
Ontario Autism Program

Urgent Response Service

Regional Based Proposals Guidelines

June 2021

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Section 1: Background

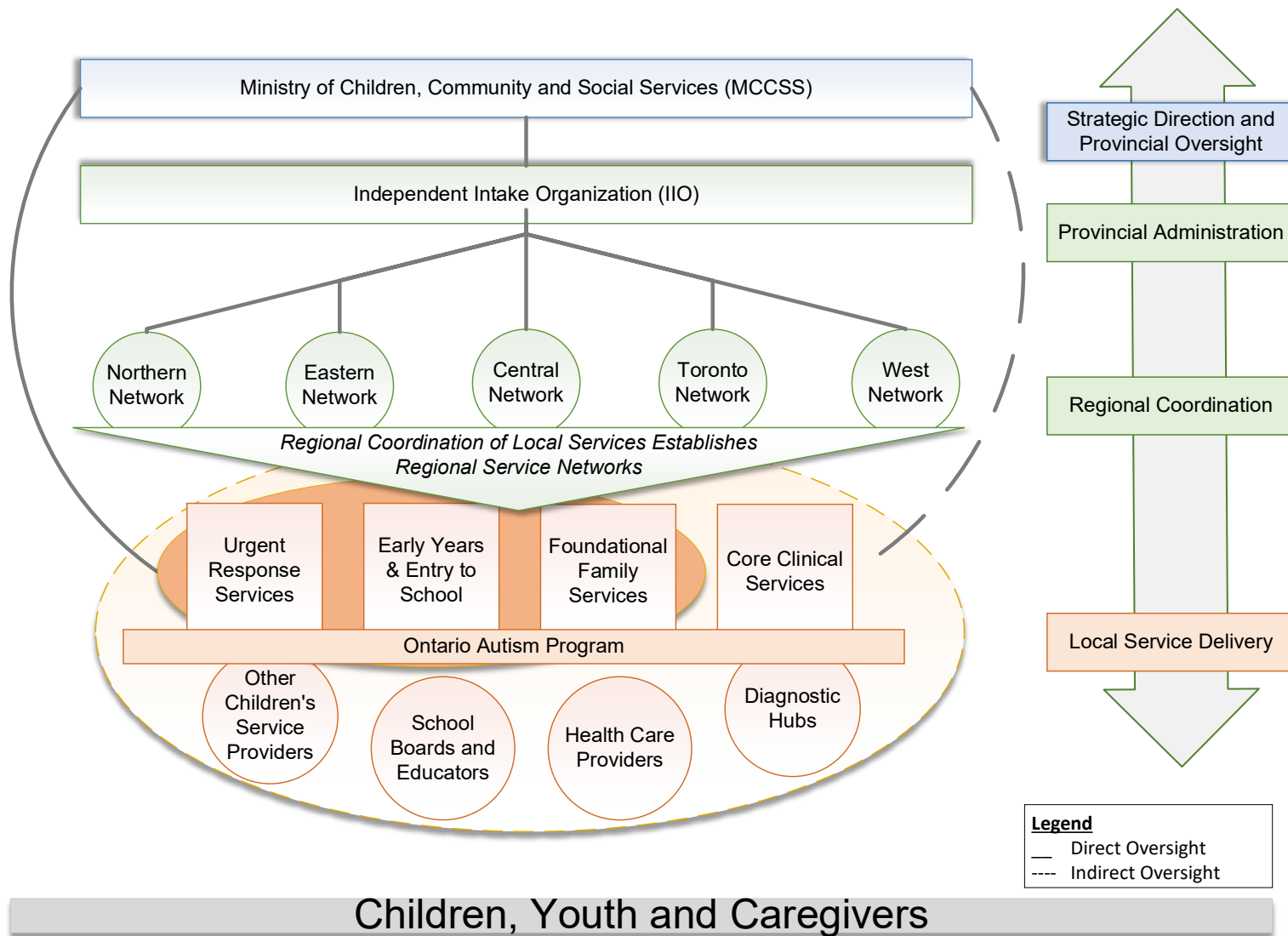
1.1 Introduction to the Ontario Autism Program

In December 2019, the Ministry of Children, Community and Social Services (the “ministry” or “MCCSS”) announced key elements of a needs-based, sustainable and family-centred Ontario Autism Program (the “OAP”), including a broad range of services that will offer families more supports for their child’s specific needs. Aligned with the recommendations of the Ontario Autism Program Advisory Panel, the OAP will offer a range of services and supports designed to respond to the individual needs of children and youth on the autism spectrum, and their families.

All children and youth up to age 18 with a written diagnosis of Autism Spectrum Disorder from a qualified professional will be eligible to register for the OAP. Families will have access to the following service pathways and program supports:

- **Core clinical services** that include Applied Behaviour Analysis, speech and language pathology, occupational therapy and mental health services;
- **Foundational family services** for all families in the program, to build their capacity to support their child’s learning and development;
- **Caregiver-mediated early years and entry to school supports** to help young children access critical services when they will benefit most, and to prepare them to enter school;
- **Urgent response services** to support children and youth who are in service, or are waiting for service, and have significant and immediate needs; and,
- **Care coordinators** to support families throughout their journey by providing orientation to the program, service planning and navigation, and help with managing transitions.

