



blue hills  
child and family centre

2011-2012  
Annual Report



RESPECT



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# PRESIDENT'S REPORT



If I could sum up in one word what Blue Hills has witnessed in the last year, it would be **“TRANSFORMATION”**.

## BOARD PRESIDENT'S REPORT

John Jozsa

Transformation was everywhere – in funding, management, staff turnover and growth, in clinical focus and on the Board. Transformation was the only constant! Transformation is healthy and we have much to be thankful for in what has been accomplished this year.

The announcement last summer that additional funding was coming was very exciting. The amount of additional funding that Blue Hills received was unprecedented. The reality though was that there was insufficient infrastructure funding to support the new staff in relation to office space, supervision and administration. However, management prepared the staff for the issues that the additional complement would bring to Blue Hills and advocated with the Ministry for more infrastructure support. The management team has done an excellent job dealing with these issues and ensuring that children, youth and their families benefitted from the new staff as soon as possible. The Board appreciates that recruitment was challenging.

The Board recognizes the impacts of implementing the Strategic Plan and the inherent transformation of clinical practice. The Board fully supports this initiative. There was considerable effort this year through the reshaping of the Strategic Plan to ensure that all staff would be engaged in the implementation of the Integrated Organizational Framework for Practice with the Board approved additional set of values to ground the work. The Board is confident that management will execute the new direction in a manner which will ultimately result in better opportunities for children, youth and families.

The management team has done an outstanding job leading Blue Hills through a very stimulating year. In addition, the Board had the opportunity on various occasions to meet directly with the managers. Their efforts in leading the staff through the clinical transformation while working without a full management complement, was very impressive. The Board greatly appreciates this commitment and leadership and has a great deal of confidence in this team.



There was a significant increase to the staffing complement at Blue Hills as a result of the new Ministry funding. The comfortable confines of Blue Hills have gotten even more comfortable. Furthermore, the Board realizes that there have not been any measurable increases in Ministry funding for employee remuneration. I would like to thank all employees for their dedication and devotion to Blue Hills and for their continued professionalism despite this reality.

The Board was not exempt from the changes either. We welcomed five new members this year: Andy Shah, Thomson Sam, Basil Mwawasi, Amin Roomani and Grace Jones. Each of these Board members wasted no time in rolling up their sleeves and getting down to business. I thank them for volunteering to be on the Board and offering so much commitment and interest in such a short period of time.

I want to thank the efforts of the Executive of the Board, Sylvia Pal, Vice President, Sally Constantine, Secretary and Larry Wigelius, Treasurer, who helped me and the rest of the Board in setting the vision, mission and values of Blue Hills and supporting Sylvia in leading the staff to make these values come to life.

While we are thrilled by all of the additions to the Board, it is unfortunate that a key member of our Board will be retiring. Sylvia Pal just completed her third and final three year-term on the Board. Sylvia Pal has been a very valuable member of the Board and her wisdom and insight will be missed. We wish her all the best in her future endeavors. Once again we will be attempting to look for candidates who reflect the diversity of York Region.

I also wanted to specially thank the previous Board President, Troy Beretta for his guidance and wisdom provided to me during my first year as President.

The Board had three Standing Committees this year: Nominating Committee, Finance Committee and Advocacy Committee. As noted previously, you can see the Nominating Committee had a successful year with the five new additions. The Board continued to be committed to advocacy in the children's mental health sector. Bala Kumar played a leadership role on the Advocacy Committee and I thank her for her efforts. I would like to thank Peter Mukundi, Finance Manager, and our Treasurer Larry Wigelius for all of their efforts in taking care of the finances. The Board also was very active in other areas, such as working on an updated Code of Conduct for the Board and assessing the Risk Management strategies of Blue Hills.

During all this transformation, the one constant related to two individuals who continued show their dedication to Blue Hills:

#### Joanne Pariseau

Joanne continues to do a wonderful job as the Manager of Operations and HR. She always seems calm and reassuring no matter how hectic things get. I also wanted to thank Joanne for her efforts in organizing all of the Board meetings.

#### Sylvia Pivko

Sylvia who never ceases to surprise me. She goes above and beyond what is expected by the Board. She is a visionary, she is committed, she is caring and she is so devoted to Blue Hills and is a true leader in York Region. We are very lucky to have her. On behalf of the Board, thank you so much.

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Finally, my final words relate to a prediction for the upcoming year. There will be more transformation!

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There will be no status quo at Blue Hills, although I am sure everyone wants things to slow down. There will be a continued evolution of the clinical practice, the needs of the community will change and we are confident that management and all employees will continue to deliver excellence.

# EXECUTIVE DIRECTOR'S REPORT



## EXECUTIVE DIRECTOR'S REPORT

Sylvia Pivko, MSW, RSW

Welcome to our 2011-2012 Annual Report. This past year has been yet another eventful year.

In an ever-changing social, economic, and political environment, Blue Hills is proud to continue its four decade tradition of quality service to children, youth and their families, and continues in its commitment to achieving even higher service standards in the coming year.

Blue Hills, not unlike other children's mental health centres across Ontario and beyond, has well understood the significant changes occurring in the field and have embarked on a process of **transforming our clinical practices** to align with these new perspectives. We have developed an **Integrated Organizational Framework of Practice** which is presented in more detail further in the report.

Blue Hills is dedicated to contributing to our community's efforts in **system change**. The children's system is very complex and underfunded. Parents trying to access services for their families find the system overwhelming. Consequently Blue Hills has provided leadership to several system change initiatives including, COMPASS- Community Partners with Schools, the ASD Partnership,

the Forum for Children, Youth and their Families, the Mental Health Collaborative and the Human Services Planning Board. As reflected in our third Strategic Direction, **Partnerships-Networking and Community Collaboration**, Blue Hills continues to foster and participate in the building of collaborative, coordinated and integrated networks of service planning and delivery. Some of this year's highlights include:

- **The Forum for Children, Youth and their Families** partnered with the United Way of York Region and hosted the Gathering to promote the creation of one message for York. This message was then delivered as part of the Provincial election process in round tables with all local Provincial candidates.
- **The Mental Health Collaborative and The Forum** continued their planning culminating in a joint working session with York University where mutual priorities and possible partnerships were explored. This York<sup>2</sup> initiative has led to the development of an Action Plan and a Memorandum of Understanding between the community agencies and the various faculties representing York University.

