and service target data portions of the service contract;
- the Making Services Work for People and Agency Governance service description schedules;
- 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.

Reporting Requirements

- Through Transfer Payment Ontario (TPON), the service provider must report required service data that are relevant to the service described in this Service Description Schedule on an Interim and Final stage.

Service Data Name	Definition
Number of Hours of Direct Service	The total number of hours of "direct" service provided by staff to individuals during the fiscal year. "Direct" Hours: The hours spent interacting, whether in a group or individually; face to face or on the phone. It does not include work done "on behalf of" clients, such as telephone calls, advocacy, etc., the administrative support to the service is not to be included. For group service, one hour of service equals one hour of service for the entire group. For example: 1 hour of group service with 5 participants equals one Hour of Direct Service. (Note: each individual in the group is recorded under 'no. of individuals served' where there is a record).
Number of Children Served	The number of children that received services at some point during the fiscal year. This is a cumulative number and a child is reported in the initial quarter in which he/she received services and counted once during the fiscal year.
Number of Families Served	The number of families that received services at some point during the fiscal year. This is a cumulative number and a family is reported in the initial quarter in which they received services and counted only once during the fiscal year.
Number of Participants in Workshop/Seminars	The total number of adults participating in workshops/ seminars provided through this service to assist them in their parenting/caregiver role or in their professional capacity. Participants are counted each time they attend a program within the fiscal year. If a program (a workshop or seminar) lasts more than one day, a person is counted once, whether or not the person attended the full workshop or seminar.

Small Water Works

Program Name: Small Water Works

Program Definition:

Operating expenditures related to small water works regulation that came into effect on December 19, 2001. (Chemical and Biological testing, engineer's reports).

Legislation: *Safe Drinking Water Act, 2002, S.O. 2002, c. 32*

Service Objectives:

The objective of the small water works funding are to support the small water works operating costs of agencies that provide children's services.

People Served:

Agencies providing children's services, and which operate small water works.

Specific Service Provided:

Funds are provided to agencies providing children's services where the agency is incurring operating costs related to its operation of a small water works as defined by the *Safe Drinking Water Act, 2002, S.O. 2002, c. 32*

Program Goals:

Funding is provided to agencies providing children's services to ensure a supply of safe drinking water.

Ministry Expectations:

Agencies providing children's services will use this funding to meet the costs associated with operating a small water works.

Method of Evaluation:

Accountability involves providing information to demonstrate that responsibilities have been carried out properly and have achieved the desired results. Management and service will be measured against objectives outlined above and targets agreed upon through the service contract. Tools and processes will include but not be limited to:

- All required statistical and financial data submitted when requested on forms specified.

Pay Equity Funding

Program Name: Pay Equity Funding

Program Definition:

Proxy pay equity funding to assist Per Diem Operators to meet their pay equity obligations under the Pay Equity Act.

Legislation: *Pay Equity Act*

Service Objectives:

To ensure that proxy pay equity Transfer Payment Recipients (TPRs) continue to meet their pay equity obligations under the *Pay Equity Act*, until such time as they have achieved pay equity.

Service Description:

The *Pay Equity Act* requires employers to make annual adjustments of a minimum of 1% of the previous year's payroll toward proxy pay equity targets until pay equity has been achieved.

The government reached a mediated Memorandum of Settlement (MOS) with five unions in the spring of 2003 regarding the funding for proxy pay equity. The Memorandum of Settlement covered the period between January 1, 1999, and December 31, 2005. Although the MOS has ended, existing pay equity base funding under the MOS will continue to be made available to TPRs.

Also, the TPRs are required to continue to meet their pay equity obligations on an ongoing basis after the MOS concluded. Proxy adjustments will be included in the salary and wages portion of the TPR's fiscal/operating plan, where applicable.

People Served:

The TPRs under the terms of this Service Contract will provide all eligible employees a proxy pay equity payment in compliance with the *Pay Equity Act*, as required by the TPRs' proxy pay equity plan.

Method of Evaluation:

Any base funding provided under the MOS that is not required to meet proxy pay equity obligations will be recovered by the Treasurer of Ontario through the Transfer Payment Annual Reconciliation (TPAR) process.