



Planting  
the seeds of  
**CHANGE**



**Kinark**  
CHILD AND FAMILY SERVICES



**2013  
2014**

**ANNUAL REPORT**

## CONTENTS

Message From the President and CEO and the Chair, Board of Directors	1
Kinark's Three Pillars of Service	2
Program and Service Areas	3
Financial Summary	3
Positive Changes Happening in Community Mental Health	4
Intensive Behavioural Intervention Teaching Partnership	6
Opportunities for Growth at Syl Apps Youth Centre	8
Going on a Family Vacation at the Kinark Outdoor Centre	10
Children's Mental Health Week 2013	11
Research and Evaluation Partnerships	12
Board of Directors and Leadership Team	13
Staff Long-Service Awards	14
Our Locations	15



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**Kinark**  
CHILD AND FAMILY SERVICES

### OUR VISION

*A healthy future for  
Ontario's children and youth.*

### OUR MISSION

*Helping children and youth  
with complex needs  
achieve better life outcomes.*

## How Love Could Change



### ABOUT THE ARTIST\*

The artwork, found on the cover of this report, was developed by a youth at our Syl Apps Youth Centre.

### ARTIST STATEMENT\*

A tree changes with the seasons just like our feelings of love change in a relationship. When relationships first start people feel a sense of a new beginning, like the buds on a Spring tree.

The Summer tree provides a place of shelter from the sun. It can be a calming, relaxing and comfortable place to spend a summer day. In a relationship it is the happiest part.

The Fall tree reminds us that we need to be prepared for the cold winter weather. There's work to do as the leaves fall. In a relationship this is the hardest part. Like the Fall tree the relationship changes – it can be uncomfortable as people realize they need to change and be more understanding and accepting.

The Winter tree looks lonely, broken and sad in the cold weather. In a relationship when a person falls out of love they can feel upset, heart broken and angry.

The dragon flies represent the changes people can make in their lives. The black dragon fly represents the devil and badness. In contrast, the white dragon fly represents angels and goodness. We can choose which dragon fly we want in our life.

In this painting there is an owl hiding in the tree surrounded by a special word.

What is it?

The word hiding in the trees is:  
**LOVE.**

## MESSAGE FROM THE PRESIDENT & CEO AND CHAIR, BOARD OF DIRECTORS

The theme of this year's Annual Report is: *Planting the Seeds of Change*. In this year's Annual Report we focus on the extraordinary work that is being done at Kinark Child and Family Services with children and youth with complex needs. Similar to the time and care it takes to help a seed to grow, lots of elements go into supporting children and youth with complex needs succeed. In partnership with our clients and their families and communities, we may spend a lot of time digging, watering, weeding and staking before a seed grows — similar to the artwork found on the cover of this report — into a flower or a tree.

On page 4 of this report, we describe some of the important changes happening in our **Community Mental Health (CMH)** program. We recognize the challenges many Ontario youth and families may encounter when they are looking for, and navigating through, services. At Kinark we are working to better define how we can best contribute to the development of a more effective child and youth mental health system. We have started to implement a three-year plan that will focus our CMH programs, services and evaluation on those children and youth, and their families, who are facing significant challenges because of their complex needs. We believe that Kinark's significant clinical expertise must be focused on those children and youth who are at greatest risk of poor outcomes. Over the next three years, in partnership with other providers in our communities, we will work to build an efficient and seamless network of integrated, comprehensive and high quality supports to enable children, youth and their families to get the right supports from the right providers at the right time.

Over the past year, we have been implementing a strategy in our **Autism** program to improve access to **Intensive Behavioural Intervention (IBI)** within our geography. On page 6, we talk about one such initiative — the collaborative teaching partnership between York Region District School Board and our Central East Autism Program (CEAP) and the Centre for Behavioural Sciences at Mackenzie Health. This change and others are beginning to

produce some positive changes — wait times are reduced and more children are gaining access to the services that will help them learn and develop. We have a long way to go to address the need, and limited resources, but our staff are committing themselves every day to giving each client his or her best opportunity to learn and grow.

Our **Forensic Mental Health/Youth Justice** services have grown significantly over the past year. In August 2013, our custody and detention program at Syl Apps Youth Centre (SAYC) was expanded to include a secure custody and detention program for female youth with significant mental health issues. This expansion provides female youth in the province with access to the same types of specialized support that male youth have received at SAYC for several years.

As described on page 8, SAYC staff are engaged in providing evidence-based and youth-focused programs for our youth, with the ultimate goal of supporting them to transition to adulthood as successfully and healthily as possible.

Change is happening (and will continue to happen) here at Kinark and all around us. We are proud of the services Kinark provides and of the Kinark staff who bring their skills and commitment every day to make these services effective. We are committed to continuing to strive to adapt and improve our services to ensure that we make a difference for the children, youth and families who are our clients.

