

Central Intake: 1-888-454-6275



### Annual Report 2018/19



YEAR IN REVIEW BY THE NUMBERS ABOUT KINARK

### Working for children, youth and families in changing times



Board Chair, Gregory Glenn and President and Chief Executive Officer, Cathy Paul

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Since 2014, we have focused on continuously improving everything we do—from our clinical programs and services to the way we support our employees to our business practices and technological solutions—so we can do our best to serve kids and families with the most complex needs.

#### Clients and families tell us we're on the right track

As we embark on a new three-year strategic plan, it is important to reflect on all that the Kinark team has accomplished, and on how our clients and their families feel about the services we provide. The results of our 2018/19 client experience surveys suggest that we're on the right track.

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#### Clients and families tell us we're on the right track

As we embark on a new three-year strategic plan, it is important to reflect on all that the Kinark team has accomplished, and on how our clients and their families feel about the services we provide. The results of our 2018/19 client experience surveys suggest that we're on the right track. Eighty-eight per cent of families and caregivers who completed a survey said that their children or youth got the services they needed from Kinark; 96 per cent felt that the services received were of high quality; and most importantly, 94 per cent said that the services provided helped their kids deal with their life challenges.



Board Chair, Gregory Glenn and President and Chief Executive Officer, Cathy Paul

We also asked our service provider partners about their impressions of Kinark in relation to our role as a Lead Agency for community-based mental health services in three service areas. This year's results are also encouraging: 85 per cent of core service providers feel that Kinark is doing a good job overall of establishing and maintaining inter-agency relationships.

In 2018/19, we continued to harness our considerable resources to address the needs of children and youth struggling with complex conditions. Having now reached a level of maturity to be truly informative, our program scorecards enable us to monitor service quality and client outcomes, and identify emerging trends and opportunities for further service improvement.

Through the hard work and dedication of our staff, our transition to a new service delivery model in our Child and Youth Mental Health Program is taking hold. We continue to make our out-of-home intensive (mental health) treatment services the best they can be. And, youth in our Forensic Mental Health/Youth Justice Program are benefitting from the consolidation of our inter-professional service delivery model.

#### Supporting children and youth with autism and their families

Our highly professional staff in the Autism Program continued to provide exceptional treatment and support services to children with autism and their families last year, even as the service model began to shift and change. As an agency that's been providing high quality autism services for close to 20 years, we remain committed to serving this population with a range of new fee-for-service offerings in accordance with the program guidelines introduced by the Ontario government in February 2019.

Further steps were also taken last year to advance our multi-year digital transformation and enhance our human resource practices to better support our committed staff and attract new talent. You can read more about these and other initiatives in our 2018/19 Annual Report.

Guided by our mission and values, we will stay focused and do all that we can—in changing times—to explore, innovate and leverage new opportunities to respond to the complex needs of children and youth and their families.

#### **Gregory Glenn**

Chair, Board of Directors

#### **Cathy Paul**

President and Chief Executive Officer

## Stories

Watch A's Story

Watch K & M's Story

Watch L's Story

#### Year in Review

#### Fostering an accessible and coordinated mental health service system

With key components of an initiative to transform Kinark's mental health services nearing completion, Kinark's Child and Youth Mental Health (CYMH) Program continued to build its capacity to provide high quality services through staff development and outcome measurement while starting to shift its focus to the broader service system last year, linking its newly reconfigured services to other community-based resources.

"The long-term goal", according to Chris Simmons-Physick, Senior Director – CYMH, "is to foster a more accessible and coordinated mental health service system across our service areas—from crisis response to intensive out-of-home care and everything in between—with clearly defined pathways that are visible to families, so they know how and where to access the services they need."



Cynthia Weaver, Chief Operating Officer; Teresa Scheckel, Program Director – Strategic Initiatives; Christine Simmons-Physick Senior Director – Child and Youth Mental Health; Dr. Laurel Johnson, Clinical Director – Community Mental Health and Chief of Psychology.

