



# COORDINATED SERVICE PLANNING WATERLOO REGION

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## ANNUAL REPORT COORDINATED SERVICE PLANNING

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Host Agency Name: Sunbeam Developmental Resource Centre

Service Delivery Area: Waterloo Region

Fiscal Year: 2021-2022

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*"I have been fortunate enough to work closely with Coordinated Service Planning a few times and have seen firsthand the significant impact it can have for the families we serve. Recently we have been working together to support one family who has three children all with identified special needs. This parent felt incredibly overwhelmed by all of the different service providers, agencies, funding options and appointments. This family's first language was not English making it significantly more challenging for them to try and navigate this system on their own. Thanks to the support and leadership of Coordinated Service Planning, we were able to work together efficiently and collaboratively to better support this family. We were able to ensure the three children were all connected with the appropriate services and funding as well as assist the family to better understand the different services, agency contacts and appointments. The coordinator was able to provide a more intensive support that helped to ensure no part of this family's services fell through the cracks". -Community Partner*

*"The Coordinated Service Planning Program means to us that there is someone willing to help with time consuming and complicated matters because they care about our family. They help explain programs and help us to get signed up or to decide which we want to take part in." – Parent/Caregiver*

*"Our team and CSP work together to support families living with very complex needs. Collaborating with CSP is a partnership that feels natural, respectful and always places the wants, needs and best interests of the individuals we work with at the center."- Community Partner*

*"People like you from your program have made things so much easier for me and my family. And have been big part of making Canada beautiful." -Parent/Caregiver (interpreted from Arabic)*

*"Our FASD Coordinator and her team have been so valuable to us as parents of a child with FASD. They have helped us navigate the assessment and diagnosis process, have coordinated team meetings between those who assessed our child and supported us as parents along the way. Our Coordinator has provided us with opportunities to learn more about FASD and resources that are available to us in the community. She has helped us navigate school issues and provided not only advice but a listening ear. We are very grateful to the team for their support as we would feel lost and alone without it!" – Parent/Caregiver*

*The FASD Coordinators are invaluable resources to families affected by FASD and the community of service providers that support them. They continue to teach families and service providers alike about the importance of adopting a FASD-informed approach in order to better support individuals that are affected by this life-long disability. They also collectively plan, implement, and advocate for improved FASD support/research that will add to the current body of FASD knowledge and ultimately improve the work of other service providers and professionals at a provincial and national level. -Community Partner*

### **Coordinated Service Planning at Sunbeam Developmental Resource Centre**

There are five full time Service Planning Coordinators, all housed with Sunbeam Developmental Services Resource Centre (SDRC). The Manager of this program also supervises the Service Resolution/Solutions Function for Waterloo Region. This continues to allow for a seamless flow from CSP to Service Resolution. We continue to support approximately 90% of the children and youth receiving Service Resolution Support, which is an increase from 60% reported in the last fiscal year. SPC's caseloads are between 20 and 30 individuals.

Referrals come directly to the Manager of the CSP Program. Typically, a response rate of 48 hours to a referral is met with a SPC being assigned and contact made with the family within a week or so. When a referral is received that is deemed not appropriate for SPC, the role of the Manager is assist the referral source with making a warm referral to someone that is able to help/more appropriate to provide service.

## **The FASD Coordination at Sunbeam Developmental Resource Centre**

The FASD Coordination program delivers child, youth and family-centered service to children and youth ages 0-18 or 21 if enrolled in school, living with FASD and/or suspected FASD and their families by leading the development of a strengths-based support plan for children and youth with FASD or suspected FASD.

The two FASD Coordinator's are housed with the CSP team, and the Manager of this program also supervises the Service Resolution/Solutions Function for Waterloo Region. The FASD Coordinators will work with the family, service providers and educators to build capacity for supporting the child/youth and identify strategies to meet the specific needs of the child/youth and family based on the best available evidence of FASD supports.