- **The work of the ASD Partnership** also continued as the over 20 agencies worked towards implementation of our Strategic Plan to improve the system of services for children, youth and adults with ASD. The formal Launch of this Partnership on October 4th in partnership with Autism Ontario York Chapter as part of Autism Awareness month went extremely well. [www.yorkasdpartnership.org](http://www.yorkasdpartnership.org) is the new web site.
- **A working group on Children's Respite** services have completed a mapping of all the respite services available to children/youth and are engaged in discussions regarding equity of services and improving both the access and the range of respite services available in York.
- **The Ministry's facilitation** resulted in significant realignment between the four Central Intake for Residential Treatment tables across Central East Region. A new data base to support this work was created with Inovasium and now it is ready for implementation. This will provide long awaited information about how many beds are really vacant and the profiles of the children in those beds, the length of treatment and much more.
- **The Intake Network** brings together all the Intake/ Screening staff across all the child/youth serving agencies in York. This year, following a successful pilot, recommendations were made that as many agencies as possible who have dedicated Intake staff, commit to implementing warm transfers as a matter of course with families who call and are not eligible for the organization's services. This process continues to gain momentum.
- **The Mental Health Collaborative** applied and received one time funding to develop a Strategic Plan for Service System Optimization. Through this project and with the assistance of Professor Kiaras Gharabaghi from Ryerson University, we will move forward towards system change, improved services that are more accessible for families.

- **COMPASS** – Community Partners with Schools is a vehicle for systems change and integration of services between Education, Children’s Mental Health, Health, Youth Justice and Child Welfare. As a result of the new provincial funding for Children’s Mental Health and Addictions, COMPASS was able to increase its service delivery by 7 FTE’s through allocations from Blue Hills (3), Kinark (2) and the York Centre (2).

We celebrated the arrival of MCYS ADR funding this year to support the development of Aboriginal Approaches for both the First Nation’s and the off reserve communities through Dnaagdawenmag Binnoojiiyag Child and Family Services and Barrie Area Native Advisory Circle – BANAC respectively. An amazing day was jointly organized between Central East Region’s Alternative Dispute Resolution Service (CER ADR) and the Ministry of Children and Youth Service, on October 6th focusing on integrating Aboriginal Approaches across the five CAS’s. Blue Hills has been hosting the Central East Region’s **Alternative Dispute Resolution Service (ADR)** for several years now in partnership with York CAS, Durham CAS, Simcoe CAS, Kawartha- Halliburton CAS, Northumberland CAS, Durham Family Court Clinic and Kawartha Court Assessment Service.

Blue Hills bid goodbye to Danette Blue while at the same time welcomed Tracy Arthurs as our new **MCYS Program Supervisor**.

As many other organizations in our community we too are seeing the rise of separated or divorced families seeking mental health services, many of whom are experiencing high conflict. Divorce is a common experience for many children today with 50% of first marriages predicted to end in divorce. Over the past several decades, considerable change has occurred in knowledge about the implications of parent divorce on the social, emotional and cognitive adjustment of children and parents. Providing effective mental health services to these families can be challenging and as a result we have initiated the **York Region High Conflict Committee** in alliance with the Toronto

High Conflict Forum to support all of the different professionals and disciplines that are naturally involved in these situations. We collectively organized a 2 day training **Caught in the Crossfire** for professionals (lawyers, judges, police, mental health providers, child welfare, domestic violence staff, educators and others) involved with high conflict families.

Blue Hills has also understood the necessity and value of supporting the children, youth and families with mental health needs within the **Child Welfare system**. This is a priority articulated by the Commission to Promote Sustainable Child Welfare and the Ministry of Children and Youth Services. There are huge benefits to children, youth and their families that have come to the attention of the CAS to be able to receive the mental health supports they need in order to better support their children and live fulfilling lives. We have developed several services in partnership with York CAS and continue to provide leadership to the continued evolution of improving our collective work in support of children, youth and their families.

Blue Hills is very committed to implementing our **Integrated Organizational Framework** for Practice and to that end we offered five days of Trauma Training by Crisci & Mayer that has already begun to shift all of our perspectives of how best to understand and intervene with children who may not have a secure attachment and may have experienced trauma.

Given the new mental health funding as well as turn over, one of the most remarkable aspects of this past year has been the arrival of over 11 new staff and 5 new Board members. We are almost fully ramped up as we continue the search for the remaining clinical and managerial staff. Integrating all these new individuals has presented us with an unprecedented challenge from which we continue to learn and improve.

I would very much like to thank the **Management Team** – Joanne Pariseau, Steffanie Pelleboer, Peter Mukundi, Paul McDowell, Genevieve Martins and Cheryl Tsagarakis (July 2011), for their support, enthusiasm and commitment to Blue Hills, the

staff and the services we provide to children, youth and their families. Blue Hills continues to seek the realization of its potential. This is manifested in our ongoing reflections of our efforts to transform and renew our clinical work. This has however been exceptionally challenging as we have not had a full management complement all year and few have taken on the work of many. I am grateful to the **Supervisors/Coordinators’** efforts to support the transformation and extend themselves in sharing the responsibilities.

I continue to be inspired by the strength and resilience demonstrated by our children and families. They come to us with a resolve to overcome challenges and with the hope of a brighter future. Our incredibly skilled staff shared their compassion and their expertise to help over 2,000 children and their families. Blue Hills would not be what it is without the diligent work of its staff. I would like express my appreciation to all the **staff and associates** who work tirelessly on behalf of children, youth and their families referred to our service.

Finally I would like to express my appreciation to the **Board of Directors** and particularly to John Jozsa, the Chair of the Board, for their vision, diligence, trust, support and wisdom.

In the spirit of collaboration and respectful partnerships with both families and the community, we continue together to strive to create opportunities for children, youth and their families to nurture their relationships and expand their abilities in realizing improved mental health.

Again, 2011-12 has been a full and productive year. Everyone affiliated with Blue Hills should feel gratified that so much has been accomplished, I certainly do.

.....  
I look forward to 2012-13 with  
enthusiasm and optimism!  
.....



# INTEGRATED ORGANIZATIONAL FRAMEWORK

The following theories, values and action plans combine to create Blue Hills' Integrated Framework of Practice fulfilling the Strategic Directions leading to our transformation of clinical practice.

## 1. Theoretical Constructs

A theory presents a systematic way of understanding events or situations. It is a set of concepts, definitions, and propositions that explain or predict these events or situations by illustrating the relationships between variables. Theories must be applicable to a broad variety of situations. Constructs are concepts developed or adopted for use in a particular theory. The key concepts of a given theory are its constructs. Each of these perspectives/approaches complements, rather than contradicts, one another. All clinical service delivery at Blue Hills will be driven by the following ten theoretical constructs:

Attachment Theory; Current Child Development; Trauma Theory; Group Therapy; Neurobiology; Milieu Theory; Cultural Competency and Sensitivity; Systems Theory; Family Therapy and Psycho-educational Theory.