As part of the needs-based design framework, the government will be establishing a provincial Independent Intake Organization (the “IIO”) with a regional presence in each of the five MCCSS defined regions (see Appendix A: MCCSS defined regions). This organization will administer and oversee several key functions of the OAP, including mobilizing regional networks of local service providers in each region so that services are integrated and accessible for families regardless of where they are located. Each regional service network will be composed of a range of service providers across key children’s services, health and education sectors, including, but not limited to, public and private OAP service providers. Through cross-sectoral partnerships and multi-disciplinary collaboration facilitated by the IIO, the regional service networks will be expected to provide a coordinated and integrated service experience for children and youth registered in the OAP as well as their caregivers. This may be facilitated by the IIO through their work with lead organizations responsible for managing, delivering and coordinating delivery of specific service pathways and will include lead organizations responsible for an Urgent Response Service (the “URS”) under the OAP. Fully functioning regional service networks will be established by 2023-24.



Further information about the OAP is available on the ministry's [website](#).

1.2 Children and youth registered for the OAP

As of January 2021, there are 45,992 children and youth registered in the OAP.

Age at time of diagnostic assessment

As of September 30, 2020, the average age of a child or youth receiving a diagnosis of autism through one of the five ministry-funded ASD diagnostic hubs was 4.1 years of age. The average age of a child or youth waiting for a diagnostic assessment was 4.9 years of age. In East, North and Toronto regions, the average age of children/youth waiting for an assessment is higher than the average age of children and youth diagnosed. The reverse is true for West and Central regions (see Appendix B: Average age at time of or waiting for assessment).

Children and youth are not required to seek a diagnostic assessment through one of MCCSS's funded diagnostic hubs in order to register for the Ontario Autism Program.

2020-21 age distribution

In 2020-21, approximately 8 to 11 per cent of children and youth registered for the OAP will be between 0 and 3 years of age, 24 to 29 per cent will be between 4 and 6 years of age, and 59 to 68 per cent will be between 7 and 17 years of age.

The age distribution of children and youth registered for the OAP in 2020-21 is similar for four out of five regions.

The age distribution of children and youth registered in the North region is slightly older, with nearly three-quarters (74 per cent) of children and youth registered between 7 and 17 years of age (see Appendix C: Detailed regional distribution).

1.3 Other special needs services and supports

Children and youth with special needs, including children and youth on the autism spectrum, may access a range of special needs services, including but not limited to healthy child development programs (e.g. early intervention services), children's rehabilitation services, respite services and other direct-funded family supports such as Special Services at Home (SSAH) and Assistance for Children with Severe Disabilities (ACSD). Children and youth with special needs may be eligible for supports through the tax system from both federal and provincial governments and may also receive supports through the education system.

The ministry funds the following programs and services for children with special needs:

Early intervention services are available to all children from birth to school entry when there are concerns about their early development, including for children with special needs. These services include the Infant Hearing, Blind-Low Vision, Infant and Child Development and Preschool Speech and Language programs.

Children's rehabilitation services (occupational therapy, physiotherapy, and speech language pathology) support children's functioning and development so they can participate fully at school, at home and in their communities, from birth into adulthood. Services may be provided in various settings (i.e., community and school), accessible throughout the year including summer and during school breaks and tailored to be responsive to the needs of children and families based on their service plans.

Respite services that provide temporary relief and support to caregivers of children and youth with special needs. These services help them cope, keep families together and provide children and youth with social opportunities.

Assistance for Children with Severe Disabilities (ACSD) is an entitlement-based program that provides financial assistance to low-and moderate-income families to cover some of the extra costs of caring for a child with a severe disability under the age of 18.

Special Services at Home (SSAH) provides direct funding to families who are caring for a child or youth under the age of 18 who has a developmental and/or physical disability to purchase supports related to personal development and growth and caregiver relief.

Coordinated Service Planning (CSP) assists families of children and youth with multiple and/or complex special needs in navigating and coordinating services across programs and sectors (including community, health and education) through the support of a Service Planning Coordinator.

Section 2: OAP URS

Urgent response services will be available for all children and youth registered in the OAP who meet defined criteria established by the ministry. The OAP URS will provide time-limited services and supports for up to 12 weeks to respond rapidly to a specific, identified need to prevent further escalation or risk of harm to a child or youth, other people or property based on the identification of key high risk factors (refer to service delivery flow on page 10).

One or more lead organization(s) in an MCCSS defined region, will enter into a time-limited transfer payment agreement with the ministry and be accountable to the ministry for managing, delivering and coordinating delivery of the OAP URS, including coordinating delivery of the following OAP urgent response services in collaboration with local service providers:

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

OAP urgent response services are expected to be delivered to families in community and home-based settings and/or virtually. Given restrictions to in-person services during the COVID-19 pandemic, options for interim virtual service delivery must be available to families in a region.

The OAP URS will not be a 24/7 service. Outside of regular business hours, a lead organization must establish clear communications for families and service providers that describe the organization's response times, which cannot be greater than 2 business days, the parameters of the OAP URS and who should be contacted outside of regular business hours when immediate crisis or emergency support is required.