Below is a summary of the work the FASD Coordinators have done this past fiscal year:

- FASD Coordinator is participating in exploration of agency knowledge and understanding of Indigenous land and culture (Employee Connections Committee subgroup).
- Attended "Making Connections for Inclusivity on Indigenous Lands" training.
- FASD Workers attended "Women of the Shining Light- Indigenous Mothers, Substance Misuse, Child Welfare, the Sacred Teaching" training.
- Anishinaabe G7 FASD conference presentation. Both workers attended and one worker presented "FASD Doesn't End at 18- Results of a Scoping Review."
- SOAHAC Indigenous Women Health Promotion Community Engagement Session.
- Partnership with Six Nations for mutual training and information sharing. Partnership to provide training to schools/ community health leaders, etc.
- Presented to numerous agencies who provide summer camp/inclusion services.
- Referrals to FASD Coordinator are down from the same time last year. Working with partners to remind them of the option of Service Coordination. Training seems to still be in demand from caregivers and service providers.
- Caregiver Training continues to be delivered virtually. The name was changed from Caregiver Training to FASD Fundamentals for Caregivers and adjusted the time it is offered to be more accessible. The SuperFlex Social Thinking curriculum was introduced and delivered virtually.
- FASD Coordinator assisted in creation of Provincial Caregiver Training through CSP Network.
- Development of a multi-sectoral, multi-agency centralized intake; FASD Coordinators and Sunbeam SDRC will take the lead in development. The new centralized intake function will also allow multi-sectoral agencies to case share between agencies. Preliminary discussions to utilize EMHware to information share and make referrals between organizations. Centralized intake form will be shared to minimize retelling their story, and this will also decrease barriers to service. Discussions are happening with multiple agencies to create this centralized system that will employ a single point of access for all regional FASD services. A meeting in April 2021 resulted in endorsement from leadership from partner agencies. Development of process and discussion of a Memorandum of Understanding will be the next step. This centralized intake for all FASD supports have been endorsed by the Action Group, which has caregiver membership.
- The FASD Coordinator will facilitate the centralized intake for the diagnostic clinic. They will also provide follow up support as needed.
- SDRC will provide 12 SLP assessments in-kind to the local clinic to help in building capacity for assessment.
- New clinic funding and discussion about pathways/single point of access for all services ongoing.
- FASD Coordinator is member of FASD ONE who is creating training for all new MOH FASD clinics.
- FASD Worker will be taking the CAN FASD Multidisciplinary Team Training for FASD Assessment.
- Partnership with Wilfrid Laurier and other local agencies where a proposal to Sick Kids has been put forth to evaluate FASD Diagnostic Clinics.

- FASD Community of Practice in Waterloo Region is going through a revisioning process to allow for more online and virtual options for information sharing.
- FASD Worker has arranged a meeting with leaders from adult and children’s mental health and developmental services to address the need for a coordinated approach to transition to adulthood. This includes DSO, F&CS, Lutherwood, KW Habilitation, Carizon, Thresholds, CMHAWW and WRFN. This will be a call to action to improve service delivery and better use of resources.
- 1768 people have been trained during 210 training hours since data collection began on October 28, 2018.
- FASD Coordinator will be sitting on the CSP Advisory Group to help the province develop FASD Caregiver Training.
- FASD Coordinator advises Health Nexus on the new FASD Training for Service Providers.
- FASD Coordinator chairing provincial FASD Worker COP.
- FASD Coordinator chairing REACH for It! Advisory Group.
- FASD Coordinator sits on the Waterloo Region Integrated Drug Strategy Committee representing the Prevention Pillar and the Pregnancy, Breastfeeding and Substance Use Working Group.
- Member of the Children’s Planning Table of Waterloo Region-Brain Story Implementation Group.
- FASD Coordinator is an advisory committee member for Health Nexus with their website and caregiver support group projects.
- FASD Worker chairs the Waterloo Region FASD Action Group. Strategic planning is taking place for 2022 with a focus on prevention and supporting adult transitions. In addition, the Action Group will support the launch of the “Hub.”
- Partnership with Wilfrid Laurier University to evaluate the Caregiver Experience through the Waterloo Region FASD Diagnostic Process; these findings were presented at the London FASD Conference.
- Started an Instagram account to share FASD month content. Highlighted the Community of Practice, Action Group, Diagnostics as well as the options for self and agency referrals for all FASD services in Waterloo Region.