## 2. Organizational Values

The values of Blue Hills reflect the philosophy and beliefs of our organization, guiding all our decisions and actions. In our organization we undertake through our actions to promote a climate of trust and harmony in all our endeavours. We hold the following as our core values:

### *Inclusivity*

We recognize and uphold the principle of equality of access to services which are responsive and sensitive to individual's uniqueness.

### *Integrity*

We are dedicated to and adhere to maintaining a high moral standard by making certain our actions always match our words.

### *Dignity*

We value each person as a unique individual with a right to be respected and accepted.

### *Ethical Practice*

Ethical practice is to honor the beliefs, morals and values of one's profession and to help others through the process of unbiased decision making.

### *Strength-based*

We believe families have strengths and resources for their own empowerment and are dedicated to collaboratively engaging with families in ways that are respectful and values them as a partner in setting their own goals to becoming successful.

### *Transparent Practices*

We believe strongly in using principles of transparent practice in our work, to clearly and openly share what we do, to encourage accountability and enable people to learn from our successes and mistakes.

### *Self Reflective Practice*

We are dedicated to a process of self-evaluation that pays attention to the practical values and theories which inform our everyday actions in order to support continuous learning and ongoing enhancement of our work.

## 3. Action Plans

### *Organizational Culture*

Living the Values, Self Care and Resiliency, Relationship Building, Team Building.

### *Integrated Service Delivery*

Outreach Model, Coordinated and Centralized Service Delivery, Promoting Community Mental Health.

### *Clinical Practice*

Supervision, Case Discussions, Follow up to Trauma Training, Peer Supervision Model, Community Partners, Staff Development, Clinical Teams, Outcome Measures, Residential and ICW Aftercare and Compass.

### *Inter/Multidisciplinary Approaches*

Treatment Plan Development, Residential Program, Technology.

### *Work Processes*

Workload, Collaboration and Integrated Knowledge Sharing.

### *Learning*

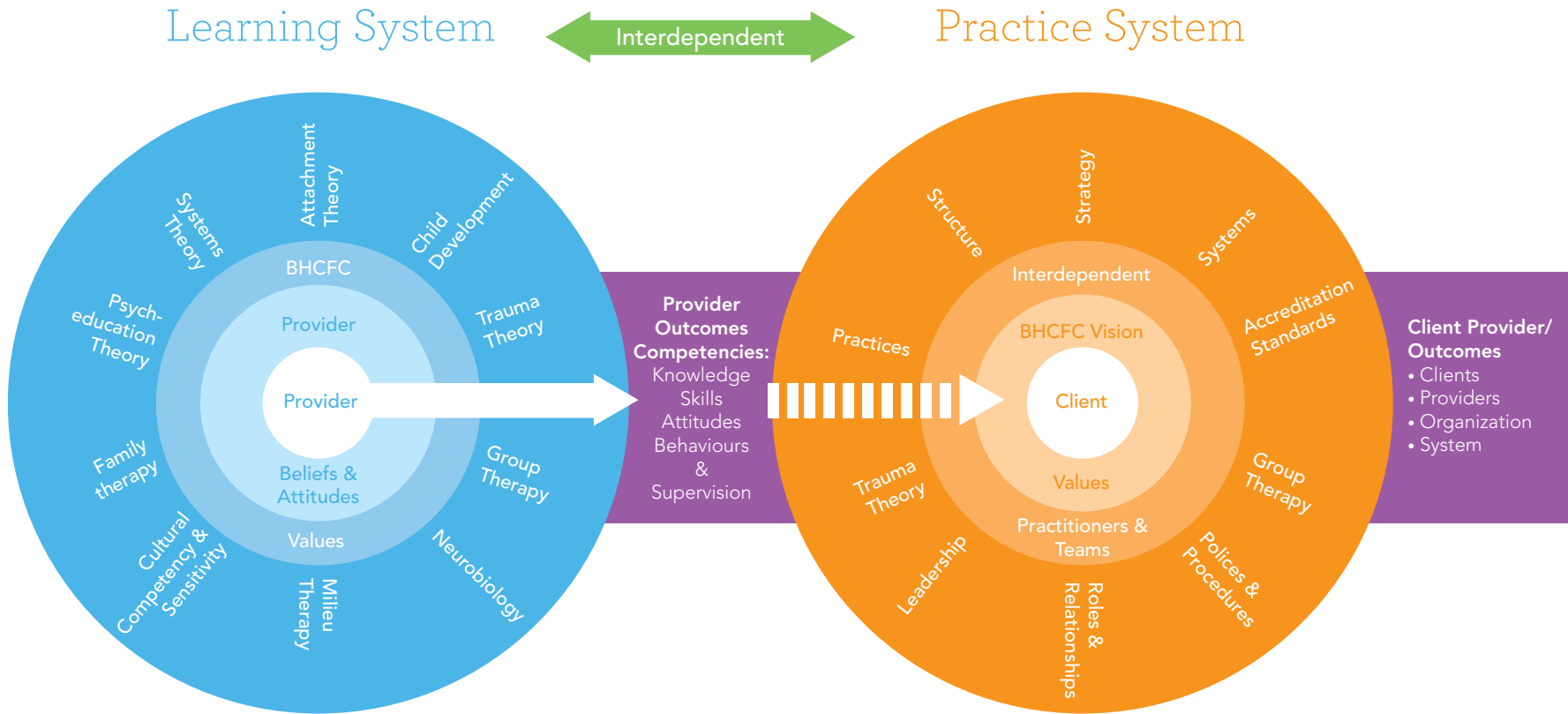
Learning Organizational Culture, Technology, Cross Organizational Knowledge Transfer, Planned Learning Initiatives, Implementation of Best Practices Theories/Training.

### *HR & Infrastructure*

Admin Support, Recruitment and Retention, Physical/Satellite Space, Salaries, Web Site, Technology.



# VISUAL INTEGRATED FRAMEWORK



## Collaborative Practice, Learning and Change

### Client Provider/ Outcomes

Research to Inform and Evaluation to:

Understand the processes related to teaching & practicing collaboratively

- Measure outcomes/benchmarks with rigorous methodologies that are transparent
- Disseminate findings

# THERESA ORTIZ MEMORIAL AWARD 2011

Theresa Olivia Johnson Ortiz was a long-standing Blue Hills Child and Family Centre staff member who passed away in 2005.

Co-workers describe Theresa as a team member who had a “servant’s heart.” She approached situations with an attitude of “how can I support your needs?” Theresa led by serving others. Her totem was the Turtle.