Guided by a new decision-making framework that Kinark developed in collaboration with its partners to inform service planning, coordination and new service investments, staff started to explore local service needs and resources with a view to strengthening the linkages between existing services, closing gaps and developing new services as required, based on individual community needs.

A new short-term intervention service, developed and delivered in partnership with the Peterborough Regional Health Centre (PRHC) and Peterborough Youth Services (PYS), is an example of joint efforts to address local mental health needs while enhancing the service system as a whole.

"When we looked at the waitlist for child and youth mental health services in the Peterborough area and the corresponding increase in local emergency department visits, we knew we had to do something to better support children and youth waiting for help—sometimes for 10 to 18 months—and to help alleviate the pressure on the health centre's emergency department," says Teresa Scheckel, Kinark's Program Director, Strategic Initiatives.

"In some cases," she says, "the new waitlist management service can address the kids' needs relatively quickly and get them off the waitlist. Sometimes we can connect kids to other services in the community where they can get the help they need sooner. We can also identify those who need immediate support to prevent things from getting worse while they wait."

In February, Kinark was one of 14 Lead Agencies in Ontario that participated in a province-wide demonstration project to assess the use of the Ontario Perception of Care (OPOC) survey tool in the child and youth mental health services sector. Developed by the Centre for Addiction and Mental Health (CAMH), the OPOC client survey is used in the adult mental health and addiction system to evaluate the quality of experiences clients have while in treatment. Survey results offer service providers feedback on a variety of quality indicators related to how clients experience the care they receive with a view to identifying opportunities to improve the overall care experience.

While most child and youth mental health agencies, including Kinark, monitor client satisfaction on a regular basis, different tools are currently used to collect this information. The goal of the demonstration project was to determine whether child and youth mental health service providers across the province should adopt the standardized OPOC tool.

"All of this work has been greatly enabled by the development of our program scorecard," says Dr. Laurel Johnson, Clinical Director, Community Mental Health and Chief of Psychology. "We now have a common language—standardized assessments, evidence-based definitions of quality and objective quality measures, as well as real-time data and intelligence—all of which we can use to monitor service planning, delivery and client progress so we can make informed decisions to improve those aspects of care that have the greatest potential to enhance both the overall quality of our services and, most importantly, the outcomes children and youth experience."

# Setting up youth for success

In response to the changing profile of youth admitted to Kinark's Forensic Mental Health and Youthe Justice Program, the Syl Apps Youth Centre (SAYC) team focused on consolidating its interprofessional approach to treatment last year. Investments were also made in staff training to sharee best practices and actively engage staff in fostering a more diverse and inclusive culture, one that ise both welcoming and respectful.

As a provincial resource for youth, SAYC is a secure forensic mental health facility located in Oakville,e Ontario that serves a diverse population with highly complex mental health and other needs. Youthe from across the province are referred here by the courts, hospitals, and other community servicee providers. Some are at risk youth who, due to mental health and other life issues, need a safe ande secure place where they can get the treatment they require. Others have had multiple encounterse with the law. They, too, often have mental health conditions that require intensive inter-professionale intervention.



Gerry Watson, Administrative Director and Dr. Janelle Hawes, Clinical Director,
Forensic Mental Health and Youth Justice

According to psychologist and Clinical Director Dr. Janelle Hawes, "we complete a comprehensive inter-professional assessment, one that includes both psychiatric and psychological assessments, of all youth upon admission. The results provide the team with the clinical information and diagnostic clarification it needs to generate clinical formulations and inform individual treatment plans, which include the youth's goals and are developed in collaboration with the youth, their family members and community stakeholders who may be involved in their care."

Members of the inter-professional team which, in addition to outside case workers and family members, may include a psychiatrist, psychologist, social worker, nurse practitioner, registered nurse, child and youth workers, art and recreational therapists, a clinical case coordinator and transitional worker, all contribute to the treatment plan, using their own specialized skills, in a manner that is consistent with the youth's treatment needs and goals.

"When the entire team knows that a youth is prone to anger and aggression, for example, they can be on the lookout for what triggers this behaviour and intervene when necessary to help the youth identify situations or scenarios that elicit these reactions, understand the reasons for them and the

function this type of behaviour serves for the youth," explains Dr. Hawes. "Then we focus on teaching them more adaptive coping strategies to shape appropriate and positive behaviour."