**Some examples of coordination of referrals between community partners include:**

- Internal referral through the Service Coordination Program at SDRC. Dual parent household with three children all under the age of 16 with complex needs including ASD, Selective Mutism, OCD, anxiety, Developmental Coordination Disorder, learning disabilities, hearing impairment and cleft palate. All three children displayed significant anxiety around the Pandemic, and therefore stopped going to school. For one child this anxiety was extreme, and they stopped personal care altogether and had not bathed in months. Two of the children have required surgeries due to their health issues and will require more in the future. Parents were struggling to keep the many appointments and surgeries straight for all three children while dealing with their own mental health struggles related to caring for complex children. This family was transferred to CSP, who was able to assist family to coordinate appointments, liaise with the school to develop a plan for increased school engagement, and assisted in making referrals to appropriate supports and services.
- Family referred through the Social Worker with the local school board. Single parent with a history of mental health, addiction issues and housing instability, who has been significantly impacted by countless health and social stressors. There are two children residing in the home, and the older child had a diagnosis of ASD but was not connected to or receiving any supports or services. The younger child had recently completed a Psychological Assessment that revealed some more serious and worrisome mental and emotional health issues, including suicidal ideation and possible psychosis. Both children were missing school on a regular basis and parent was not engaging with school consistently. Parent was overwhelmed with the number of services involved and was struggling to keep services and supports

straight, which resulted in several missed appointments. The SPC has been working collaboratively with the parent to help liaise with the school Social Worker, developed calendars to keep appointments straight, made appropriate referrals to supports and assisted with funding applications. This family's struggles have been exacerbated by the pandemic, and as a result the parent had a relapse with substance abuse and presenting mental health concerns were noted by community partners. SPC increased communication with family and community partners during this time to ensure the family was being supported effectively.

### **CSP Provincial Network**

The Manager of the CSP Team participates in the CSP Network Monthly meetings, along with smaller working group work. Over the past year work within the CSP Network has included:

- Revision of CSP Network Terms of Reference
- Revision Provincial FASD Worker Community of Practice Terms of Reference
- Facilitation Skills Training workshop for Service Planning Coordinators
- Proposal submitted to MCCSS for a CSP website and FASD E-Learning Program
- Final Report on the FASD Family Capacity Building submitted to MCCSS
- Call from MCCSS to coordinating agencies for proposal submission re: OAP Urgent Response Service
- The MOH/MCCSS table convened on children with Complex Mental Health issues
- Completion of CSP/OAP Impact Survey by coordinating agencies
- Addressing Burn Out and Holding out Hope Workshop for CSP Coordinators

### **Ontario Autism Program (OAP)'s Urgent Response Service (URS) Update**

The Ontario Autism Program (OAP) Urgent Response Service (URS) is one of the four service pillars of the OAP system that the Ministry has or is in the process of rolling out, including: Early Years and Entry to School, Foundational Family Services, Core Clinical Services.

In May 2021, the Ministry announced the regional-based proposal process for the new OAP URS. The URS will provide time-limited services and supports intended to respond rapidly to a specific need and prevent further escalation of risk of harm to self, others and/or property for children and youth registered in the OAP. Service elements delivered through the URS include:

- Short-term interdisciplinary consultation to a child/youth's intervention team and/or family and/or educator(s)
- Respite up to a maximum number of hours and a maximum duration
- Direct support to the family and/or professionals involved to implement intervention and/or therapy techniques with the child/youth (e.g., mediator model intervention)
- Service navigation and coordination of existing services outside of the OAP

The CSP Provincial Network was approached by MCCSS to develop service delivery in each region rather than engaging in a competitive process.

For the Central West Region, ErinOak has the lead and has sub-contracted with Sunbeam to deliver services in Waterloo Region. This service will sit with the CSP Team at Sunbeam. We anticipate hiring for 1.5 URS Coordinators, with the first position being hired in February 2022.

### **Capacity Building and Training to Build Awareness and Skills**

Service Planning Coordinators/FASD Coordinators participate in the following committees/groups both internally at SDRC and in the larger community:

- Cambridge and Kitchener Mobilization Team
- The Equitable Inclusion Action Group with the WRDSB
- SDRC Information Nights Committee and Speaker Series Committee
- Autism Direct Funding Committee
- EMHware Committee
- SDRC Website Committee
- Sunbeam Strategic Planning Committee
- Sunbeam Employee Connection Committee
- SDRC Social & Wellness Committee
- Connectivity
- Child and Youth Planning Table
- Trauma Committee
- F-Words Committee
- Brain Story Working Group
- Conscious Care and Support
- FASD Diagnostic Steering Committee
- FASD One
- Special Education Advisory Committee