This award honours Theresa’s memory by acknowledging a Blue Hills’ Individual/Program/Service/Group that has demonstrated alignment in their practice to our strategic directions, with specific emphasis to the application of evidence based and informed interventions; for a group of staff whose shared efforts provided an opportunity for children and their families to begin to see our

Blue Hills vision for resilient and healthy families, children and youth come alive; be a motivator/role model; able to empower others; have a passion for their work; demonstrate a sensitivity to diversity and inclusivity; integrate the character attributes in their daily work and through their actions advance our collective work.

2011

Recipient of the Theresa Ortiz Memorial Award  
Joanne Pariseau

2010

Recipients– Friends for Life Group Facilitators  
Debb Bertazon  
Sue Browne  
Lisa Chotowetz  
Ruth Francey  
Alessandra Panico

2009

Recipient  
Amanda Lewis

2008

Recipient  
Sherri Miller

2007

Recipient  
Carrie Mazzei

2006

Recipient  
Karen Leacock

# SERVICES OFFERED 2011-2012

## What Blue Hills Child and Family Centre has to offer:

- Screening/Intake Services
- Brief Services
- Integrated Clinical Services  
Including: Intervention Services (individual and family), Intensive Services, 0-6 Services, Therapeutic Group Services, Play Therapy Services, Modified Interaction Guidance, Triple P (Positive Parenting)
- Residential Services and (ICT) Integrated Consultation and Treatment Service
- Collaborative Day Treatment Services
- Therapeutic Summer Program
- Community Engagement and Capacity Building Services
- Bridging Navigation with the Chippewas of Georgina Island
- Alternative Dispute Resolution Services across Central East Region
- Family Mediation and Information Services
- Centralized Children's Respite Services
- Centralized Consultation and Assessment Services
- Children in Care Enrichment Services
- COMPASS – Community Partners with Schools
- AOK – Mother Goose Service



Blue Hills Staff December 2011

# STATISTICAL INFORMATION

## STATISTICS 2011-2012

	2010/11	2011/12
<b>Total Number of Children, Youth and Families Served</b>	2513	3199
<b>Inquiries</b>	1189	930
<b>Number Of Clients Who Waited And Then Received clinical services</b>	129	139
<b>Average Wait Time (Months)</b>	2.9	2.8
<b>Average Length Of Service</b>	16 Months	13.3 Months
<b>New Clinical Referrals</b>	193	231
<b>Clinical Cases Closed</b>	184	145
<b>Clients In Residential Program</b>	11	15
<b>Average Length Of Stay In The Residential Program</b>	9.5 Months	11.5 Months
<b>Clients of Day Treatment</b>	15	13
<b>Average Length of Stay in Day Treatment</b>	16.7 Months	17 Months
<b>Family Mediation</b>		
<b>Offsite Referrals</b>	143	187
<b>Offsite Mediated</b>	101	129
<b>Onsite Mediated</b>	159	213
<b>MIP</b>	335 PIP	1996

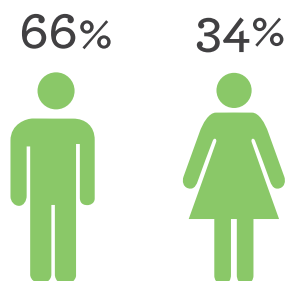
## Who are our Primary Referral Source?

	%
<b>Family Member</b>	60
<b>Self</b>	16
<b>Children's Aid Society</b>	7
<b>COMPASS</b>	3
<b>Hospital</b>	2
<b>x-Other</b>	2
<b>York Centre</b>	2
<b>Jewish Child and Family Services</b>	2
<b>Counselling Service Kinark</b>	1
<b>Counselling Service – Other</b>	1
<b>Early Intervention Services</b>	1
<b>Friend/Neighbour</b>	1
<b>Public Health</b>	1
<b>School – Other</b>	1
<b>School – York Region Board of Education</b>	1

### What are the major Factors in the Families' History at the time of Referral?

	%
Marital separation / divorce	23
Child emotional / verbal abuse - client	14
Learning disability	11
Psychiatric illness - parent	7
Financial stress / unemployment	6
Substance abuse - parent	6
Adoption / foster placement breakdown	4
Developmental delay - client	3
Partner abuse	3
Child neglect - child	2.5
Child neglect - parent	2.5
Chronic illness - parent	2
Custody / access dispute	2
Child emotional / verbal abuse - parent	2
Death / terminal illness - family	2
Incarceration - parent	1
Child physical abuse - client	1
Child physical abuse - parent	1
Poverty (years of...)	1
Psychiatric illness - client	1
Sexual abuse - parent	1
Suicide - significant family member	1

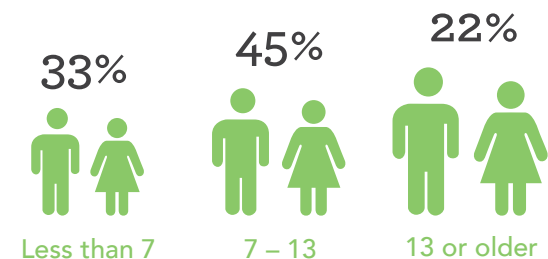
### What is the Gender of all the Children Served?



### Where are the Families living at the time of Referral?

	%
Vaughan	48
Richmond Hill	18
Aurora	10
Newmarket	7
East Gwillimbury	5
Markham	4
King Township	4
Whitchurch / Stouffville	3
Georgina Township	1

### What is the Age of all the Children Served?



### Client Proportion in Services/Programs

	%
Prevention Workshop	37.9
AOK (Mother Goose)	13.7
Family Mediation	13.4
Intervention	9
ADR	8.4
0-6	8.2
Intensive	2.4
Respite	1.9
YRCCAAS	1.8
Bridging Navigation	1.8
Day Treatment	0.5
Residential	0.5
CCES	0.5

# STATISTICAL INFORMATION (CONT'D)

## What are the Families' Primary Presenting Issues?

	%
Anxious / fearful / sad / depressed / withdrawn	38
Unmanageable / authority conflicts	14.8
Aggression towards others	12
Attention deficit disorder (diagnosed)	4.9
Non-compliance	4.2
Poor peer relationships or poor social skills	4.2
Low self-esteem	3.5
Temper tantrums	2.8
Autism	2.1
Suicidal talk	2.1
Behavioural problems at school	1.4
Impulsive	1.4
School learning difficulties	1.4
Speech difficulties	1.4
Suicidal attempt	1.4
Extreme mood swings	0.7
ODD	0.7
Problems related to depression	0.7
Sexually abused	0.7
Sibling conflict	0.7
Verbal aggression towards others	0.7