Sincerely,



Cathy Paul  
President and CEO  
Kinark Child and Family Services



John Rabeau  
Chair, Board of Directors  
Kinark Child and Family Services

June 18, 2014

## KINARK'S THREE PILLARS OF SERVICE

### 1. COMMUNITY MENTAL HEALTH

Kinark's team of experts provide evidence-based services for children and youth living with mental health issues and their families. These include a wide range of services from early intervention and parenting programs to residential day treatment and intensive in-home programs with individuals, groups and families. Additionally, **community mental health (CMH)** services are provided in conjunction with child welfare agencies, schools and school boards, hospitals, and other children's mental health centres and community partners.

Kinark also operates the **Kinark Outdoor Centre (KOC)**, a residential outdoor education facility that offers therapeutic recreation and enhanced autism respite programs for children, youth, and families.

Kinark works collaboratively with northern First Nations communities to provide assessment, training and consultation services.

### 2. AUTISM

As one of the nine Lead Agencies for Autism in Ontario, Kinark supports children with **Autism Spectrum Disorder (ASD)** and their families throughout Central East Ontario. Kinark delivers **Intensive Behavioural Intervention (IBI)**, capacity building supports for parents, caregivers, the school system and other service partners. The School Support Program (SSP) provides training, consultation, and resource development to teaching staff and school board personnel in Ontario's publicly funded schools. Through the **Connections for Students Program**, SSP provides transition support to children with ASD and their families.

### 3. FORENSIC MENTAL HEALTH / YOUTH JUSTICE

Kinark offers both facility and community-based forensic mental health services.

**Syl Apps Youth Centre (Syl Apps)** is a secure youth mental health facility in Oakville that can provide support for up to 48 youth at a time. Syl Apps operates three programs:

- Secure treatment (mandated by the Child & Family Services Act—CFSA) (males and females)
- Secure detention and custody (mandated by the Youth Criminal Justice Act—YCJA) (males and females).
- It is also the only facility in Ontario designated to accept youth by order of the Ontario Review Board.

**Intensive Support and Supervision Program (ISSP)** offers an alternative to custody for youth in conflict with the law with significant mental health issues who can be safely supported in the community. It provides youth with comprehensive assessment and treatment to address their behaviour and mental health issues while assisting them to build their capacity to live productive lives.

**4,689**  
UNIQUE  
CMH CLIENTS  
SERVED



**837**

KINARK EMPLOYEES

**4,792**

KINARK OUTDOOR  
CENTRE CAMP VISITORS

**9,607** HRS  
AUTISM –  
CONSULTATION,  
TRAINING AND  
RESOURCE HOURS



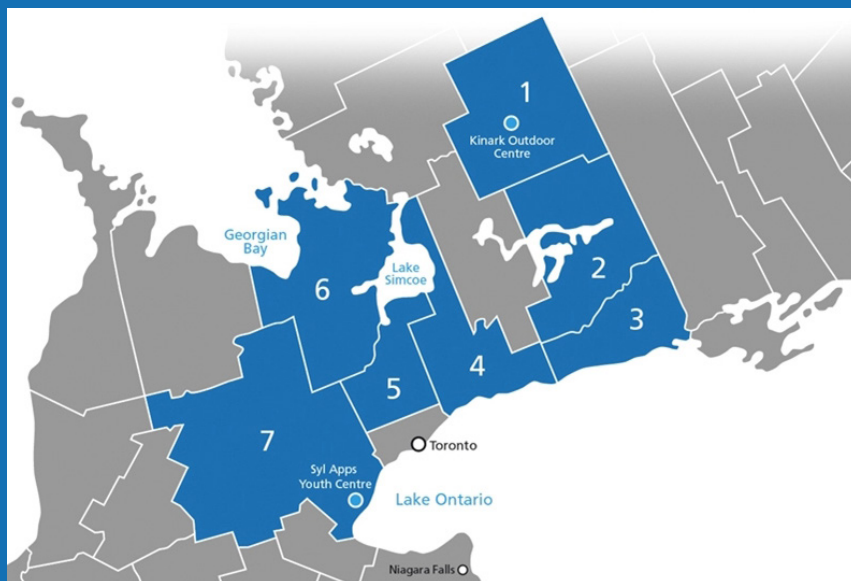
**471**  
UNIQUE IBI  
CLIENTS SERVED  
**964** IN OTHER RELATED  
AUTISM SERVICES