The OAP URS is not intended to replace existing emergency or crisis supports, including crisis services or hospital emergency services. While a lead organization will not be responsible under the OAP URS for the delivery of crisis or emergency services, it must have the appropriate policies, procedures and protocols in place for staff to identify a possible crisis or emergency and for the appropriate services to be engaged. Procedures and protocols must take into account the safety and well-being of the child or youth, their family as well as staff members.

Note: If a child or youth accesses the OAP URS, it will not impact their position on the provincial waitlist for OAP core clinical services.

2.1 Guiding principles

The following principles will guide the delivery of the OAP URS:

Child, youth and family-centred

- Urgent response services and supports are built on an individualized and family-centred approach that engages a family or legal guardian in service planning and is responsive to the unique and diverse needs of children and youth on the autism spectrum, and their families.

- Urgent response services and supports consider anticipated transitions and their potential impact on a child or youth and their family.
- A child or youth, or their family or legal guardian, has the right to decline or accept Urgent response services and supports and may discontinue at any time.

Coordinated and collaborative

- Urgent response services and supports are delivered in a coordinated and integrated way that streamlines processes to gather information from relevant professionals within and outside of the OAP and minimizes the need for a family to retell their experience.
- A wrap-around, team-based approach that involves parents/legal guardians/caregivers, a URS coordinator, a care coordinator, relevant service providers and professionals, and other individuals that are part of a child or youth's immediate support system, as required, is used in the joint planning and delivery of urgent response services and supports.

Quality, best practice, and evidence-informed

- Urgent response services and supports are delivered by qualified individuals who have the training, skills and experience to identify and deliver services and supports that are informed by available evidence and best practice in response to the urgent needs of children and youth on the autism spectrum.
- Urgent response service plans are developed, in consultation with families or legal guardians, to establish an immediate, coordinated and clearly defined referral pathway to urgent response services and supports for children and youth, and their families.

Accessible and responsive

- Urgent response services and supports are accessible and provided in a timely manner.
- Urgent response services and supports are responsive to diverse needs of children, youth and their families, including needs of children and youth living in Northern, rural and remote communities and the needs of linguistic, cultural, religious/spiritual, racial, Black, Indigenous, Francophone, LGBTQ2S+, new comer, low income, marginalized and vulnerable populations within a region.

2.2 Objectives

The following objectives will guide the delivery of the OAP URS:

- Reduce risk of harm to the child, others and/or property
- Stabilize and prevent crisis
- Target a single issue that can be addressed within a time-limited approach
- Integrate the OAP URS with OAP core clinical services, foundational family services, the care coordinator role and other non-OAP services

2.3 OAP urgent response service delivery framework

All children or youth registered in the OAP with an identified need that could cause harm to themselves, others and/or property may be referred to a lead organization in their MCCSS defined region for OAP urgent response services. A child or youth registered in the OAP may be referred by their family or legal guardian, their OAP care coordinator, a clinician, or other relevant professional supporting the child or youth. Once referred, a family will be contacted by a lead organization within 2 business days. As a next step, the URS intake process, established by the ministry, will be completed with a family to determine if a child or youth requires OAP urgent response services or if alternative services and supports would better meet their needs. If at any time during the URS intake it is determined that a child, youth or family requires emergency or crisis services, the intake will cease and the child, youth or family will be referred to the appropriate local crisis service or hospital emergency room.

Where it is determined that a child or youth is not eligible for the OAP URS, a family or legal guardian will be supported through the OAP URS to help them access appropriate local supports and services within and outside of the OAP.