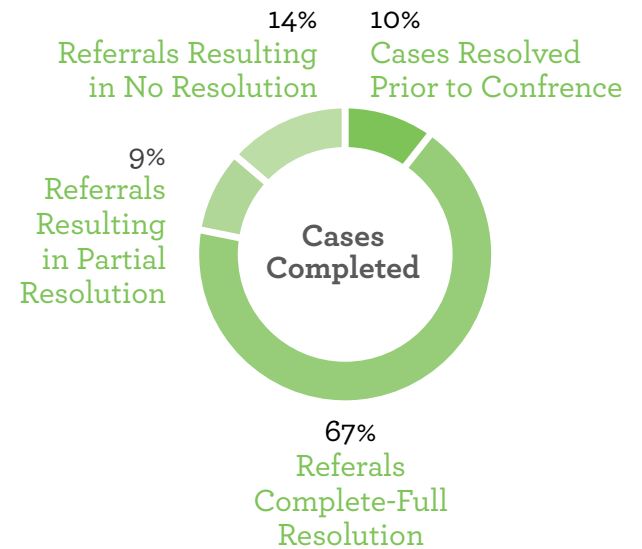
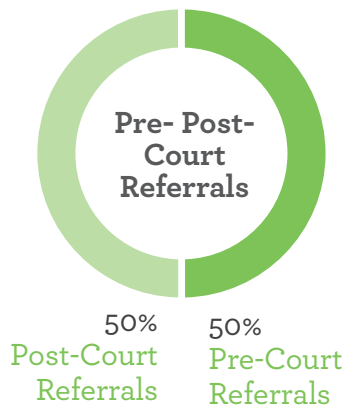
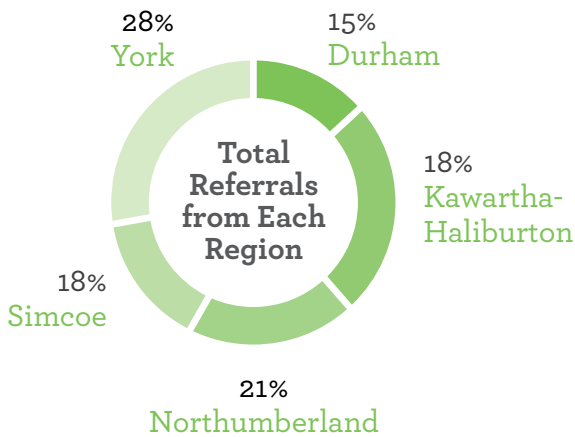
## What are the Families' Secondary Presenting Issues

	%		%
Behavioural problems at school	14.2	Extreme mood swings	1.5
Non-compliance	12.7	Impulsive	1.5
Poor peer relationships or poor social skills	10.4	Problems related to depression	1.5
Unmanageable / authority conflicts	9.7	Self-abusive	1.5
Aggression towards others	9	Sibling conflict	1.5
Anxious / fearful / sad / depressed / withdrawn	8.2	Speech difficulties	1.5
Low self-esteem	8.2	Suicidal talk	1.5
Attention deficit disorder (diagnosed)	3	Temper tantrums	1.5
School learning difficulties	3	Truancy	1.5
Autism	2.2	Eating problems - diagnosed	0.7
Conduct disorder	1.5	Running away	0.7
Drug abuse	1.5	Theft/stealing	0.7
		Verbal aggression towards others	0.7



ADR Actual Referrals from April 1st, 2011 – March 31st, 2012

Region	CPM	FGDM	AbAp	Other	Total ADR
Durham	10	17	1	5	33
Kawartha-Haliburton	22	16	1	0	39
Northumberland	20	16	8	0	44
Simcoe	4	26	9	0	39
York	24	21	14	0	59
<b>TOTAL</b>	<b>80</b>	<b>96</b>	<b>33</b>	<b>5</b>	<b>214</b>



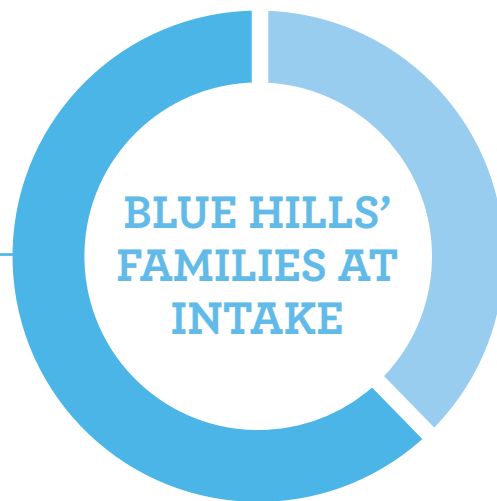


# ETHNIC/CULTURAL BACKGROUND OF FAMILIES AT INTAKE

Most families when asked at Intake (**69%**) refer to themselves as multi-generational Canadian. The rest (**31%**) describe themselves (In order from most to least) as Italian, Russian, Jewish, Spanish, Chinese, Indian, First Nations, Greek, French, Guyanese, Iranian, Irish, British, Scottish, Polish, German or Hungarian.

**69%**

Refer to themselves as multi-generational Canadian.



**31%**

Describe themselves (In order from most to least) as Italian, Russian, Jewish, Spanish, Chinese, Indian, First Nations, Greek, French, Guyanese, Iranian, Irish, British, Scottish, Polish, German or Hungarian.

# STAFF LIST 2011 - 2012

## Executive Director

Sylvia Pivko

## Clinical Director

Steffanie Pelleboer

## Manager of Operations & HR

Joanne Pariseau

## Finance Manager

Peter Mukundi

## Integrated Clinical Managers

Seagal Eben Ezra (Mat. Leave)

Paul McDowell

Cheryl Tsagarakis (Aug 2011)

Genevieve Martins

## Integrated Clinical Workers

Lydia Bailey

Sue Browne

MaryAnn Cole

Ruth Francey (Nov 2011)

Jennifer Glave

Kylee Goldman

Peter Kerenyi

Marjorie Kortis

Cindy Lau Chan

Lindi Lazarus (Nov 2011)

Angie Maxine (Feb 2012)

Sabrina Ouellette

Alessandra Panico, M/L

Rhonda Pelshea

Sara Seymour (July 2011)

Tim Sitt (Jan 2012)

Helen Sugar

Rui Tian (Feb 2012)

Jessica Ticar

Megan Touw (March 2012)

Lisa Visinski –M/L

Lucy Wilson

## Screening Coordinators

Luce Yole Amousou

Lisa Chotowetz

Laura Dayal, Supervisor

## Community Development

Deborah Manion, Coordinator

## Creating Bridges

Uma Bhatt

## Children's Program Facilitators

Cassandra DeCarolis

Kristina Laviola

Diana Marchetti

Tracy Penley

Tina Randazzo

Kristin Smith

## Family Group Decision Making

Salimah Alhibai – M/L

## Children's Treatment Network

Kim Cross

## York Region Children's Respite Service

Luce Yole Amousou-Coordinator

Jennifer Jahnke

Beckie Stewart –  
Coordinator (Sept 2011)