**169**

UNIQUE YOUTH  
JUSTICE CLIENTS  
SERVED

## PROGRAM AND SERVICE AREAS

1. Haliburton / Minden
2. Peterborough
3. Northumberland
4. Durham
5. York
6. Simcoe
7. Halton



## FINANCIAL SUMMARY

### KINARK CHILD AND FAMILY SERVICES FINANCIAL HIGHLIGHT FOR YEAR ENDED MARCH 31, 2014

	2014	2013
<b>OPERATING REVENUES</b>		
Government funding	\$ 65,568,932	\$ 63,027,980
Other contract sources	4,097,298	4,748,082
	<b>\$ 69,666,230</b>	<b>\$ 67,776,062</b>
<b>OPERATING COSTS</b>		
Salaries and benefits	\$ 43,253,825	\$ 41,448,397
Other costs	26,734,893	26,956,686
	<b>\$ 69,988,718</b>	<b>\$ 68,405,083</b>
<b>EXCESS (DEFICIENCY) OF REVENUES OVER COSTS FOR THE YEAR</b>	<b>\$ (322,488)</b>	<b>\$ (629,021)</b>

Note: The financial highlight is extracted from the annual financial statements audited by Shore Newman & Rose LLP.  
A copy of the complete audited financial statement is available at <http://www.kinark.on.ca>.



## POSITIVE CHANGES HAPPENING IN COMMUNITY MENTAL HEALTH

### BACKGROUND

This year, Kinark has seen several changes in its Community Mental Health Program (CMH). As we recognize the challenges many Ontario youth and families may encounter when they are looking for, and navigating through, services, we are working to define how we can best contribute to the development of a more effective child and youth mental health system, explains Cathy Paul, President and CEO, Kinark Child and Family Services.

“At Kinark, we have started to implement a three-year plan to focus our CMH programs, services and evaluation on children and youth with complex needs and their families, believing that it is most important to focus scarce resources and our clinical expertise on the kids who face the greatest risk of poor outcomes,” says Paul. “We will also continue to build and enhance our relationships with other partners in our communities to work together to make sure clients know where to get the right services at the right time.”

*“The Vanier Residence is a residential program for youth 13-17 years of age with severe, chronic and complex mental health issues. The Vanier program began in 2010 as a result of an identified need for specialized community resources for youth with complex mental health issues.”*

— Gayle Claus,  
Residential Supervisor,  
Vanier Residence

### TWO PILOT PROGRAMS EVALUATED

As part of Kinark’s new focus, the organization evaluated two of its innovative pilot programs for children and youth with complex needs: the Vanier Residence and the Behaviour Stabilization Consultation Team (BSCT).

#### Vanier Residence

The Vanier Residence is a residential program for youth 13-17 years of age with severe, chronic and complex mental health issues. The Vanier program began in 2010 as a result of an identified need for specialized community resources for youth with complex mental health issues, explains Gayle Claus, Residential Supervisor at Vanier. “I was working at Syl Apps Youth Centre (Syl Apps) when we opened Vanier,” says Claus. “We based Vanier’s treatment model on the same techniques that we use at Syl Apps.” Some of the youth at Vanier may also have mild developmental disabilities, which could include Autism Spectrum Disorder (ASD) or Fetal Alcohol Syndrome Disorder (FASD).

The youth at Vanier learn a variety of strategies including coping, emotion regulation, skills group, mindfulness and receive individual and sometimes family therapy while attending school in the community or in a classroom located inside the residence.



Another strength of the program is that it utilizes Dialectical Behaviour Therapy (DBT), an approach to skills-building. DBT treats the youth's high-risk behaviours including self harm, suicidal attempts and significant aggression. Once in the program, treatment goals are developed in conjunction with the youth and their families. Kinark's clinical team develops an individualized program and works with the youth for 12 to 18 months.

"Using this model we target the youth's most high-risk behaviours with the ultimate goal of reintegrating the youth back into the community," explains Claus.

"The program is showing promise as a best practice for our other residential treatment programs as the majority of youth in the program are able to successfully transition to less intensive supports," notes Christine Simmons-Physick, Program Director, CMH, Central Region.

### Behaviour Stabilization Consultation Therapy (BSCT)

The Behaviour Stabilization Consultation Team (BSCT), enables youth to remain at home while receiving treatment. Incubated in Peel in collaboration with Family and Children's Services of Guelph and Wellington County, Peel Children's Aid and Children's Aid of Halton, BSCT builds the skills and knowledge of caregivers so they are better able to support children and youth with mental health and behavioural issues.

BSCT is rooted in the understanding that children and youth will have better outcomes when they can strengthen their caregiver attachments and have a stable home. "This way, the family stays intact while we work to build the capacity of the caregiver, so that they have the tools to manage their child's behaviour," explains Teresa Scheckel, Kinark's Program Director, CMH, East.

Therapists provide intensive in-home support to caregivers equipping them with behaviour management skills and helping them to understand the impact that disruption in key relationships and exposure to traumatic events can have on children's development and functioning.



This year, the BSCT program was implemented in Durham as an alternative to residential placement for children under 12 years old. Two BSCT teams are now providing services in Durham and are effectively supporting more children in their home or foster homes than were served in a residence and at a much lower cost than residential services.

In addition, the BSCT model is being piloted in the Simcoe Region in collaboration with Simcoe Children's Aid Society and the Centre for Behaviour Health Sciences to support youth with a dual diagnosis, a diagnosis that includes both a developmental disability and a mental health diagnosis.

