**Date: February 12, 2013**

**Name of network or initiative reporting: Children’s Treatment Network of Simcoe York**

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**Other members of your initiative: CTN Board, Management Team, 50+ Partners in Health, Education, Community Services**

**Purpose of your network or initiative: Vision: Building Brighter Futures Together**

**Mission: Through the collective efforts of community partners, we respond to the evolving needs of children and youth with multiple special needs in Simcoe York by:**

* **Providing and enhancing services**
* **Championing system change**
* **Building capacity**

**How long in existence: Incorporated June 2005; operational in 2008-9**

**Major accomplishments in the past year:**

* **Brought the ACCESS team in –house and consolidated with ABA intake process**
* **Focused on increasing productivity - providing better data, explored group and other clinical strategies to reduce waiting, improved integrated, smart-goal setting, ongoing enhancements of the shared electronic record**
* **Re-affirmed scope and mandate with partners**
* **Organizational & Governance Reviews**
* **Established a Family Engagement policy and Council; Created a Family Forum on Facebook**
* **Partnering with Best Start on the Community Leadership Integration Project – Transition to school using the shared record, and development of a Learning management system (LMS)**

**How do you see your project relating to the Coalition’s strategic goals attached:**

* CTN provides tools and processes for integrating services between agencies such as the shared electronic record, single plan of care, single point of access , service navigation and a comprehensive, multi-domain child and family assessment; CTN’s shared record currently supports coordinated care for over 4,700 children with multiple special needs in Simcoe and York
* Although its predominant focus is to provide access to services and supports, CTN maintains a Family Fund to assist families in need. Basic needs are also taken into account in a single plan of care process; the child and family team would identify goals and strategies to deal with any priority needs, including basic needs
* CTN partners with La Clé to provide Francophone service navigation, coordination and team leadership; CTN is a participant on ACBC, and the SSL work to adapt the single plan of care process to meet the needs of the FNMI communities; CTN also works in York Region with a large number of diverse cultures, providing interpretation or translation as needed
* CTN purchases child and family counselling services from mental health providers in Simcoe and York to assist with mental health needs. These providers have a role in building capacity at the local team level. CTN is also implementing the CANS ASD module, which provides information in the MH domain for better referral, assessment and goal-setting processes
* One-third of the CTN Board consists of families, and a new Family Engagement Council provides an additional vehicle for engaging families in the rest of the network planning and operations. This past year, a Family Forum was developed on Facebook for family engagement. Although youth engagement has been identified as a need, and is beginning in a minimal way at some of CTN’s local team sites, family engagement is the current priority.
* Following the research study 2008-10, CTN employed many of the same tools to undertake evaluations of the single plan of care process. CTN also does regular family satisfaction surveys, and partnership surveys. The implementation of the CANS is anticipated to provide outcome measuring. CTN participates in the Ontario Association of Children’s Rehabilitation Services’ (OACRS) Best Practices Committee; CTN participated in the Canadian Association of Paediatric Health Centres’ National Dataset Pilot, and will continue with the follow up which focuses on outcome measurement.
* CTN is in its second year of a Quality Improvement Plan, and reports on 30 performance indicators to the Board and partners 3 times a year. The evaluation and quality improvement plans continue to grow each year as new tools are tested and implemented
* CTN participates on two LHIN NSM coordinating councils, and is a partner in the RVH-OSMH-CCAC Medically Fragile Program, now called CCCNP. Five Simcoe health organizations participate on CTN’s Clinical and/or Systems Operations Groups that meet monthly.

**Please comment on the sustainability of your project or how it will wind down:**

CTN continues to work on its long term sustainability as a network; however, its MCYS funding is stable. CTN is able to manage an anticipated deficit through careful management and some minor reductions for the coming year. Greater service reductions are anticipated for 2014-15 if no funding increases are forthcoming.

**How are you evaluating your success?**

See above: Caregiver and partner surveys; Single Plan of Care evaluations; Working on improvement the reporting of goal achievement;

Report three times yearly on 30 performance indicators

**How can the Coalition help your group succeed?**

Build on CTN tools and processes when deeper collaboration is required for multi-need kids across the Coalition, for service integration alignment.

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| **Coalition-Wide Goal** | **Does this presentation/initiative meet this goal?(please circle one)** | **Comments** |
| **Create one community plan for all children, youth and family services.** | | |
| 1. Streamline and integrate services between agencies | **Yes**  No  N/A | * Shared electronic client record * Single Plan of Care |
| 1. Improve services to more effectively meet basic needs (e.g. adequate income, food, shelter) | **Yes**  No  N/A | * Family fund * SPOC coordination |
| 1. Increase sensitivity and equality of service access for culturally diverse communities (has this been addressed?) | **Yes**  No  N/A | * Francophone – La Cle * Member of ACBC * Participation in York inclusivity work |
| 1. Increase capacity to serve children and youth with mental health needs | **Yes**  No  N/A | * Position hosted at New Path * Use of CANS module with MH domain |
| 1. Ensure the participation of youth and families in the planning process—to make it more applicable (e.g. Triple P we could add “youth or parents” in the planning process) | Yes - Families  No - Youth  N/A | * Family Engagement Council * Family Forum on Facebook * One-third of Board is families * Single Plan of Care - families as equal partners * Significant family input into Strategic Plan |
| 1. Encourage use of best practices, evidence-based approaches, and improved program evaluation | Yes  No  N/A | * Caregiver surveys * Partnership survey * Single Plan of Care evaluation * Implementation of CANS * Participation in national data set pilot * Participation in OACRS Best Practices |
| 1. Connect to the health care and other relevant planning processes in the County | Yes  No  N/A | * Participant on LHIN coordinating committees * Medically Fragile Pilot - CCCF with RVH, OSMH, CCAC |
| 1. Is there an evaluation plan? | Yes  No  N/A | * Quality Improvement Plan * Performance Indicators * SPOC evaluation – based on logic model |
| 1. Has group demonstrated sustainability?  * Is there a launch plan (if applicable)? * Is this a short term program? * If an ongoing, can program sustain itself ? * Are resources clearly outlined and available? | Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A | N/A |