According to Syl Apps' Administrative Director Gerry Watson, child and youth workers, who are with the youth 24/7, play a pivotal role in coaching them in-the-moment to reinforce the new skills and strategies they learn during individual and group therapy, which is evidence-based and often traumainformed.

"Over the past year," Watson says, "we have engaged our frontline staff more in operationalizing treatment plans. Because they're with the kids around the clock, what they see happening at school, in the gym, and on the units where youth reside and interact with one another, and the way in which they engage with the youth is important. Their interactions and observations are logged and fed back to the clinical team at monthly case conferences. The clinicians can then advise staff how to address new symptoms or developments."

What sets Kinark's secure mental health programs apart, say Dr. Hawes and Watson, is the depth and breadth of clinical expertise at SAYC, engagement with child and youth workers, and the unique environment in which youth are treated for periods ranging from 3 to 12 months.

"The youth have increased access to treatment and therapeutic programming options here," says Dr. Hawes. Although it's a secure facility, youth at Syl Apps can move around more freely and engage in different activities. They go to school on site, participate in structured recreational activities and, when not in school or therapy, can explore special interests like art, music, yoga, woodworking, poetry or gardening. Many of these extracurricular programs are offered by volunteers from the community so the youth have an opportunity to engage with people outside of the treatment team.

If youth need to work off steam, they can head to the gym, join a pet therapy session or go for a walk outside in a secure enclosure. They can also take part in other programs designed for youth of diverse gender, spiritual and cultural orientations.

"We try to normalize the experiences adolescents have here as much as possible," says Dr. Hawes. "Recreating the life of a typical teenager within a therapeutic environment is critical to their treatment," and to their successful reintegration into the community, adds Watson.

Preparing to return to life in the community is something that starts soon after youth arrive at SAYC although where they go upon discharge varies depending on their individual circumstances and goals. Regardless, reintegrating youth into the community is often a primary goal of treatment and developing a plan to help them make the transition successfully is also a team effort, involving all

members of the Syl Apps treatment team, and in many cases, family members as well as other community service providers.

"In preparation for discharge, all members of our inter-professional team explain to those who will be working with the youth in the community, the treatment plan, goals, strategies and progress to date as well as recommendations for what needs to happen next," Dr. Hawes says. "We do our best to set up each youth for success when they leave, and to connect them with the community resources and supports they will need to maintain the gains they've made here and to help them achieve their long-term goals.

# Continuing to do all we can for kids with autism and their families in a changing landscape



Robert Burkholder (left), VP – Autism Services and Scott Bark, Director of Autism Services. Unavailable for photo: Dr. Michelle Sala, Interim Clinical Director – Autism Services

As one of the largest publicly-funded regional providers of services for children with autism spectrum disorder

(ASD), Kinark Child and Family Services has provided behavioural services to thousands of children and their families over the past 20 years.

In 2018/19, we continued to provide high-quality, evidence-based services for children on the spectrum, and we will continue to do so over the next 10 months as current behaviour plans are extended in accordance with changes to the Ontario Autism Program (OAP) announced in February and March 2019.

In addition to core behavioural services, we introduced a new one-hour waitlist consultation service last year to better support families waiting for behavioural services. We also produced two educational videos: one provides an overview of ASD and addresses common myths about the disorder. The other introduces families to applied behavioural analysis (ABA) strategies parents can use to support and reinforce the development of their child's skills. The 40- and 60-minute videos are available free of charge on the agency's website.

Our Family Support Workers continued to provide family-centred care to families, helping them to access services in their community, and developing individualized family service plans. Our Connection for Students (CFS) service also provided the support children with autism need as they transition from behavioural services to full-time school in the community to maximize their success in these new learning environments.

Since major changes to the OAP were announced in February 2019, staff have been busy helping families in service, and on the waitlist, understand how changes to the provincial program will affect them, and the options available under the new program. At the time, the agency made its reservations about the provincial changes known: in a March 2019 statement, Kinark outlined its concerns about the impacts of the changes on children and their families, and has been working continuously with government to identify opportunities to achieve better outcomes for these kids and families.