## Alternative Dispute Resolution

Alison McKelvey – Manager

Beckie Stewart - Coordinator

## York Region Clinical Consultation And Assessment Services

Cathy Carey, Coordinator

## Therapeutic Group Program

Debb Bertazzon, Coordinator

## Summer Program

Amber Bagg

Jennifer Caudle

David Hand

Shawn Kanhai

Sandra King

Natrishia LaRocca

Jamie Sherman

## Consultants

Dr. Robin Alter

Dr. Susan Bradley

Donna Jansen

Jocelyn Kadish

Dr. Alina Lazor

Nancy Mayer

Dr. Robin Mitchell

## Students

Stephanie Burdi

Melissa Caldwell

Lindsay De La Barrera

Roda Jama

Jenna Jones

Kelly Marchildon

Brittany Murphy

Tracy Penley

## Mediation & Information Services

Alison McKelvey, Manager

Greg Ambrozic

Christine Buehler

Kim James (June 2011)

Alyson McNiece

Patti Riley (July 2011)

Merv Rosenstein

Anna Siciliano

Krupa Shah

Peter Strapps (Sept 2011)

Alice Rundle Vanbeek

Mina Vaish

## Mediation Roster

Anisa Ali ( 2011)

Greg Ambrozic

Christine Glynn

Deborah Herriot Howes

Carolyn J. Jones, Supervisor

Alyson McNiece

Merv Rosenstein

# STAFF LIST 2011 - 2012 (CONT'D)

## COMPASS

Emanuele Bordonali (Nov 2011)  
Antonella Lippis  
Robyn MacFarlane  
Kwasi Kissi  
Donna Lamanna, Supervisor  
Stacey MacNeil  
Kadie McCourt  
Sherri Miller, Supervisor  
Shilagh Ostrosser  
Jennifer Pinto  
Henry Seo  
Ilicia Simmons  
Mayleen Singhroy (June 2011)  
Rennet Wong Gate

## Georgina Island

Denise Toner

## Residential Program

Karen Leacock, Coordinator  
Emmanuel Aigbedion  
Goli Aslani  
Sharlot Babayan  
Karen Beaupre  
Jeffrey Bellwood  
John Ciccone  
Colin Currie Sinclair (Oct 2011)  
Nancy Gellatly  
Matt Grainger  
Onika Haywood  
Lisa Kalyan

Lisa Kennedy, M/L  
Monika Kutrzeba  
Leah McFedries  
John Montgomery  
Elona Nazaj  
Mandi Noble  
Dixie Rutherford  
Misha Scoon  
Andy Taylor (July 2011)  
Russ Weber

## Integrated Consultation & Treatment (ICT)

Johanna Leung  
Tyler McKelvey

## Administration

Ann Marie Cairns  
Helen Carmody  
Bryan Humenick  
Amanda Lewis  
Ramin Mohebian  
Qian Wang  
Suyan Wang, Coordinator

## Play Therapy Program

Janet MacQuarrie, Coordinator  
Valerie Jacob  
Joseph Turpin

## Collaborative Day Treatment

Sheena Chater M/L  
Kathy Mak (Jan 2012)

Alessandra Panico – Coordinator M/L  
Onika Haywood - Coordinator  
Jamie Sherman (teacher June 2011)  
Ashley Gagoulias (teacher) M/L  
Anne Hartley (teacher)

## Children In Care Enrichment Services

Michal Shohat – Supervisor  
Glen Link

## Brief Services

Diana DaConceicao  
Ashiya DeSai  
Shirley Lai  
Nicole Myles

## Mandatory Information Presenters

Greg Ambrozic  
Isreal Apter  
Nirmala Armstrong  
Valerie Brown  
Jeffrey Benson  
Cathy Carey  
Michelle Cassidy  
Lauri Daitchman  
Laura Dayal  
Stephanie DeFederico  
Patrick Gaffney  
Elissa Gamus  
Christine Glynn  
Deborah Herriot Howes

Ritu Horra  
Diana Issac  
Avram Joseph  
Dawn Kaufman-Frey  
Wayne Kitchen  
Barbara Kristanic  
Jennifer Lau  
Ruby Leung  
Deborah Manion  
Alison McKelvey  
Frank Medicino  
Douglas Millstone  
Christopher Murphy  
Constance Nielsen  
Stephanie Ostreicher  
Glenda Perry  
Merv Rosenstein  
Anna Siciliano  
Su-Lin Siew  
Debra Snider  
Susan Surtees  
Kerry Lynn Thomason  
Alice Vanbeek  
Paul Veugelers  
Cheryl Williams

## Mediation Intern

Valerie Brown

# BOARD OF DIRECTORS



## **Back Row**

Larry Wigelius, Michael Sy, Basil Mwawasi, Andy Shah, Troy Beretta, Thomson Sam, Amin Roomani

## **Front Row**

Jim Hamilton, Grace Jones, Bala Kumar, Sylvia Pal, John Jozsa

## **Absent**

Sally Constantine, Karen McCleave (on leave)

# AUDITOR'S REPORT

## To the Members of Blue Hills Academy:

We have audited the accompanying financial statements of Blue Hills Academy (Operating as Blue Hills Child and Family Centre), which comprise the statement of financial position as at March 31, 2012 and the statements of changes in net assets, operations and cash flows for the year then ended, and a summary of significant account policies and other explanatory information.

**Management's Responsibility for the Financial Statements** – Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditors' Responsibility** – Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements.

The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion** – In our opinion, the financial statements present fairly, in all material respects, the financial position of Blue Hills Academy (Operating as Blue Hills Child and Family Centre) as at March 31, 2012 and its financial performance and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Smith, Sykes, Leeper & Tunstall,  
*Licensed Public Accountants*

# FINANCIAL REPORT

## STATEMENT OF FINANCIAL POSITION

### ASSETS

#### Current Assets

Short Term investments (Notes 5)	\$1,154,950
Accounts Receivable (Note 6)	\$352,299
Prepaid expenses	\$16,656
Due from Blue Hills Foundation (Note 9)	\$1,436

**\$1,525,341**

Capital Assets (Note 10)	\$198,043
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**\$1,723,784**

### LIABILITIES

#### Current Liabilities

Bank Indebtedness	\$224,872
Accounts payable & Accrued Expenses	\$399,184
Accrued wages & deductions payable	\$263,517
Deferred revenue	\$222,242
Repayable to MCYS (Note 8)	\$72,601

**\$1,182,416**

Deferred Capital contribution (Note 11)	\$77,768
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**\$1,260,184**

### NET ASSETS

Net Investment in capital assets (Note 11)	\$120,275
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**Unrestricted Net Assets \$342,925**