*"Positive outcomes from these two programs have led to the enhancement and expansion of these services in some of our other program areas."*

— Christine Simmons-Physick,  
Program Director,  
CMH, Central Region

## INTENSIVE BEHAVIOURAL INTERVENTION TEACHING PARTNERSHIP

Some parents of children with ASD are faced with the difficult decision: to pull their child out of school for much-needed IBI or keep them in school without the benefits of Intensive Behavioural Intervention (IBI). For Sandra and her husband, there wasn't a decision to be made. Their son Kyle is in grade three. He also has Autism Spectrum Disorder (ASD). Children with autism often struggle with social interaction skills, and have communication difficulties and developmental delays, often making school work more challenging. IBI is an evidence-based clinical practice, based in the field of applied behavior analysis. It builds on each child's strengths to help break down the barriers, which isolate them from the world around them.

"Taking him out of school wasn't an option for us. Kyle was a bit behind in some subjects, but overall, he was doing really well," explains Sandra. "We didn't want to lose any more time." A new pilot project, the IBI Teaching Partnership, offered the perfect solution. The partnership is a collaboration between York Region District School Board (YRDSB), Kinark Child and Family Service's Central East Autism Program (CEAP) and the Centre for Behaviour Health Sciences at Mackenzie Health. The two year pilot project with YRDSB's Kettle Lakes Public School, was designed to expand the

### ELIGIBILITY FOR PILOT PROGRAM

- Admitted to CEAP from their waitlist or transferred from another setting
- Eligible for placement in Grades 1-8
- Student must be registered at the school, preferably full-time
- Children are placed according to their abilities as determined by:
  - screening assessments
  - compatibility with other children in the partnership
  - the location of their home
  - family transportation needs
  - family preferences

*"IBI programming is delivered by IBI staff in one-on-one, two-on-one, or in a small group, depending on the student's needs."*

— Kevin Schama, Associate Clinical Director for ABA and Clinical Services at Kinark

available options for families whose children are school aged, allowing their child to remain in school and receive IBI. On average, students receive 27 hours of IBI per week.

### INDIVIDUALIZED ASSESSMENTS AND PLANS

The goal of the pilot program is to provide service to up to 12 children at a time, while taking each child's needs into consideration. Teachers and clinical staff develop an Individual Education Plan (IEP) and Individual Program Plan (IPP), in consultation with the family. "The plans detail goals and specific teaching strategies that are based on each child's current abilities and are designed to maximize the child's learning rate," explains Kevin Schama, Associate Clinical Director for ABA and Clinical Services at Kinark. The teacher then assesses the child's knowledge and skills in relation to the learning expectations established in their IEP and provides instruction based on the Ontario curriculum and the needs of the student.

Teachers and clinical staff work closely to ensure that the goals and strategies in the IEP and IPP complement each other and work toward the best educational outcome possible for each child. "IBI programming is delivered by IBI staff in one-on-one, two-on-one, or in a small group, depending on the student's needs," says Mr. Schama.

Each child's progress is then reviewed at least once every two weeks and goals are adjusted as needed.



The individualized care, done in the classroom setting, when coupled with IBI, is making a difference for Kyle. "In September (when he started the program), he was very rigid in his routines and food choices, and would interrupt me and my husband when we were talking," says Sandra. "He had his own agenda." Now, he's more flexible, and even asks permission before interrupting or will even tap Sandra on the shoulder to make sure it's okay. She's also noticed huge improvement in his anger management. "He doesn't get as angry and frustrated as he did before."

### PARENTS PLAY AN IMPORTANT ROLE IN THE CHILD'S CARE

Communication with parents is key to the program's success. Parents are informed about progress and the effectiveness of the program during regularly scheduled meetings, and participate in ongoing discussions about how their child is doing at home and in the partnership. "Every day they send a communication book home, so I know exactly what he did that day," says Sandra. "The communication is very good."

Caregiver training is another key component of the program. Training is available to parents on a variety of topics including characteristics of ASD, how to manage behavior problems, and how to teach their child effectively.

*"This is the first school year Kyle hasn't come home not wanting to go to school the next day. Whatever they are doing is working!"*

### ULTIMATE GOAL: TRANSITION TO REGULAR CLASSROOM SETTING

With the ultimate goal of transitioning the child into a regular classroom setting, students learn essential skills for participation in a school-based setting while having access to typically developing peers. They also participate in school activities, such as assemblies, field trips, etc. "Kyle spends seven hours a week in a regular grade three class. An IBI therapist comes with him, to support him," explains Sandra.

Discussions with the family about discharge from the partnership or transfer to another IBI setting occur in relation to the child's overall progress and current abilities.

With excitement in her voice, Sandra explains: "Next year, Kyle is going into a regular classroom, where he will be fully integrated. He is so excited." Families, like Kyle's, will receive support during this transition. "He won't go it alone," says Schama. "A consultant with the School Support Program will help manage the transition, while the School Board works with the family to find an appropriate school placement." Goals are adjusted, as needed, to prepare the child for their new setting.