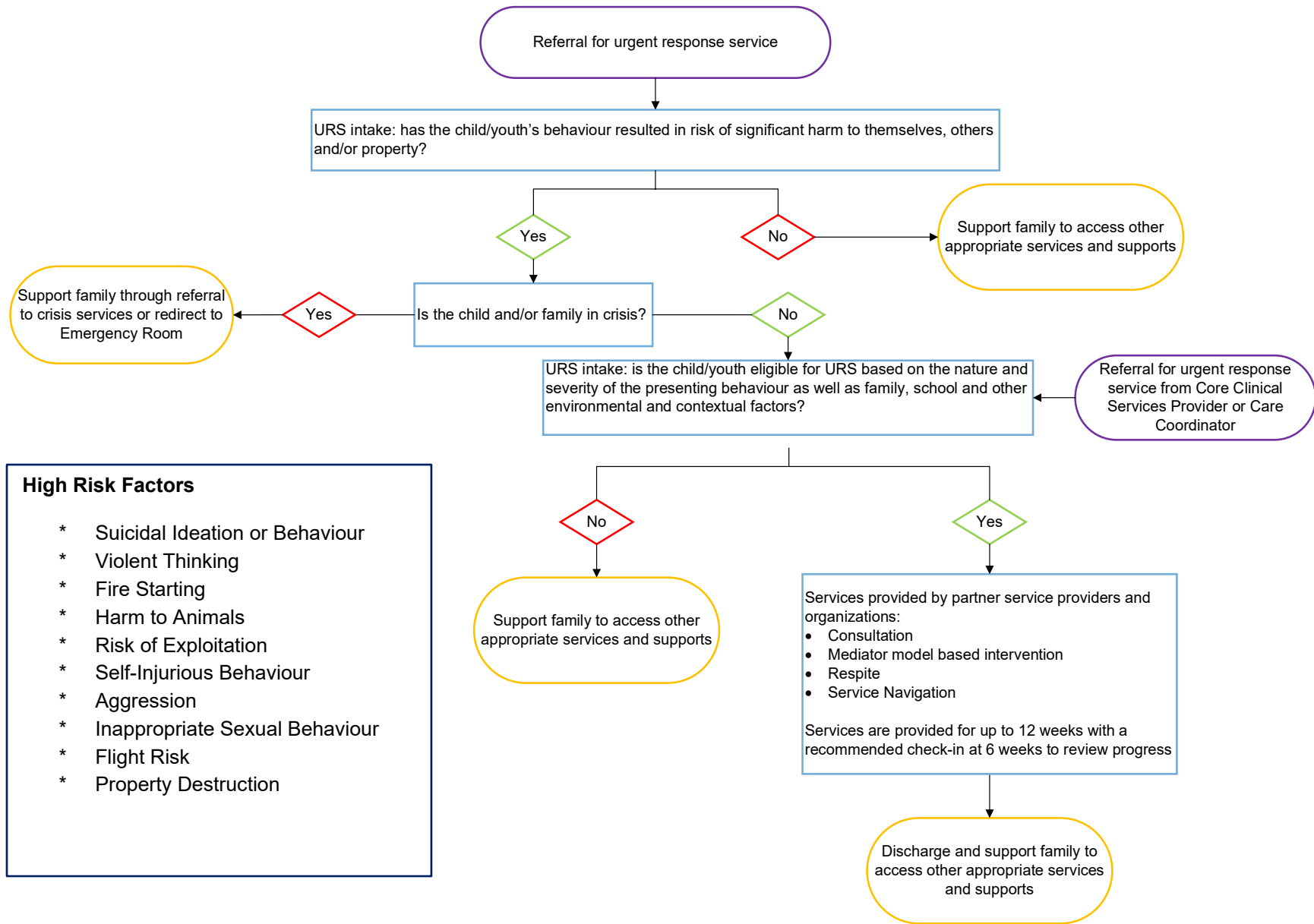
Where it is determined that a child or youth is eligible for the OAP URS, an OAP urgent response service plan for the child or youth will be established, in consultation with the family or legal guardian. The establishment of the OAP urgent response service plan may also involve collaboration with other relevant professionals (e.g., OAP care coordinator, local service providers), and/or a child or youth's immediate support system, as required. The OAP urgent response service plan may include one or more of the following urgent response services:

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

An OAP urgent response service plan may also include other services and supports within and outside the OAP.

The OAP urgent response service plan will provide time-limited services and supports that respond rapidly to a specific, identified need for up to 12 weeks to prevent further escalation or risk of harm to a child or youth, other people or property. Once complete, the OAP urgent response service plan must be reviewed with a family or legal guardian. At 6 weeks, a child or youth's progress will be reviewed, in consultation with a family or legal guardian, and any required changes to their OAP urgent response service plan will be made. A review of the child or youth's progress will be completed again at 12 weeks and a family or legal guardian will be supported to identify and access the appropriate supports and services within and outside the OAP after discharge.

Service delivery flow



- High Risk Factors**
- * Suicidal Ideation or Behaviour
 - * Violent Thinking
 - * Fire Starting
 - * Harm to Animals
 - * Risk of Exploitation
 - * Self-Injurious Behaviour
 - * Aggression
 - * Inappropriate Sexual Behaviour
 - * Flight Risk
 - * Property Destruction

2.4 Roles and responsibilities

2.4.1. Lead organization

Each MCCSS defined region will have one or more lead organizations to manage, deliver and coordinate the delivery of the OAP URS in collaboration and partnership with local service providers and professionals.

A lead organization(s) must be an existing Coordinating Agency (see Appendix D: Coordinating Agencies) with demonstrated experience coordinating family-centred services for children and youth with multiple and complex special needs.

A Coordinating Agency must be in the MCCSS defined region in which it is an OAP URS lead organization and cannot be the lead organization in more than one MCCSS region. A lead organization will have the following roles and responsibilities in managing, delivering and coordinating delivery of an OAP URS in an MCCSS defined region*:

- Serve as a central point of access and intake for families referred to the OAP URS within the region;
- Oversee the consistent administration of the OAP URS intake process using a standardized tool to determine eligibility for OAP urgent response services;
- Employ and manage URS coordinators who work with families and local service providers to develop and coordinate an OAP urgent response service plan;
- Deliver eligible OAP urgent response services directly and/or develop and maintain cross-sector partnerships with regional and local service providers and professionals to support the delivery of services;
- Establish clear referral pathways with other providers in children's services, education and/or health sectors providing supports and services outside the OAP URS for families through the implementation of clear processes and protocols; and,
- Monitor and evaluate OAP urgent response services at regional and local levels, including monitoring and addressing regional capacity and availability of eligible services that meet local needs and the needs of marginalized communities.
- Serve as a regional point of accountability for government funding provided to administer and deliver the OAP URS in a region;

***Note:** Lead organizations are responsible for managing, delivering, and coordinating delivery of OAP urgent response services, including any contracts between a lead organization and service providers for delivery of OAP urgent response services.

Direction related to the OAP URS intake, including program guidelines and tools, will be provided by the ministry. Lead organizations will not be responsible for developing the intake tools to identify if a child or youth is eligible for the OAP URS but must describe how they will implement the intake process.