Service Planning Coordinators/FASD Coordinators have participated in the following training over the past year:

- Facilitation: Expanding Your Skills Workshop- CSP Network
- Addressing Burn Out and Holding Out Hope Workshop- CSP Network
- FASD Training for the Youth Services Sector-MCCSS
- Interagency Case Management Protocol Training-Jen Hesson
- Connectivity Mock Situation Training-K4H Connectivity
- Compassion Fatigue Workshop-SDRC
- Trauma Informed Perspective on FASD- Dufferin Wellington FASD
- Anti Human Trafficking Training- Sexual Assault Support Centre
- Introduction to Rapid Testing-SDRC
- Prepare Training-SDRC
- Women of the Shining Light: Indigenous Mothers, Substance Misuse, Child Welfare, and the Sacred Teachings-Safeguards
- Simcoe and York FASD Initiative Conference
- 12<sup>th</sup> Annual Anishinabek G7 FASD Conference
- FASD and Treatment for Addictions- Norwest Community Health Center North Bay

## **Interagency Case Management Protocol Training**

The Interagency Case Management Protocol seeks to integrate work undertaken and completed, specifically the protocol developed by the Waterloo Region Children's Planning Council and the process for Interagency Coordination developed for Coordinated Service Planning, as part of the Special Needs Strategy. This training was organized to formalize across the region what many Service Providers are already doing as we support families where there is more than one additional agency/professional involved. This interactive two-hour training provides participants with an overview of the Interagency Case Management Protocol for the Waterloo Region, including roles and responsibilities of service providers. This training is now being delivered by the Director and Manager of CSP at SDRC, and two facilitation sessions have been delivered to community partners. This Train the Trainer model will allow agencies to tailor the training to their staff/agency, as well as create a sustainability plan going forward.

## **Evaluation**

The Coordinated Service Planning Program has supported 148 children and youth this fiscal year, with 95 currently in service. Last fiscal year the program served a total of 160 children and youth. There are 38 children and youth on the program's inactive list. Those no longer being supported in an active capacity remain on the inactive list. Our commitment to families is a response within 24-48 hours of them reaching out from our inactive list. This may mean re-opening for service or assisting the family with a brief-service/redirection for assistance. In total the program has received 50 referrals this fiscal year.

The FASD Team has supported 7 families in Coordination and 97 families in Resource this fiscal year. 104 families/individuals and agencies have been supported this fiscal year.

Referrals to the CSP Program typically come from other Children's Services Agencies (26) and directly from families (8). Over the past fiscal year, we have also seen an increase in referrals from Health Providers (6).

The CSP Program has continued to provide the MPOC (Measures of Processes of Care) assessments for families to complete. As of July 12th, 2021, the Ministry of Children and Community Services (MCCSS) assumed responsibility for the administration and analysis of the Measures of Process of Care (MPOC-20) survey for Coordinated Service Planning, which was previously coordinated by CanChild from McMaster University. These are offered after the initial 6 months of service, and again every year after if the family is still in service. The MPOC-20 has been rolled out to FASD Support Workers and to date 32 families were invited to participate in the MPOC-20. The FASD Team will implement the MPOC-20 with the families/children/youth they support in both coordination and resource.