### THE FUTURE OF THE IBI TEACHING PARTNERSHIP

Future plans for the teaching partnership are based on the results of our evaluation of the program, explains Schama. Nonetheless, the program so far, receives glowing reviews from Sandra. Now, not only has Kyle's focus improved, which he is applying to literacy and math, but "this is the first school year he hasn't come home not wanting to go to school the next day. Whatever they are doing is working!"

\*Names have been changed to protect client privacy and confidentiality.

## OPPORTUNITIES FOR GROWTH AT SYL APPS YOUTH CENTRE



**Syl Apps Youth Centre (Syl Apps):** this secure mental health facility serves some of the most challenging and complex youth in the province. Some of the youth have been charged or convicted of a criminal offence, some have been found not criminally responsible due to mental illness, some were at risk of harming themselves or others in the community. Many youth also have cognitive impairments, emotional issues and/or mental illness, explains Gerry Watson, Administrative Director at Syl Apps. “The staff see these youth as more than what happened in their past or what challenges they face: they see opportunity for change.”

### UNDERSTANDING EACH YOUTH IS UNIQUE IS CRUCIAL

Understanding that each youth comes through the doors of Syl Apps with a unique set of challenges is crucial, explains Watson. Many have had limited exposure to a supportive, nurturing environment. As a result, they are understandably desperate for positive role models and need to be taught how to bring consistency and structure to their chaotic lives.

The first step: each youth receives an individualized, strength-based treatment plan. This treatment plan is a collaboration between the youth and family, psychiatrists, psychologists, social workers, other clinical staff, child and youth workers, teachers, and community partners. The team works together to complete risk assessments, plan individual and group treatment, and identify educational opportunities, while providing medical care and access to recreational activities.

The majority of the youth also participate in Dialectical Behaviour Therapy or DBT. DBT is an evidence-based intervention that provides a comprehensive approach to support multi-diagnosed, complex, high risk youth. The goal of DBT is to change risky or unproductive behaviours such as violence to others, self-harm, suicidal thoughts and substance abuse. “It has really proven effective for our youth,” says Watson.

### INDIVIDUALIZED SUPPORT AND PROGRAMS

Socialization is also very important for these youth. Many of the youth have experienced trauma and as a result can experience overwhelming emotions and display unpredictable behaviours when in a social environment. Others may have impairments in cognitive functioning, making socialization an extra challenge, “but not one that can’t be overcome,” adds Watson.

This is why the collective efforts of the team at Syl Apps are so important—to engage and promote pro-social behaviour, while planting the seeds of change for youth who may not have had much success in previous settings. We know that when youth feel better, they benefit from more clinical interventions. “We’re giving them another chance to connect with the world around them and to learn more about how they see themselves and others.”

*“There’s so much you can teach in the garden environment.”*

— Syl Apps’ Art Therapist Barbara Collins



Tanzen (Golden Retriever) and McFlurry (Rex rabbit),  
from the Humane Society's pet visitor program

### PRO-SOCIAL BEHAVIOUR HELPS YOUTH CONNECT WITH THE WORLD AROUND THEM

Depending on their clinical needs, youth may also participate in art therapy, which helps them to express themselves through art, recreation therapy to provide opportunities to participate in successful, appropriate, and meaningful independent recreation and leisure activities that, in turn, lead to improved health, quality of life, and well being.

Community volunteers provide much needed one-on-one time with the youth, access to community programs, and pet visitation.

"The youth are always affirming the value of these activities with the things they say to me," says Cindy Pestrak, Volunteer Coordinator at Syl Apps. One youth recently told Pestrak: "Volunteers are important because they give us more opportunities to do activities that we would not usually be able to do." A second youth voiced similar sentiments about the pet visiting program, which includes visits from animals from the Oakville and Milton Humane Society: "I miss my pets at home a lot and it's helpful to have pet visiting — it makes me feel better."

### GARDEN PROJECT AS A METAPHOR FOR THE TRANSITION THE YOUTH UNDERGO

The Community Garden Project is a perfect metaphor for the development of many of the youth at Syl Apps, explains Rosie Thompson, Kinark's Recreational Therapist.

Thompson, along with Syl Apps' Art Therapist Barbara Collins, and the Syl Apps School, created the garden project.

"Like many of the flowers or plants we transplant each year, many youth arrive at the facility feeling like they have been uprooted from their family or community," says Thompson. The garden gives them a place to fit in without fear of judgment. It also gives the staff opportunities to teach life skills and understand the importance of self and the ability to relax and self soothe.

"There's so much you can teach in the garden environment," adds Collins.

One youth, after spending many hours helping to make the garden flourish stated: "If my family had cared for me the way we are caring for the plants in this garden, my life would be so different."