2.4.2. URS coordinators

URS coordinators should reflect the diversity of the communities they serve and must have the required experience, skills and training to meet the urgent needs of children and youth on the autism spectrum. They will be locally deployed across a region and employed by and accountable to a lead organization for the following:

- Conduct the URS intake with families to determine eligibility for OAP URS;
- Refer children, youth and/or families in crisis or an emergency to the appropriate local crisis services or hospital emergency room, as needed;
- Initiate the development of the OAP urgent response service plan, in collaboration with the child/youth and their family, OAP care coordinator and relevant providers as required, that addresses the identified urgent service needs of the child/youth;
- Facilitate the coming together of a child/youth's OAP care coordinator, relevant service providers and professionals as required to deliver the identified OAP urgent response services to the child/youth and their family and support a seamless transition after discharge;
- Be knowledgeable of other services in the OAP and local service delivery area, including other children's services, health and education sectors, in order to make referrals and support families' access to additional services, as required; and,
- Monitor, review and update the OAP urgent response service plan, in collaboration with the child/youth and their family, OAP care coordinator and relevant providers as required, at the 6-week progress review and again as part of transition planning (12 weeks).

URS coordinators will be responsible for following any ministry guidelines as well as policies, procedures and protocols established by the lead organization they are employed by and accountable to, including policies, procedures and protocols to address a possible emergency or crisis involving a child, youth or their family.

2.4.3. Service providers and partnerships

The ministry expects that each lead organization will enter into Memoranda of Understanding and/or sub-contractor agreements with service providers to deliver the eligible OAP urgent response services, as required.

Service providers may be sub-contracted by a lead organization to deliver eligible OAP urgent response services to children and youth and their families. A lead organization may also partner or collaborate with service providers who deliver other services and supports within and outside the OAP, which are not funded under the OAP URS.

Service providers may be expected to:

- Contribute to the development and implementation of OAP urgent response service plans;
- Deliver OAP urgent response services;
- Collect data and measure outcomes and report information to the lead organization(s) about the child/youth and their family; and/or,
- Accept or facilitate referrals for families to services outside the OAP.

2.5 Technology and data needs

MCCSS will require full access to the data collected by a lead organization for the OAP URS, including personal information and personal health information, and information from service providers, in order to manage, oversee, measure and assess the program over time. In order to provide the ministry with full access to the data collected by a lead organization for the OAP URS, a lead organization will be required to take all steps necessary to ensure that the data can be disclosed to the ministry in adherence with applicable laws and that it has no contractual obligations that would prevent it from disclosing all data collected, including personal information and personal health information as requested by MCCSS.

2.5.1 Data collection, reporting, and governance

Each lead organization will be responsible for facilitating data collection to:

- Provide URS coordinators with up-to-date information required to support families;
- Inform evaluation of OAP urgent response services being delivered through the OAP URS and ensure appropriate compliance with Part X of the [Child, Youth and Family Services Act, 2017](#) (CYFSA), personal information, privacy provisions or other privacy legislation (e.g. [Freedom of Information and Protection of Privacy Act, 1990 \(FIPPA\)](#), [Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#) and [Personal Health Information Protection Act, 2004 \(PHIPA\)](#) for scenarios not contemplated in the CYFSA, as well as MCCSS data privacy and security policies and procedures; and
- Support MCCSS' analysis, program evaluation and reporting.

A lead organization must ensure the security of any personal information and personal health information that is collected, and support data management and reporting by:

- Maintaining a database of OAP URS child/youth records and ensuring that the information is complete and accurate through regular validation;
- Ensuring families can access and validate their personal information, including data elements collected that may identify their demographic characteristics;

- Working with MCCSS to comply with Ontario and MCCSS data standards and directives, implement and improve data quality best practices and support data standardization across service providers;
- Working with MCCSS to ensure compliance with [Ontario's regulations on race-based data](#), including data elements that will enable monitoring of access for marginalized populations; and,
- Ensuring compliance with the requirements in the CYFSA particularly with respect to personal information and privacy provisions or other applicable privacy legislation (e.g., FIPPA and PHIPA).

MCCSS is authorized to collect families' personal information under section 283(1) of the CYFSA.

Applicants are required to ensure that any family-level personal information and personal health information that is collected can be disclosed to MCCSS. These conditions are binding on any third parties with whom a lead organization enters into an agreement with for the OAP URS. Moreover, a lead organization should not enter into any agreements with third parties that would limit/restrict their ability to disclose personal information/personal health information to MCCSS pursuant to a request made under Part X of the CYFSA.

Section 3: Instructions

3.1 Introduction to the OAP URS regional based proposal process

This section describes the ministry's requirements and expectations for an *Urgent Response Service Regional Based Proposals Template* (the "proposal template") submitted under this OAP URS regional based proposal process.

The goal of this process is to implement urgent response services for the OAP that build on existing local practices, or introduce entirely new practices, to better meet the needs of children and youth on the autism spectrum through a level of consistency and minimum standards as outlined in these guidelines.

Each region is being asked to establish one OAP URS regional planning table, led and facilitated by the Coordinating Agency(ies) identified as lead organization(s) in a region, to develop one completed proposal template (the "proposal"). Given restrictions to in-person services during the COVID-19 pandemic, options for virtual meetings and consultation should be considered.