While Kinark, as of April 1, 2019, no longer serves as the Single Point of Access to autism services in Central-East region, our staff continue to respond to calls from parents grappling with the Ontario government's evolving autism strategy, many of whom are waiting for their childhood budgets to purchase the services their children and youth need.

Kinark remains committed to developing and delivering the services children and youth with autism need to achieve their potential. Over the last four months, we have challenged ourselves to consider how to reconfigure our services in a fee-for-service environment. Kinark is fortunate to have highly skilled and dedicated staff who have consistently demonstrated professionalism, creativity and

commitment to families while living with great personal uncertainty in this new reality: they have consistently and unequivocally put the needs of kids and families above their own, for which we are exceedingly proud. You will find more information about our new fee-for-service offerings at: https://kinarkautismservices.ca/

# Improving connectivity to enhance service delivery and client outcomes

Access to accurate and timely information is crucial to the delivery of the high-quality services provided by Kinark and its partner providers. But, when every organization has different systems that don't 'talk' to one another, and use different parameters for data collection and reporting, it makes it hard to compare notes, benefit from each other's knowledge and experience, and identify trends and opportunities for quality improvement.

Over the past few years, Kinark's IT team has worked in collaboration with the agency's clinical service teams and its partner agencies to open the lines of communication between their distinct client information systems (CIS). The work has involved standardizing what, and how, client information is collected to comply with Ministry performance reporting requirements and creating a secure gateway through which information can easily flow.



The CIS project team (from left to right) Ahmed Sabith, Developer – IT; Matthew Villeneuve, Manager – IT; Jaikishan Chhabaria, Business Analyst – IT; Edward Chow and Jasmin Ibrakovic, Software Developers – IT.

Last year, Kinark's tech team focused on further enhancements to our own CIS, and on the development of tools our clinicians can use to track client experiences and monitor treatment outcomes with a view to improving the overall quality of care.

Should these tools prove to be effective, they could potentially be used by other service partners to support quality improvement and inform service planning and delivery across Kinark's five service areas.

When dealing with highly personal and sensitive client information, we are mindful of the need to protect the information entrusted to us, which is why we take all available steps to safeguard this information.

# Investment in staff training boosts service capacity

As the Lead Agency for mental health services o ered in Durham, York and Haliburton/Kawartha Lakes/Peterborough, Kinark Child and Family Services made significant investments in statraining last year to increase service capacity and consistency in these communities. More than 250 stafrom 19 dierent agencies attended the one, two and five-day evidence-based courses held throughout the past year.

Sta from Kinark, the Peterborough Regional Health Centre and Peterborough Youth Services attended the one-day program(s) on single-session intervention in preparation for the launch of a new waitlist management service in Peterborough. The goals of the pilot project are to better support children and youth currently on the waitlist for mental health services, and to help ease increasing demand on the Health Centre, which has seen a spike in mental health-related visits to its emergency department over the past 10 years.



DBT training participants from various mental health agencies take a break from their studies.

Based on needs identified by the core service providers, Kinark also hosted multiple two-day training sessions on cognitive behavioural therapy (CBT) and five-day courses on dialectical behaviour therapy (DBT)—two types of treatment used extensively in community-based mental health—to support and sustain evidence-based practice across its service areas.

The response from training participants has been enthusiastic according to Lead Agency Project Manager Cheri Smith, who says attendees were grateful for the opportunity to broaden and enhance their skills.

The capacity building workshops have led to the creation of two new communities of practice—one for providers of single-session intervention and another for DBT—where therapists can support one another and continue to develop their skills through information sharing, case consultations and joint problem-solving.

# Redefining and improving intensive out-of-home treatment services

Following the completion of seven residential treatment\* assessments—of four Kinark programs and three offered by other community service providers—using the agency's new Scoring Tool for Assessing Residential Treatment (START), the project team completed the analysis of the results and delivered its final report, including 84 recommendations at the local, agency and system levels, to all project participants last year.