## **Community Engagement**

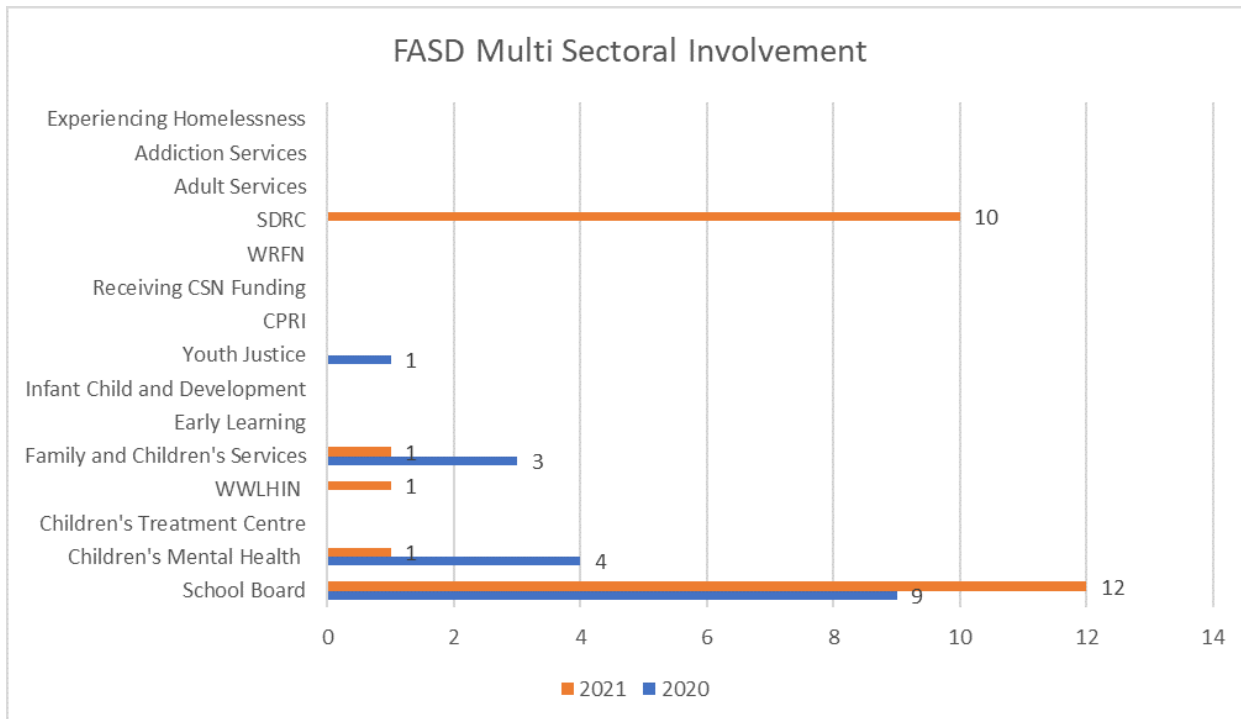
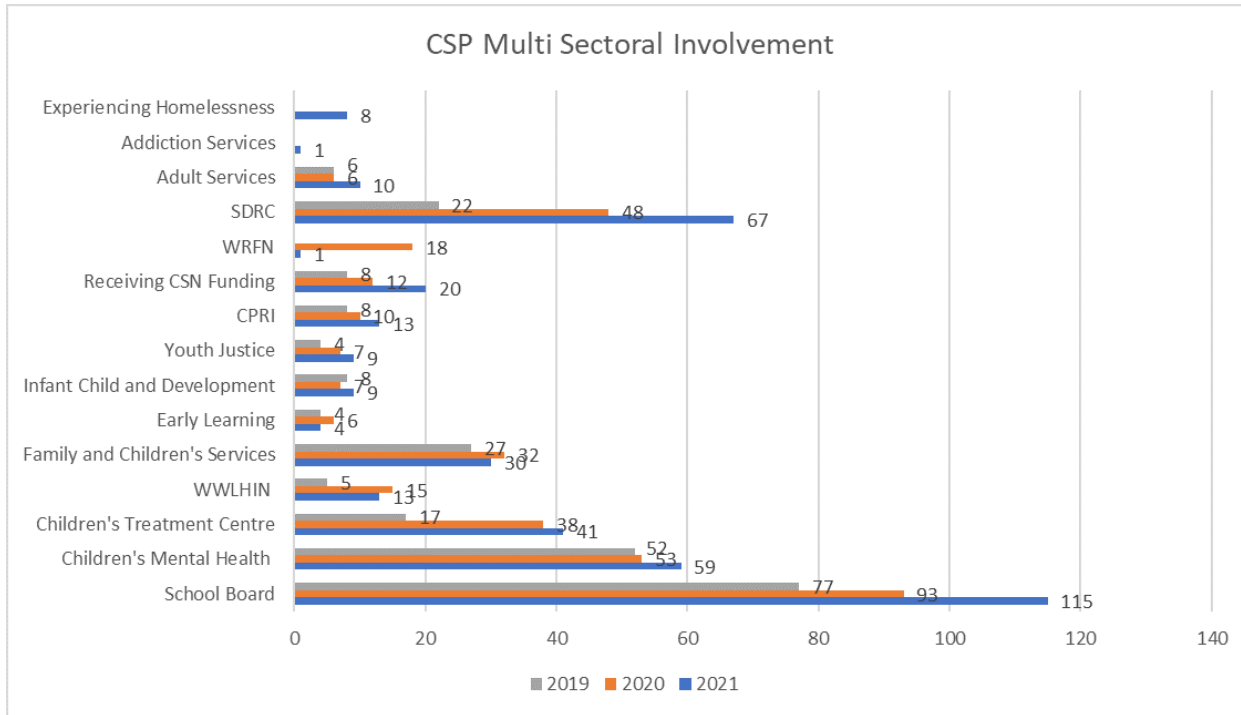
A Governance Committee is in existence for the Coordinated Service Planning Program. The Governance Committee is made of local community partners including; Lutherwood, Carizon, Front Door, KidsAbility, Waterloo Region District School Board, Waterloo Catholic District School Board, Conseil scolaire catholique MonAvenir, Conseil scolaire Viamonde, Region of Waterloo, KW Habilitation Services, KidsAbility School Authority, WW HCCSS, Family and Children's Services of Waterloo Region, Waterloo Region Family Network and Sunbeam Centre/Developmental Services Resource Centre.