In developing a proposal, OAP URS regional planning tables must describe their proposed service delivery model, implementation plan, evaluation plan, communications plan, and budget. The proposal must support the equitable, timely, and wherever possible, local access to urgent response services across a region by taking into account a region's diversity and geography. In doing so, members of each table will be expected to leverage innovative and collaborative approaches to support delivery of the

OAP URS and must put the needs of the children and youth on the autism spectrum, and their families and caregivers, ahead of the priorities of their individual organizations and sectors.

The ministry has established a series of checkpoints for OAP URS regional planning tables during the proposal development process (see section 3.6). Each checkpoint has an associated deliverable that will allow the ministry to measure progress towards the submission of proposals, which meet the expectations outlined in this document. The ministry will work with a table, as required, to respond to outstanding questions about this regional based proposal process and the OAP URS as well as to address implementation barriers that are identified during planning.

A proposal developed by an OAP URS regional planning table must be submitted to the ministry by the Coordinating Agency, identified as lead organization in a region, that will manage, deliver and coordinate delivery of an OAP URS in an MCCSS defined region (the “Applicant”). Where more than one Coordinating Agency has been identified as a lead organization to manage, deliver and coordinate delivery of the OAP URS in one region, each of the lead organizations will be an Applicant, but there must be only one proposal submitted to the ministry for a region.

Funding for the OAP URS will be determined by the ministry and will be subject to the terms and conditions of a time-limited transfer payment agreement entered between the ministry and each successful Applicant separately.

3.2 OAP URS regional planning tables

A Coordinating Agency(ies), identified as a lead organization(s) for a region, will convene an OAP URS regional planning table that will develop one proposal outlining the regional and local processes for the OAP URS in their region. In convening an OAP URS regional planning table, lead organizations are expected to establish a proposal development process that is inclusive and reflects the relevant providers in service delivery for children and youth on the autism spectrum requiring an urgent response. This includes inviting public and/or private service providers and/or organizations in the children services, health and/or education sectors with experience addressing the complex needs of children and youth with special needs, including autism to participate in the proposal development process as members of the regional planning table and/or through targeted consultations. Organizations may include, but are not limited to, OAP service providers (public and private), Children’s Treatment Centres, other Coordinating Agencies, children’s respite providers, children’s mental health agencies and/or individual practitioners.

While only one OAP URS regional planning table can be established in an MCCSS defined region, depending on the needs of the region, a table may choose to establish sub-groups of the table to support the development of the proposal.

Note: While proposed OAP urgent response service providers are not required to be a member of a planning table to collaborate and/or partner with a lead organization to provide urgent response services it is recommended they are, at a minimum, consulted by the regional planning table as part of the regional based proposals process.

Note: MCCSS Regional Offices cannot participate in the OAP URS proposal development process and cannot be a member of an OAP URS regional planning table.

Parent and youth engagement

The ministry requires that children and youth on the autism spectrum, and their parents, be engaged in the proposal development process. Parent and youth engagement will support OAP URS regional planning table members in placing the needs of children and youth and their families first and ensure a proposal reflects the voices of parents and youth. Each OAP URS regional planning table should determine how to best facilitate parent and youth engagement, input and feedback throughout the proposal development process. Methods of engagement could include, but are not limited to:

- Inviting parents/legal guardians/caregivers and/or youth, to comment on elements of the proposed service delivery model through one or more targeted planning sessions; or,
- Inviting parents/legal guardians/caregivers and/or youth to complete a mail-in and/or online survey to share their ideas, needs and/or feedback on the proposed service delivery model for a region.

Parent and youth engagement must include the engagement of Black, Indigenous, and Francophone youth, families, legal guardians and/or caregivers in a region. Engagement with other population sub-groups in a region, including linguistic, cultural, religious/spiritual, racial, LGBTQ2S+, newcomer, low income, marginalized and/or vulnerable populations, as well as representatives from Northern, rural and remote communities, should also be considered.

3.6 Timeline

Below is the timeline for submitting a proposal to deliver OAP urgent response services:

Regional based proposals process issued	June 2021
Ministry checkpoint 1 - confirm a regional planning table has been established	Early July 2021
Ministry checkpoint 2 – confirm vision for the OAP URS (maximum 500 characters), discuss questions and answers and possible implementation barriers	End of July 2021
Proposal submission	August 16, 2021
Ministry checkpoint 3 – ministry feedback on proposal, updated proposal submitted (if required)	September 2021
Program launch	October 2021