The team has since refined the assessment tool, using feedback received from staff, kids and families, and external partners involved in the assessments, as well as advice from other clinical experts and academics. It has also developed guiding principles to inform and support the use of START and continues to validate the tool.

START was developed two years ago by a partnership of staff in Kinark's Research and Evaluation department and our Child and Youth Mental Health Program as well as clinical and intensive out-of-home treatment staff. The comprehensive assessment tool is based on *Strengthening Children's Mental Health Residential Treatment through Evidence and Experience*, a policy paper published in 2015 in which Kinark identified nine factors critical to the quality and effectiveness of intensive residential treatment and proposed an integrated, multi-tiered treatment system.



The START Project Team (from left to right): Dr. Laurel Johnson, Clinical Director – Child and Youth Mental Health and Chief of Psychology, and Dr. Alex Elkader, Senior Director – Planning and Research. Unavailable for photo: Dr. Claire Baxter, Research and Evaluation Advisor; Dr. Kelli Phythian, Research and Evaluation Advisor/Team Lead; and Larry Shaw, Director – Programs and Operational Support.



Strengthening Children's Mental Health Residential Treatment through Evidence and Experience, (October 2015); Page 44.

A new task group was established last year to review the high priority recommendations from the assessments that are applicable to all Kinark intensive out-of-home treatment programs, and to develop an implementation plan to act on them.

"The goal," says Larry Shaw, Project Lead and Director, Programs and Operational Support, "is to improve the quality of the intensive treatment services we provide for young people with the most complex needs as well as the outcomes these children and youth experience."

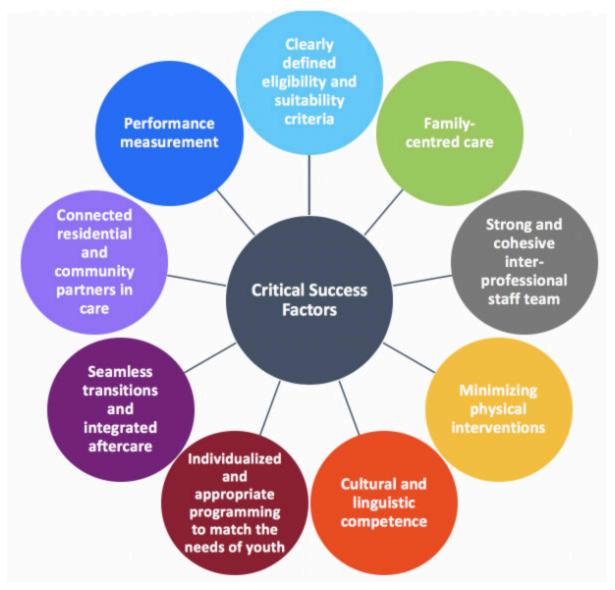
The group has been researching clinical intervention models to determine whether a single, evidence-based approach is appropriate for all Kinark programs to meet the diverse needs of the children and youth they serve. Also under consideration, are the training and operational requirements that would be needed to implement a new service model across some or all programs. At the same time, intensive out-of-home staff started to make changes based on recommendations specific to their individual programs to improve local service delivery.

Other service providers, who helped pilot and validate START, are going through a similar process to act on the assessment findings to further enhance both service and system capacity.

Dr. Alex Elkader, Senior Director of Planning and Research at Kinark, and his team, meanwhile, focused on the development of a consistent approach to defining and measuring the quality of the agency's intensive-out-of-home services. Several key performance indicators and outcome measures have been proposed, based on the nine critical success factors. "First, we'll develop a scorecard for our own use," Dr. Elkader says. "In time, as it evolves, it may be useful more broadly within the sector."

Since this major initiative to define and improve the quality of intensive out-of-home treatment services began a few years ago, Kinark has presented its work at several professional conferences in Canada and the United States. Last year, the work was shared at Children's Mental Health Ontario's annual conference and, more recently, at the Association of Children's Residential Centers conference in New Orleans, Louisiana. The response to this groundbreaking work has been both positive and gratifying.