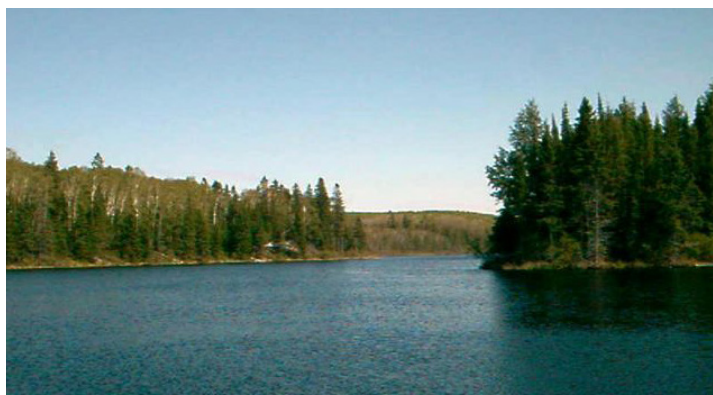
*"If my family had cared for me the way we are caring for the plants in this garden my life would be so different."*

— A Syl Apps youth



## GOING ON A FAMILY VACATION AT THE KINARK OUTDOOR CENTRE

Being a parent of a special needs child is often a 24-hour a day job with no break in sight. Making time for other children, partner or spouse is a struggle and the thought of going away as a family feels impossible. **The Kinark Outdoor Centre (KOC)** is now able to offer a supported family vacation to over 200 families with children with Autism Spectrum Disorder (ASD) each year. The Autism Family Respite Weekends and the Autism Summer Camp programs are recreational-respite programs that provide the necessary supports for ASD families and children to get away and spend time together in a therapeutic environment.



*"These are happy tears, as we never thought he would have fun, and smile...ever, and the road doesn't look so dark anymore!"*

— Mother of a Kinark Outdoor Centre Camper

### RESPIRE FOR ASD FAMILIES REDUCES HOSPITAL VISITS AND OUT-OF-HOME PLACEMENTS

"Research on the impact and importance of respite in Canada is woefully inadequate, but what we do know is that the provision of respite for ASD families is the only intervention proven to reduce acute hospital visits and out of home placements," says Jim McHardy, Director of the Kinark Outdoor Centre. "The needs of each ASD child are unique so there is no 'one size fits all' model." What is often needed to support an ASD family to have a vacation are:

- a highly skilled and trained staff
- a comprehensive pre-visit support process
- a special and individualized food service
- adapted facilities, program routine with flexibility to meet individual needs
- special sibling programs
- similar families to interact with.

"These are the things that make up the Kinark Autism Family programs at the Kinark Outdoor Centre," says McHardy.

McHardy explains: "This past weekend we had a family attend the KOC. The mother, with tears in her eyes, explained what a positive experience it was for her to watch her son have so much fun."





## CHILDREN'S MENTAL HEALTH WEEK 2013

### KINARK CELEBRATES CMHW 2013 BY LAUNCHING RISE AGAINST STIGMA CAMPAIGN

On Wednesday, May 8<sup>th</sup>, 2013, in a high school in Peterborough, Ontario, an auditorium full of Grade 10 students gathered for a youth engagement activity organized by Kinark Child and Family Services, in partnership with Thomas A. Stewart Secondary School. The event also marked the launch of Kinark's Rise Against Stigma Campaign.

Jody Gorham, a Kinark Child and Youth Worker, kicked off the day's events by asking the students to stand up *if they knew someone in their personal lives who made suicidal comments or hurt themselves on purpose*. The quiet auditorium was filled with the sound of students shuffling in their seats, as three quarters of the room stood up. "And, this is why we are doing what we're doing," says Gorham. The objective of the event was to get the students thinking critically about mental illness and stigmatization.

#### RISE AGAINST STIGMA CAMPAIGN PLEDGE

The campaign asks youth, adolescents and adults to sign a pledge, promising to:

#### SPEAK UP

#### BE MINDFUL OF THE WORDS I USE

#### BE A FRIEND

either by signing  
a form or going to [www.kinark.on.ca](http://www.kinark.on.ca)

Since its launch, the campaign received television coverage by Rogers Cable TV in York Region and CHEX TV in Peterborough. Several online articles were also published and interviews were aired with the Canadian Broadcast Corporation (CBC) Radio Canada.



*"I regret having those thoughts because I don't feel like that any more. There is hope, but you have to ask for help."*

— Jacob Wilson, Rise Against Stigma  
Campaign Ambassador

#### CAMPAIGN YOUTH AMBASSADORS SHARED STORIES

Jacob Wilson and Jessica Valentyne, the Rise Against Stigma campaign ambassadors also shared their personal stories with the students. Videos about their personal experiences were also posted on Kinark's website, [www.kinark.on.ca](http://www.kinark.on.ca).