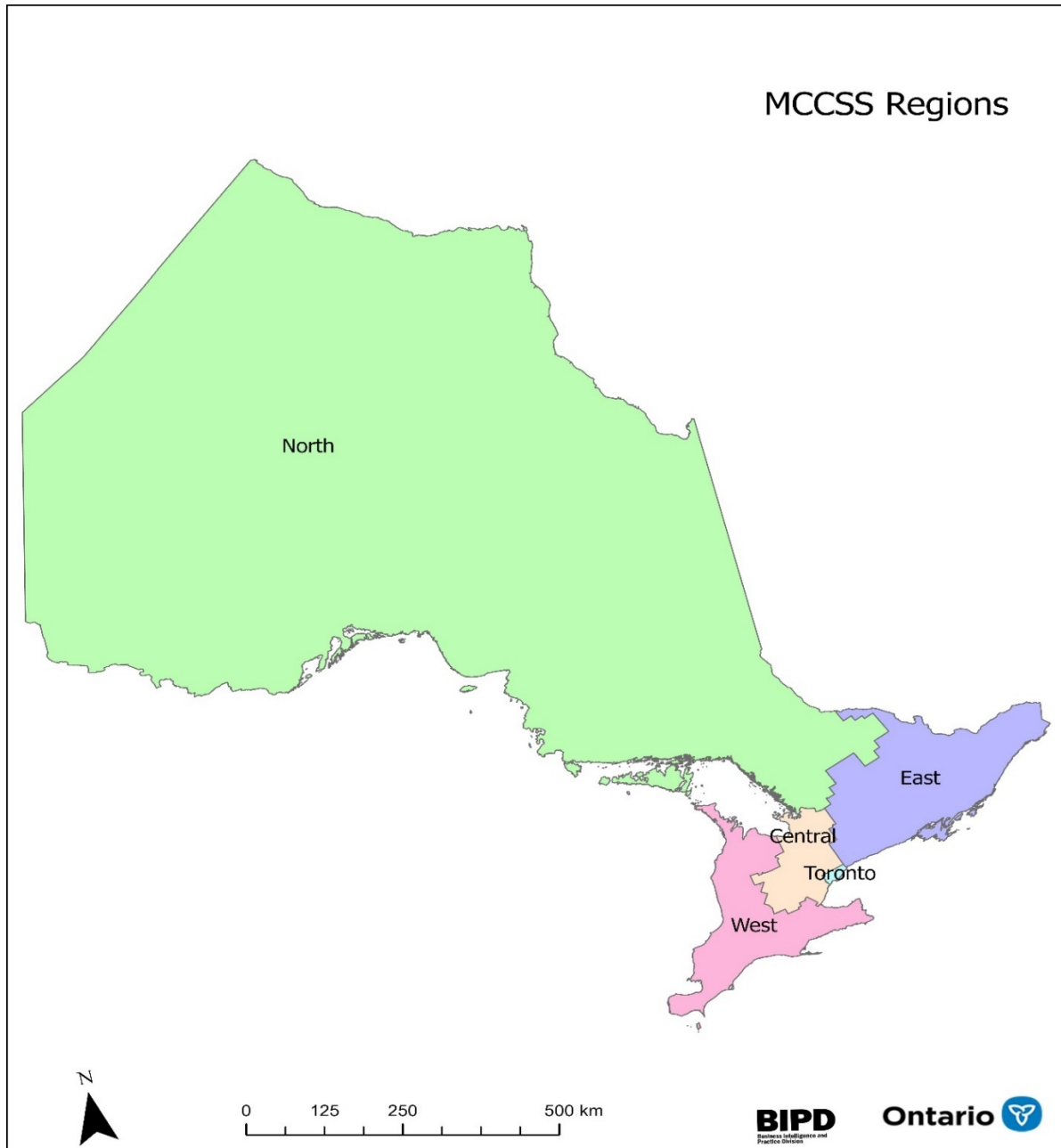
The ministry will establish checkpoints with each OAP URS regional planning table to measure progress towards the submission of a proposal and launch of the OAP URS in their MCCSS defined region.

The ministry will work with each table, as required, to respond to outstanding questions about this regional based proposals process and the OAP URS as well as to address implementation barriers that are identified during planning.

Where members of an OAP URS regional planning table are unable to meet any of the ministry checkpoints the ministry may in its sole discretion depart from the processes and policies in these guidelines and the proposal template to establish the OAP URS in that region.