In the year ahead, Kinark will begin implementing changes to its own intensive out-of-home treatment programs to further enhance service quality and client outcomes.



Strengthening Children's Mental Health Residential Treatment through Evidence and Experience (October 2015); Critical Success Factors for a Successful Residential Treatment System.

<sup>\*</sup>Kinark now refers to its residential treatment programs as intensive out-of-home treatment programs.

# Building robust systems to enhance the employee experience

Consistent with Kinark's five-year digital transformation strategy, we continued to upgrade our systems last year to streamline operations and enhance the overall employee experience.

This work involved migrating three separate legacy systems, including our human resource information system (HRIS), benefits administration and payroll functions, to a new integrated platform that enables employees to quickly perform daily tasks, and managers to generate timely reports to inform HR planning, budgeting and decision-making. The move has reduced time previously spent on collecting, collating and analyzing information to produce the intelligence required to efficiently and effectively manage our workforce. It has also freed up staff time that could be better spent on initiatives of greater interest and value to Kinark employees and clients.



The HCM Project team (from left to right): Robert Blewett, Director of Human Resources; Barbara Pereira, Coordinator, Payroll Services; Stephanie Bernardi, Manager, HR Administration; Mohamed Shafeek, Chief Administrative Officer; Andrew Sampson, HR Assistant; Bob Duda, Director of Finance; Cristele Pierre, HR Associate; Cindy Doria, Payroll Administrator; Brian Suor, Communications IT Intern; and Matthew Villeneuve, Manager, IT.

Kinark's new self-serve human capital management (HCM) system is intuitive and easy to use. Its implementation was managed by a team of staff from Finance, Human Resources, Information Technology and Telus, our technology partner.

In April 2019, the team started planning for the next phase of the HCM project, which will see new functionality added in the year ahead to facilitate staff recruitment and retention, training and development as well as performance management.

# Creating a workplace in which employees can strive and thrive

As a human service organization, Kinark's ability to attract and retain the best people in the business is mission critical.

"We know that we're struggling a bit in this regard and we're not alone," says Chief Administrative Office Mohamed Shafeek, which is why, over the past year, he has led a deep dive into what it means to be a top employer.

Compensation is just one aspect of what employees are looking for today, he says. "There are many more pieces of the puzzle that need to be in place to attract and retain top talent, including: how we go about finding people who share our passion, purpose and core values; how we welcome these people into the Kinark family; whether we equip employees with the right skills to serve their clients well; whether there are clearly defined career paths for employees and corresponding learning plans to help them grow and succeed; whether there are leadership development and advancement opportunities for those who want them; and of course, fair and competitive compensation," says Shafeek.



The ITM Project team (from left to right): Robert Blewett, Director of Human Resources; Stephanie Bernardi, Manager, HR
Administration; and Mohamed Shafeek, Chief Administrative Officer. Unavailable for photo: Tonnia Brogan, Manager, HR
Operations and Tamara Mahon, Manager, Organizational Development.

Over the past couple of years, the agency has introduced some fundamental pieces of the recruitment and retention puzzle, namely standardized job profiles, the SMART goal setting and performance development process (which helps to align employees' work with the organization's strategic goals), a new corporate onboarding program as well as new leadership development and succession management opportunities.

To develop an effective, fully integrated talent management (ITM) strategy, Shafeek says, we need the input of our employees and former employees\*. So last year, 49 focus groups were held involving more than 300 employees from all programs, functional areas and levels of the organization to gather the critical insights Shafeek and his HR team need to better understand what will attract more top tier talent to Kinark and what will entice them and current employees to 'say, stay and strive'.

Key findings from the focus groups, as well as the results of the 2019 employee engagement survey, will be used to inform and develop a comprehensive ITM plan that will be rolled out over the next three to five years, starting this year, to help Kinark achieve its goal of becoming an employer of choice in the sectors it serves.

#### At Kinark, our goal is to create a work environment that enables our employees to:

**Say** – great things about what it's like to work at Kinark

**Stay** – with the organization because they support what we're trying to achieve and enjoy working at Kinark

**Strive** – to be an active participant in their professional growth and development, and be the best they can be

"While we won't be able to do everything that we want or need to do all at once, there may be things we can do quickly and at a reasonable cost to make an immediate and positive impact," he says.