"Growing up with autism wasn't easy," said Wilson. "I suffered with a lot of physical and emotional bullying, which led to my major depression. I thought ending my life was the only way out." Suicide is the leading cause of non-accidental death among youth in Ontario, second only to accidental death.

Sitting on the stage, Valentyne also shared her story of depression and anxiety. "My battle with mental health issues started when I was really young. It's a dark, dark place." Valentyne emphasized the value of asking for help. "During my first year of high school, Kinark placed a Counsellor in the guidance office and she became my hope. I call her my guardian angel."

## RESEARCH AND EVALUATION PARTNERSHIPS

Over the past year, there have been a number of changes to Kinark's **Research and Evaluation** Department and how we undertake this work in the Agency. The creation of the Quality Oversight Committee and its review process of the menu of evidence-based practices that Kinark delivers provided an opportunity to put into place a more planful cycle of implementation/process and outcome evaluations.

This year, we completed an implementation and outcome evaluation of the Vanier residential program and planned and/or began evaluations of the Intensive Support and Supervision Program (ISSP), evaluation of Art Therapy at Syl Apps Youth Centre and an evaluation of Dialectical Behaviour Therapy (DBT) for secure custody girls. Being planned for the Fall is an evaluation of Stop Now And Plan (SNAP) for boys and the Behaviour Stabilization and Consultation Team (BSCT) program in Durham.

In addition to a program evaluation function, Kinark also had a second function defined over the year – the Statistics and Analysis Unit. This group of staff is responsible for maintaining the client profile database, the first time we've been able to link KIDS 4.0 data with other databases of information, including Brief Child and Family Phone Interview (BCFPI) and Child and Adolescent Functional Assessment Scale (CAFAS). This work has afforded us the ability to describe and profile our clients in a way that we never have been able to before, including detailed clinical profiles by demographics and program participation.

And of course, we continue to partner with external stakeholders for some of our work, to enhance that capacity:

- **INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES (ICES)**

The Kinark Research and Evaluation Department is working in collaboration with ICES in their work for the Ministry of Children and Youth Services and *Moving on Mental Health* strategy. Part of this work involves development of an outcome and indicator scorecard focusing on timely access to services for populations in need as well as research on the health trajectories of children and youth in Ontario.

- **APPLIED BEHAVIOUR ANALYSIS**

Kinark continues its partnership with Applied Behaviour Analysis Services (ABAS) providers across the central eastern region of Ontario to continue to evaluate the effectiveness of ABA programs in York, Simcoe and the Four Counties. These contracts have been in progress for three years and are expected to continue for another two years, to support a common approach to the monitoring of clinical outcomes across the ABAS system. The tools developed in this partnership will help inform Kinark's assessment and clinical outcome monitoring processes and strengthen our connections with other community health providers.

## KINARK BOARD OF DIRECTORS AND LEADERSHIP

### 2013/2014 BOARD OF DIRECTORS

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### 2013/2014 KINARK LEADERSHIP TEAM

#### Cathy Paul

President and CEO

#### Rod Evans

Vice President,  
Clinical Services &  
Chief of Psychiatry

#### Neil Fernie

Vice President,  
Human Resources

#### Vicki Mowat

Senior Director,  
Policy and Planning

#### Kathy Newton

Vice President,  
Corporate Services and  
Chief Financial Officer

#### Anne Rappé

Director of Communications

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#### Frances Donovan

Program Director,  
Autism Services

#### Anne Cummings

Clinical Director,  
Autism Services

#### Teresa Scheckel

Program Director,  
Community Mental Health  
(East)

#### Christine Simmons-Physick

Program Director,  
Community Mental Health  
(Central)

#### Laurel Johnson

Clinical Director,  
Community Mental Health

#### Gerry Watson

Administrative Director,  
Syl Apps Youth Centre

#### Jeff Wong

Clinical Director, (I)  
Forensic Services

#### Jim McHardy

Director,  
Kinark Outdoor Centre

#### John Hewer

Ombudsman and  
Privacy Officer

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#### Ryan Rossman

Director, Information  
Technology and  
Telecommunications

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#### Jonathan Golden

Chief of Psychology

#### Gordina Schellenberg

Chief of Nursing

## STAFF LONG-SERVICE AWARDS

### CENTRAL EAST AUTISM PROGRAM

5 Year Heather West  
 10 Year Anne Cummings  
 10 Year Tasha Ramcharitar  
 15 Year Frances Donovan  
 25 Year Beulah Osei

### CORPORATE

5 Year Zia Lakdawalla  
 5 Year Lindsay Muir  
 5 Year Christopher Wright  
 10 Year Steven Boily  
 15 Year Jonathan Golden  
 20 Year Dawn Van Sickle  
 40 Year John Hewer