Referral sources from community partners include: Both the Public and Catholic School Boards, KidsAbility, Mental Health System (Front Door/Carizon/Lutherwood), local pediatricians, McMaster Hospital, Waterloo

Region Family Network, Region of Waterloo Children’s Programs and internally from Sunbeam Developmental Resource Centre. Referrals have also been received directly from families.

One of the Service Planning Coordinators is French Language Speaking and can provide support to families in French Language should there be a need. To date there has not been a need.

Engagement and Collaboration of Cross-Sectoral Partners in Community Engagement





## **Family Compass Website**

To date there have been 222 unique uses of the I Have A Concern Tool with 42 of those uses being directed to Sunbeam Developmental Resource Centre and 6 of these uses opting for a direct referral to service. The Service Planning Coordination team monitors these referrals and have redirected all 6 referrals to Waterloo Region Family Network for support as they do not meet SDRC's eligibility criteria.

CSP has also been supporting the back-end administration of Family Compass with managing necessary updates to the site including organization information changes and managing the banner for the CYPT Covid-19 link. CSP provides the CYPT with quarterly stats on the use of the Family Compass website including information on the usage of the I Have A Concern Tool. When looking at the Analytics of the site year over year there has been a 9.97% increase in number of pages viewed per session which is a 14.24% change from the previous year. This shows us that there is greater site exploration per view. Over the past year the tri cities have seen a decrease in unique users by 28.25% this averages a 40% change from the previous year with a decrease of 1200 unique users.

Family Compass has also began exploring other partnerships and how to expand its relationships to create a further positive and resourceful experience with the site and tool.

## **Challenges**

Challenges that have been faced over the past year by the CSP/FASD Programs as directly linked to the ongoing Covid-19 Pandemic. Challenges include:

- Increased complexity of situations coming to CSP; parents and caregivers are experiencing significant burn out due to Pandemic and lack of in person supports, staffing shortages, out of home respite and repeated school closures. Referrals are coming from community partners requiring assistance from the CSP Program as the level of coordination required exceeds their capacity, as typically more family members are requiring support/support required is more intensive. Parents and Caregivers are unable to access their own mental health supports due to lack of available respite, wait times for services and the increased needs of their children; this is resulting in more parents and caregivers seeking treatment or residential placements for their children, as they no longer have the capacity to care for them. Out of home respite continues to be unavailable, and lack of available and skilled respite workers to provide in home respite is leading to some parents having to take a leave of absence from their jobs, leaving the family in further financial hardship. In addition, vaccination status now plays a piece in worker availability/families willing to have unvaccinated workers in the house, making it even more difficult to find skilled respite workers.
- Remote service has been helpful in connecting multiple service providers to families, but with this availability and convenience often there are more scheduled meetings with families. This introduces a new challenge of remembering and attending all these meetings. For parents with capacity concerns, this can be difficult. They are also often juggling caring for the children who are doing at-home schooling.
- Longer wait-times for services such as CPRI in-patient treatment.
- Mental health challenges associated either with Covid-19 or being exacerbated by the changes to the systems associated with the pandemic (ex. feeling more isolated, increased substance use).
- Respite for parents has been a priority concern for most families. Those who have been able to get out-of-home respite have found the new limitations on time-slots (determined based on need for additional cleaning/PPE measures) make the respite almost not worth it for them to access. Those who have been given funding to spend on respite have found it extremely difficult to find competent

respite providers to support their children's needs – and if found, have found the limitations on allowed activities have greatly reduced the likelihood of their children being able to engage in activities out of the home/parents being able to leave the home beyond “going for groceries” or “going for a walk”.