"Ultimately, the goal is to create a workplace that attracts high calibre people, that employees speak highly of and readily recommend to others ... an environment in which employees are energized, engaged and work at their full scope of practice ... a place where they can grow, have a great experience, and make a meaningful difference in the lives of our clients," says Shafeek.

\*Exit interviews are conducted on a regular basis with employees who leave the organization to learn more about their decisions to move on.

#### A new policy paper from Kinark

As a provider of both mental health and autism services, Kinark, like other service providers, has become increasingly aware of the large number of children and youth diagnosed with both autism and mental health issues.

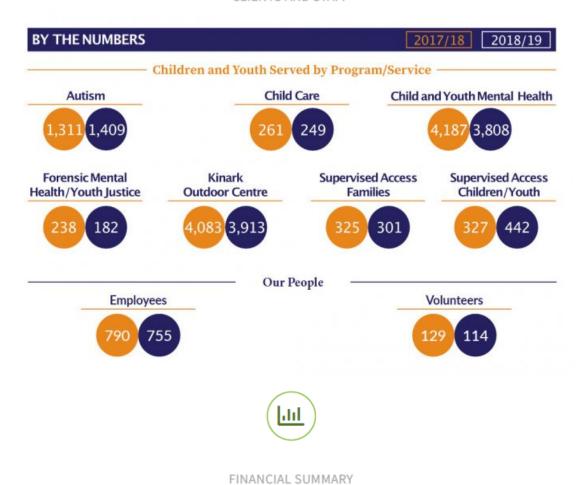
Putting Children and Youth First: Integrating Autism and Mental Health Services in Ontario, Kinark's latest policy paper, looks at the scientific literature, examines the challenges associated with serving this population, reflects the lived experiences of families trying to cope with dual diagnoses and puts forward recommendations for integrated policy and service development and delivery.

Check here for a copy of this new policy paper.

## By the Numbers



**CLIENTS AND STAFF** 



#### FINANCIAL SUMMARY FOR THE YEAR ENDED MARCH 31, 2019

	2018	2019
OPERATING REVENUES	100000000000000000000000000000000000000	
Government funding	\$90,994,140	\$109,526,454
Other revenues	4,737,628	4,383,104
Total Revenues	\$95,731,768	\$113,909,558
OPERATING EXPENSES		
Salaries and benefits	\$46,517,585	\$47,119,236
Other expenses	49,267,995	65,288,451
Total Expenses	\$95,785,580	\$112,407,687
EXCESS (DEFICIENCY) OF REVENUES	~	m
OVER EXPENSES FOR THE YEAR	(\$53,812)	\$1,501,871



#### **CLIENT EXPERIENCE**

### Client Experience: 2018/2019 Survey Results



Services are high quality





Received services needed



Caregiver 88%

Services helped deal with life's challenges



Caregiver 94%

#### **Child and Youth Mental Health**

#### Youth Caregivers

Services are high quality





Services are high quality

Services helped deal with life's challenges



Services helped deal with life's challenges

Received services needed





#### Forensic Mental Health/Youth Justice\*

#### Youth

#### Autism

#### **Caregivers**

Services are high quality



95%

Services are high quality

Services helped deal with life's challenges



Services helped deal with life's challenges

Received services needed



92%

Received services needed

#### **Kinark Outdoor Centre**

KOC met my expectations





I would like to return to KOC

<sup>\*</sup>Satisfaction scores in mandatory settings are often 30% lower than they are in voluntary settings.



## About Kinark \_\_\_\_\_

At Kinark, our goal is to help children, youth and families manage the challenges they face today and equip them with the skills they will need to realize a brighter future.

We strive to be the best treatment provider for children and youth with complex needs. We take pride in the services we provide which are based on research and delivered with compassion. We know that with the right help and support, children and youth can achieve better life outcomes.

OUR VISION, MISSION & VALUES

OUR PROGRAMS & SERVICES

**OUR PEOPLE** 