\$463,200

**\$1,723,384**

## STATEMENT OF CHANGES IN NET ASSETS INVESTED IN CAPITAL 2012

	Assets	Unrestricted	Total	2011
Balance Start of Yr.	\$151,126	\$312,922	\$464,048	\$398,867
Excess Revenue over Expense	(\$30,851)	\$30,003	(\$848)	\$65,181
<b>Balance Year End</b>	<b>\$120,275</b>	<b>\$342,925</b>	<b>\$463,200</b>	<b>\$464,048</b>



# FINANCIAL REPORT (CONT'D)

## STATEMENT OF OPERATIONS

Revenue	2011	2012
Province of Ontario – MCYS	\$5,077,202	\$5,520,023
Contract Revenue	\$596,469	\$630,215
Province of Ontario - Attorney General	\$220,123	\$242,676
Program recoveries	\$66,058	\$41,923
HST/GST Tax Recoveries	\$53,290	\$75,905
Other Income	\$6,961	\$48,449
Investment Income	\$8,245	\$10,315
Provincial funding repayable	\$0	(\$72,601)
	<b>\$6,028,348</b>	<b>\$6,496,905</b>

### Operating Expenses

Salaries	\$3,236,768	\$3,415,859
Purchased Services	\$1,218,719	\$1,334,243
Benefits	\$631,178	\$605,353
Communications & Office	\$199,464	\$189,505
Premises	\$197,695	\$264,409
Program Supplies	\$163,807	\$177,169
Training & Recruiting Costs	\$83,362	\$193,978
Food Costs	\$76,804	\$72,879
Travel	\$50,230	\$62,325
Membership Fees & Insurance	\$39,182	\$47,345
Professional Fees	\$31,082	\$81,889
Payroll & Banking costs	\$8,933	\$11,907
Promotion materials	\$6,551	\$10,041
	<b>\$5,943,775</b>	<b>\$6,466,902</b>

	2011	2012
<b>Excess of Revenue Over Expenses Before other items</b>	<b>\$ 84,573</b>	<b>\$30,003</b>
Amortization	(\$23,700)	(\$34,944)
Amortization of deferred capital Contributions	\$4,308	\$4,093
	(\$19,392)	(\$30,851)
<b>Excess of (Expenses over Revenue) Revenue Over Expenses</b>	<b>\$65,181</b>	<b>(\$848)</b>



# ANNUAL MEETING



# STAFF RECOGNITION



2011



# LIST OF DONORS

Blue Hills thanks all the donors listed below for their generosity.

It is through this kindness that many of the families we work with are able to receive support at critical times throughout the year...

To assist their children going back to school, with specific extracurricular activities and through the Holiday season. In addition many of our donors contributed significantly to the enhancement of our beautiful property.

## Champions of Hope Campaign

Advanced Knowledge Networks Inc.  
Robin Alter  
Bartemaus  
Linda Coliras  
Stephen & Jane Corley  
Danic Technology Inc.  
Jane & William DeHaan  
Sandra Degan  
Doug & Nancy Devine  
Dorothy Fleming  
Bonnie Ferguson  
Margaret Ferguson  
William Ferguson  
Paula Ferrante  
Edith Fox & Shawn Taylor  
Hallmark - Aurora  
High Tech Communications  
HOME DEPOT  
Carolyn Jones, DiCecco Jones  
Kraft Fine Foods  
Magnum Fine Commercial Printing Limited  
Mastercut Property Service

Mary McAulay  
Karen McCleave  
Brenda McGowan & Clive Walton  
Kimberley McGowan  
Lucia McHardy  
Alyson McNiece  
Na'amat  
Nestle Professional  
Newmarket Court House Social Committee  
Ontario Commercial Arborist Association  
Sylvia Pal  
Jonathan Parnis  
Anthony Pearlman  
Gerald & Susan Peter  
RAM Forest Products Inc.  
Peter Rossborough  
Scotia Bank Yonge & Edward, Aurora  
Shoppers Drug Mart  
Smith Sykes & Leeper Management  
Stouffville Lions Club  
Michael Strathman  
Anna Stuckler-Gropper  
Dawne Sullivan

Sysco Food Supply  
John & Cheryl Tsagarakis  
Ron Walker  
Helen Wojcinski  
York Dance Academy

## Adopt A Family

Catholic Women's League – Nobleton  
C.I.B.C. Yonge & Mulock, Newmarket  
Linda Caira  
Mirella Carlucci  
DeMatteis Law Firm - Anna DeMatteis  
Carmela DeRosa  
Anjana Dhaliwal  
Eddie Bauer – Yorkdale  
Nelly Gallo  
Keal Technologies  
O'Malley's Catering  
Old Navy – Erin Mills  
Old Navy – Yorkdale  
Frances Picciolo  
Scotia Bank – Bayview & Wellington Aurora  
Soraya Sarra  
York Catholic District School Board

# ABOUT CHILDREN'S MENTAL HEALTH

## 1 in 5 children suffer from a mental health problem

Mental illness is prevalent among infants, children, and youth. Children today face more complicated problems at increasingly younger ages. Many problems that exist today were unheard of 20 years ago.

### **Mental health problems can happen to children from any walk of life.**

Untreated mental health problems including depression, anxiety, and conduct disorders can lead to family crises, school disruption, violent behaviour, or even suicide.

### **An estimated 8 in 10 children who need help for mental health problems never receive it.**

A variety of factors prevent families from getting help when they need it, including:

- A shortage of child psychiatrists, psychologists, and social workers
- Stigma and misunderstanding about children's mental health
- Lack of knowledge about available options

### **Early treatment offers the best results.**

The need for service is usually immediate. Unfortunately, the help is not. Some families must wait as long as a year for treatment to begin, experiencing overwhelming stress and desperation as they confront the daily needs of a child in distress.

Most mental illness first appears in childhood or adolescence. Left untreated, mental health problems tend to grow worse as children age. Those who get help early benefit the most from treatment.

### **Treating children's mental health problems now will save money later.**

Treatment can cost up to \$100,000 per child annually. But for every dollar spent on mental health in early childhood, seven dollars are saved in future social and health care related costs.

### **Children's mental health can affect everyone.**

Children's mental health problems can impact entire communities, with disruptive and often dangerous results.

Mental health programs benefit not just children, but also their families, schools, and the communities in which they live.

### **Mental health treatment is advancing.**

Technology offers the promise of exciting new developments in children's mental health. Genetics, neuro-imaging, and medication research all have the potential to radically improve understanding and treatment of mental illness in the young.

In the field of infant psychiatry, standardization of assessment tools, improved diagnostic criteria, and early intervention/prevention strategies present similar opportunities.