### DURHAM

5 Year June Kinniburgh  
 5 Year Brandy Nie  
 10 Year Megan Crowley  
 25 Year Ann Gifford

### KINARK OUTDOOR CENTRE

5 Year Lois Dunlop  
 5 Year Stephanie Hall  
 5 Year Ryan Mortell  
 5 Year Elisabeth Pilon

### NORTHUMBERLAND

25 Year Vickie Dickinson

### PETERBOROUGH

5 Year Kristal Ashford  
 5 Year Tracy Emery  
 5 Year Vincent Hickey  
 5 Year Judith Maclellan  
 5 Year Heather McGrath  
 5 Year Aziel McKenna  
 5 Year Carole Slater  
 15 Year Rhonda Bell  
 15 Year Julie Chatten  
 15 Year Gord Newman  
 20 Year Helen Casmey  
 25 Year Michelle Buckley  
 25 Year Penny Earl  
 25 Year Paul Plant  
 25 Year John Soars

### SIMCOE

5 Year Karen Hansen  
 15 Year Margaret Bateman  
 15 Year Sharon Bookalam  
 15 Year Marie Hill  
 15 Year Sharon Lefaive  
 15 Year Heidi Lipp  
 15 Year Sarah Thompson  
 25 Year Darlene Babcox  
 25 Year Giovanni Balloi  
 25 Year Terri Baumer  
 25 Year Marcia Franz  
 25 Year Alla Hirsch  
 25 Year Kevin Snow  
 35 Year John Fiddes

### SYL APPS

5 Year Melissa Bendig  
 5 Year Ian Bennett  
 5 Year Violette Fatho  
 5 Year Gaynor Fraser  
 5 Year Greg Halliday  
 5 Year Dean Harrison  
 5 Year Allison Kangas  
 5 Year Tammy Lockyer  
 5 Year Venus Lucas  
 5 Year Lu-Ann Middleton  
 5 Year Margaret Muraca  
 5 Year Cindy Pestrak  
 5 Year Scott Redfern  
 5 Year Paul Thompson  
 5 Year Alyssa Trautman  
 5 Year Aziz-Ur Rahman  
 5 Year Edward Wilson  
 10 Year Rosemarie Thompson

### VANIER RESIDENCE

5 Year Breanna Costelloe  
 5 Year Monique Snow

### YORK

5 Year Wendy Manel  
 5 Year Teeranee Neugebauer  
 10 Year Shannon Bowler  
 10 Year Rima Elfar  
 10 Year Kendra Patrick  
 15 Year Andrea Klaring  
 15 Year Elizabeth Mafla  
 15 Year Jim Van Schie  
 15 Year Francine Zander  
 20 Year Michelle Dickinson  
 20 Year Heather Wilson  
 35 Year Diane Start



## OUR LOCATIONS

**Campbellford Memorial Hospital**  
146 Oliver Road  
Room 254, 2nd Floor  
Campbellford ON K0I 1L0

**Corporate Office and Kinark Foundation**  
500 Hood Road, Suite 200  
Markham ON L3R 9Z3

**Durham Region**  
20 Sunray Street, Unit 1  
Whitby ON L1N 8Y3

**Kinark Outdoor Centre**  
P.O. Box 730  
Minden ON K0M 2K0  
1-800-805-8252  
[www.koc.on.ca](http://www.koc.on.ca)

**Northumberland County**  
20 Strathy Road, Unit 3  
Cobourg ON K9A 5J7

**Peterborough County**  
380 Armour Road, Suite 275  
Peterborough ON K9H 7L7

**Simcoe County**  
34 Simcoe Street, Suite 301  
Barrie ON L4N 6T4

788 Yonge Street, Unit 3  
Midland ON L4R 2E6

**Syl Apps Youth Centre**  
475 Iroquois Shore Road  
Oakville ON L6H 1M3  
905-844-4110

**Vaughan Region**  
8551 Weston Road  
Unit 9A  
Vaughan ON L4L 9R4

**York Region**  
24 Orchard Heights Blvd  
Unit 101A  
Aurora ON L4G 6T5

184 Simcoe Street  
Keswick ON L4P 2H7

## AUTISM SERVICES

**Head Office**  
600 Alden Road, Suite 200  
Markham ON L3R 0E7  
905-479-0158

Kinark's IBI services are delivered through partner agencies in Durham, Four Counties, York and Simcoe. Kinark manages the Centralized waitlist for ABA services and partners, through the ABA collaborative for Central East Region.

**Durham Region**  
Lake Ridge Community Support Services  
900 Hopkins Street  
Whitby ON L1N 6A9

**Four Counties**  
Tri-County Community Support Services  
349A George Street North  
Suite 303  
Peterborough ON K9H 3P9

**Centre for Behaviour Health Sciences**  
(formerly Behaviour Management Services of York and Simcoe)  
Mackenzie Health  
13311 Yonge St, Suite 115  
Richmond Hill, Ontario L4E 3L6





Planting  
the seeds of  
**CHANGE**



**Kinark**  
CHILD AND FAMILY SERVICES





**CENTRAL INTAKE**  
**1-888-4-KINARK (454-6275)**



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