- With lockdown measures in place three times so far through this pandemic – resulting in school closures and parents not having any time to themselves – a number of caregivers have shared that they are at capacity, or past capacity regarding caring for their children. One family chose to remove their child from their care, another family is being closely monitored as parent has shared multiple times that this is a likelihood for them. Most other parents have shared that they are struggling significantly to meet basic needs of themselves/their children.
- For families where primary caregiver has minimal technological or reading/writing literacy skills, and school-age children, their children have completed no schoolwork through each lockdown/school closure period, and a notable regression in ability has been observed when child(ren) has returned to in-person learning environments.

### **Possible Solutions**

The client portal function of the online database used by the CSP program has become fully functional and is being used successfully by families. This has allowed families who want to use the client portal, to access their child's goal plan to review and sign, along with the ability to sign consents directly in their child's file.

FASD Coordinators are launching a revised telephone, email and website referral system where families and community partners can refer to access consultation, resources and system navigation services. This is anticipated to be in place early in the new fiscal year, 2022-2023.

### **Success Stories**

- For some families, accessing services virtually has reduced barriers (such as travel, time, etc.) and has allowed to connect to some supports across regions. (ex. virtual access when appropriate to supports with Hospitals).
- More online resources and trainings have been created and allowed for wider access.
- Overall, adapting and resilience seen both by families and the community partners. Being creative and coming together to acknowledge some barriers to service and working together to provide supports in alternative ways. One example, teaching step by step over the phone how to access Zoom or Teams and then doing trials runs (opens doors for family to access community supports/ informal supports virtually)
- A child who has not lived in their family home for over 4 years, moved back to their family home successfully and with minimal issues/concern due to a large support team that has been put in place around the family.
- This 17.5 year-old youth has a diagnosis of Mild Intellectual Disability, ADHD, PTSD, Disturbance of Attachment, Tourette's Disorder, and Sensory Processing Disorder. This youth had been receiving services in the community since a young age, however the services available in the community could not meet the complex nature of their needs. This youth could be physically and verbally aggressive and had been involved with the Youth Justice System on a number of occasions. Due to their complex needs, this youth was receiving CSN funding which was being used to provide an in-home support worker. They had been living at home with their parent, but there was regular conflict within the home, sometimes leading to injury or police needing to intervene. One such incident led to a no contact order, and the youth needed to access shelter for several months. A request was submitted to have his CSN funds flip from in home respite to residential supports, and this was approved. The youth was extremely hesitant to

move to a group living environment, but with support they were able to accept the placement and move at the beginning of January 2022. This move has been very positive for both the youth and the parent, and this placement will allow the youth to develop skills for independence and help set them up for further success into adulthood.

- This 13 year-old youth lived in a dual parent household and had a diagnosis of Down’s Syndrome, Autism Spectrum Disorder (Level 3), Moderate Intellectual Disability, Attention Deficit Hyperactivity Disorder, Hypothyroidism and Dysfunctional Sleep Disorder. This child has intensive daily support needs and they require supervision, redirection and prompting throughout their entire day and full support with all activities of daily living (ie. hygiene tasks, bathing, toileting, etc.). This child also exhibits severe obsessive and ritualistic behaviour, physically aggressive behaviour and regular emotional outbursts. Parents engaged in many services and supports within the community, but they continued to struggle immensely due to the child’s many needs. Consequently, they were experiencing high levels of caregiver burnout and identified that Residential supports were needed. CSN Funding was applied for and approved, and this child was able to successfully move to a supported group living environment that was already known to her through respite supports. The family feels relieved she is being cared for in a familiar and supportive environment that will allow them to continue to be an active and supportive presence in her life. This youth’s parents shared the following:

*“The Sunbeam organization and its people have been our lifeline and our champions. When it became increasingly clear that we could no longer manage our daughter alone and that we needed help for her and ourselves, Sunbeam was the only place we were able to turn to for help, information and guidance. Our daughter is now placed in a residential home where she is happy and comfortable. Getting her there was no easy task, and we have no doubt that if it wasn’t for the diligent and tireless work of our service coordinators and their supervisors, that we would never have managed this on our own. We are deeply grateful for the help and guidance that Sunbeam provided.”- Parents of 13 year old youth*

### **Examples of Families/Individuals We Support**

- Dual Parent household caring for their 3 children with significant needs, all under 4 years of age. Parents are an ESL family who were struggling to understand the diagnosis of their children, the lifelong impact and what next steps should be. Parents were also experiencing financial strain, food and housing instability and did not have access to transportation. The family was already accessing KidsAbility for Social Work, OT, SLP, PT and the KidsAbility School, but were struggling to keep the many appointments for all 3 children straight. They were also connected to the Infant Development Program, as well as KW Habilitation and Head to Toe for childcare support. Parents were experiencing significant confusion trying to navigate the system, all which required the use of a translator. Parents were unaware of financial supports available to them, and required assistance filling out applications. CSP arranges for a translator to be available for all meetings and appointments and supports the family with the multiple medical appointments involved with all the children, as well as their OT, PT and SLP needs. Support is given to make any necessary referrals and connect to community resources, including transportation options. The Service Planning Coordinator attends appointments and organizes case conferences to support the family with their goals and following up with next steps.
- Youth and parent suffer from debilitating anxiety and trauma responses/reactions. Youth has experienced significant childhood trauma that resulted in FACS involvement and the need to move out of a different community for their safety. Youth had shared their gender dysphoria, born female but identified as male and was interested in exploring more permanent supports related the transition. Youth

also suffers from extreme constipation, which has resulted in them not eating at school or using the washroom and has led to medical complications. Parent experiences significant mental health issues from childhood trauma and domestic violence, which affects their level of engagement. Parent is also very suspicious of Service Providers and will not allow professionals within the home but will meet in an office or on the phone or video only if required. Parent struggles to engage with service providers regularly and requires consistent coaching to follow through with meetings and appointments. CSP has been building rapport and trust with the family, and weekly scheduled check ins are being attended. The CSP will assist youth to connect to LGBTQ Community based supports (OK2BeMe) and will refer both parent and youth to Trauma counselling.

- Family, dual Parent household with four children. Family is experiencing elevated risk due to all family members experiencing mental health issues (significant trauma and intergenerational trauma), as well as increased stress due to parents upcoming surgery which will result in children being split up for one month (due to other parent's capacity to parent all four children alone). There has been FACS involvement over the years, and at one point three of four children were apprehended and were in care for over two years. One teen was hospitalized at one point due to self-injury and suicidal ideation. There are serious concerns about the youngest child, who started a fire which resulted in the home being destroyed and family living in motels for multiple months. This family has been supported through Front Door for multiple years (Zero-6/Mobile Crisis) and are currently connected with Safe Haven Youth Services, Community Mental Health and Lutherwood's Day Treatment program, a Mental Health and Addictions Nurse and private counselling. CSP will continue to support the family to coordinate and attend the many appointments required for this family. It is anticipated that when parent goes into hospital there will be a significant need for increased support and coordination for all children.

### **Signature Page**

The Governance Committee for the Coordinated Service Planning Program has reviewed and endorsed this annual report to be submitted to MCCSS. The Governance Committee is comprised of the following:

Heather Fedy – Lutherwood

Tracy Elop – Carizon

Linda Kenny – KidsAbility

Gerald Foran – Waterloo Region Catholic School Board

Tammy Webster – Waterloo Region Catholic School Board

John Martin – KW Habilitation Services

Scott Miller – Waterloo Region District Public Board

Alison Pearson – Region of Waterloo, Child and Youth Planning Table

Andrea Reist – Region of Waterloo, Infant Development

Anik Gagnon- Conseil scolaire catholique MonAvenir,

Michel Laverdière - Conseil scolaire Viamonde

Kelly Lantick - Principal, KidsAbility School

Jennifer Kaytar - WW HCCSS

Paul Reimer - Family and Children's Services of Waterloo Region

Sue Simpson - Waterloo Region Family Network

Laura Thies – Sunbeam Developmental Resource Centre

Eva BakHebert – Ministry of Children, Community and Social Services