# CER ALTERNATIVE DISPUTE RESOLUTION

Follow-up Interviews Summary (preliminary data as of March 31, 2012)

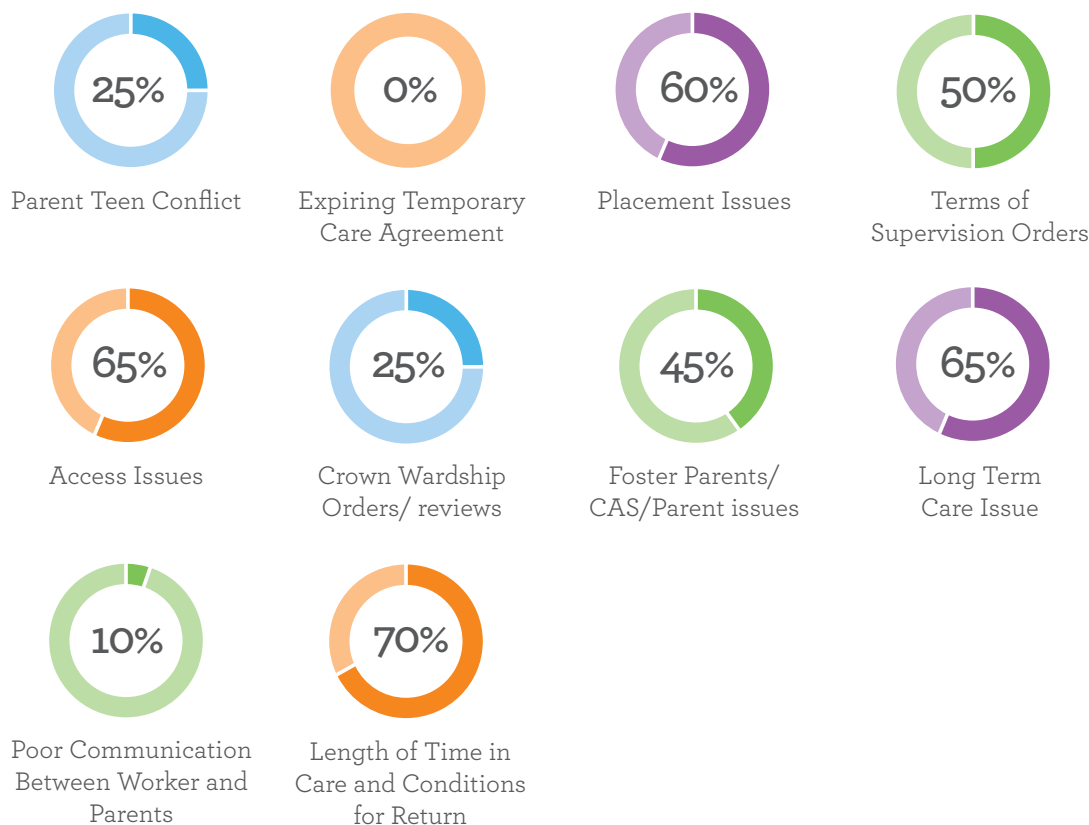
The Alternative Dispute Resolution service is a voluntary service for families involved with the Children's Aid Societies.

It helps families resolve conflict, identify support systems and come to a mutually agreed upon decision that is in the best interests of the children. There are several forms of ADR used in Central East Region including Family Group Decision Making, Child Protection Mediation, Aboriginal Approaches and an 'other' approach that is used in Durham. The CAS and Families develop and agree on a plan during each of these approaches.

Through a grant from The Centre of Excellence for Child and Youth Mental Health, the CER ADR Service worked on an evaluation frame work for the service. One component of the evaluation framework was a follow up telephone interview for families and CAS workers involved in a completed Family Group Conference. It was designed to determine if plans developed during a conference were implemented, sustained, how the conference helped their family and if things had changed since the conference.

The seventeen cases chosen were closed between April 1, 2011 and March 31, 2012. The small number of participants was due to difficulty reaching CAS workers. It was also challenging to reach families as their numbers have changed since their conference, some of which may have been up to one-year prior to the start of this study. A recommendation as a result of this study is to follow up with families within three months of a case being closed in hopes that interviews can be completed.

According to CAS Workers, the top concerns discussed at a conference were placement issues, access issues, long-term care issues as well as length of time in care and conditions for return. See the diagram below for more information.



# “My children are happier and behaviour is getting gradually better since the conference”

## Implementation of Plans

- When asked, 100% of CAS workers said they would use ADR again for other families they were working with.
- 76% (13/17) of the plans decided at the conference were implemented

Children's Aid Society workers are critical components in the successful implementation of plans as they provide key support and resources needed by the family.

- 64.7% (11/17) of the plans were still in effect at the time of the interview

Extended family's support is important to ensuring a plan is successful. Utilizing formal supports such as community programs and services are also critical for ensuring the plan is implemented and remains so.

- 53% (9/17) of plans implemented lasted at least three months or longer.

8/17 cases lasted less than three months.

Three of those cases had only been closed for two months, the plans were just implemented. 5/8 cases were not successful because of a lack of support and involvement from parents and extended family, as well as parents changing their mind after the conference. 9/17 of the plans lasted longer than three months and are still in effect over nine months later because both CAS workers and family (immediate and extended) were committed to making the plan work.

- 13/17 cases required court action after the conference, seven of the thirteen cases requiring more court action were to support the family in implementing the plan, by obtaining supervision orders or custody agreements.

### Key trends:

- ADR helps the CAS relationship with families – they are able to see that CAS supports them and is a positive ally
- FGDM empowers families to take control, feel their concerns are heard and that CAS is not there to control the process

### What do parents and CAS workers think?!

- “My children are happier and behaviour is getting gradually better since the conference”
- “The conference has given me a different perspective on the CAS – positive not negative”
- At the conference, “The extended family helped mom solidify plan and I, the worker, wasn't aware how much they were ready to support mom in getting her children back”
- “The child has returned home with a plan that is more likely to be successful, mom feels more supported and CAS feels more confident about this plan”



## CELEBRATING OVER 44 YEARS IN YORK REGION.

In the spirit of collaboration and respectful partnerships with both families and communities, we strive to create opportunities for children, youth and families to nurture their relationships and expand their abilities in realizing improved mental health.

Blue Hills Child & Family Centre gratefully acknowledges:

- The Ministry of Children and Youth Services
- The Ministry of the Attorney General
- The York Region Children's Aid Society
- The Centre of Excellence for Child and Youth Mental Health at CHEO
- The Regional Municipality of York
- The Royal Bank of Canada
- The Blue Hills Foundation
- Canada Post Foundation for Mental Health

For their support for the children, youth and families of our community.