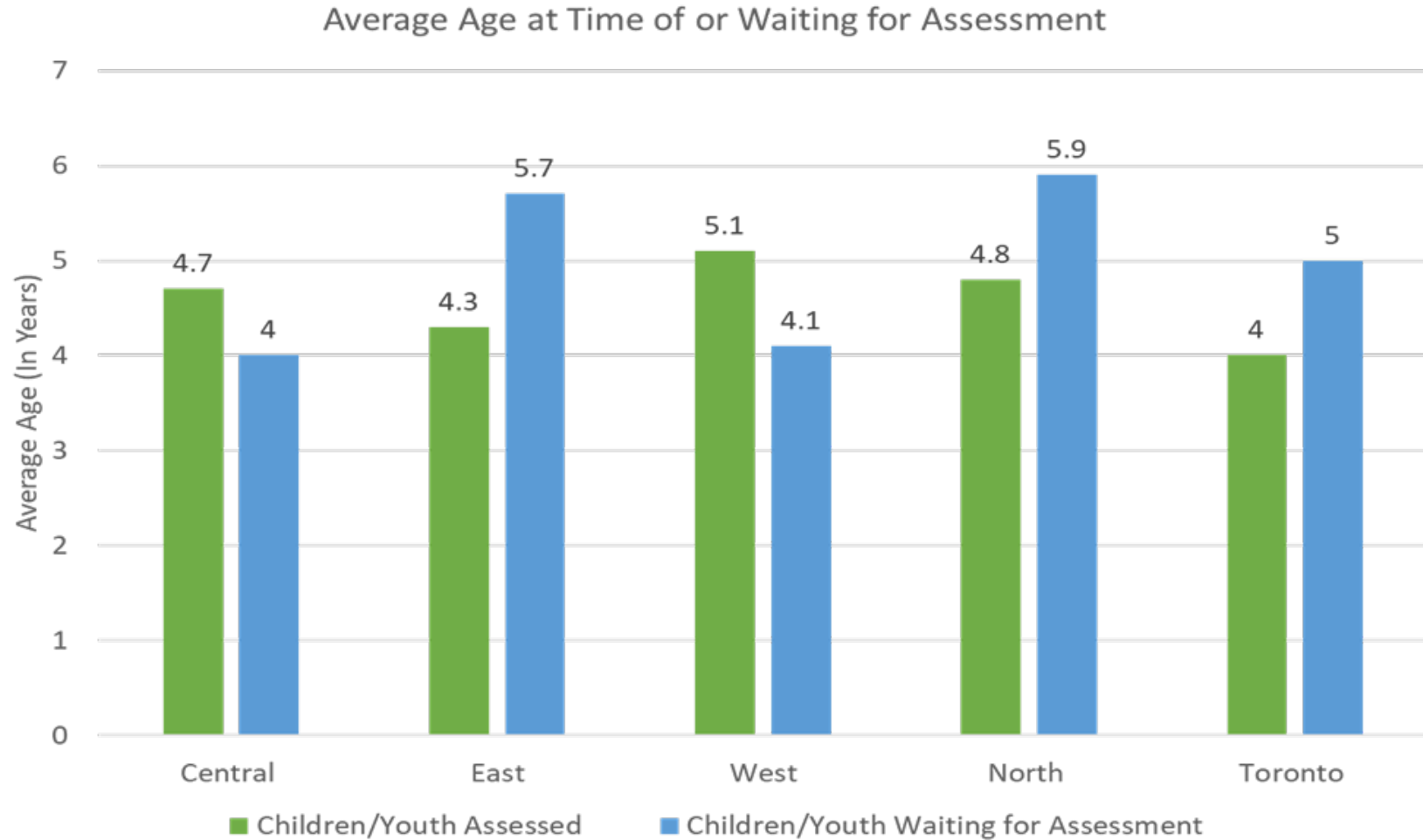
Appendices

Appendix A: MCCSS defined regions



Produced by: Solutions Design and Delivery Unit, Data Strategy and Solutions Platform Branch, BIPD, MCCSS, November 2020.

Appendix B: Average age at time of or waiting for assessment



Appendix C: Detailed regional distribution

The tables below provide the number of children and youth registered for the OAP broken down by municipality, based on data contained in OACIS as of January 31, 2021. This represents a subset of children and youth registered for the OAP only and is provided to illustrate potential distribution of children and youth across the province.

Regional Distribution of OAP records, by Age Groups, OACIS January 31, 2021				
Geographic Location	Age Group ¹		Total (Age 0-17)	Total Ontario ³
	0-5 ²	6-17		
Central Region	4,004	7,285	11,289	11,543
Dufferin	43	147	190	197
Halton	366	811	1,177	1,209
Peel	1,392	2,075	3,467	3,543
Simcoe	597	1,133	1,730	1,766
Waterloo	366	831	1,197	1,241
Wellington	98	295	393	405
York	1,142	1,993	3,135	3,182
East Region	2,292	4,841	7,133	7,268
Durham	756	1,345	2,101	2,126
Frontenac	123	369	492	500
Haliburton	*	*	*	*
Hastings	83	251	334	340
Kawartha Lakes	32	94	126	129
Lanark	43	155	198	201
Leeds and Grenville	46	177	223	233
Lennox and Addington	15	87	102	105
Northumberland	50	111	161	164
Ottawa	824	1,585	2,409	2,457
Peterborough	83	185	268	272
Prescott and Russell	58	119	177	184
Prince Edward	*	*	*	*
Renfrew	87	166	253	255
Stormont, Dundas and Glengarry	79	146	225	236
North Region	450	1,079	1,529	1,556
Algoma	91	203	294	295
Cochrane	47	108	155	159
Greater Sudbury / Grand Sudbury	91	187	278	283
Kenora	14	62	76	77
Manitoulin	*	*	*	*
Muskoka	23	91	114	117
Nipissing	62	126	188	192

Parry Sound	21	63	84	88
Rainy River	*	*	*	*
Sudbury	19	38	57	57
Thunder Bay	59	139	198	203
Timiskaming	14	34	48	48
Toronto Region	2,816	3,820	6,636	6,742
Toronto	2,816	3,820	6,636	6,742
West Region	1,312	3,185	4,497	4,644
Brant	79	258	337	352
Bruce	*	*	*	*
Chatham-Kent	35	57	92	94
Elgin	32	92	124	126
Essex	166	352	518	539
Grey	25	78	103	104
Haldimand-Norfolk	54	165	219	224
Hamilton	394	645	1,039	1,066
Huron	*	*	*	*
Lambton	41	83	124	126
Middlesex	191	467	658	674
Niagara	217	790	1,007	1,056
Oxford	38	103	141	145
Perth	26	33	59	60
Location not determined ⁴	133	116	249	254
Ontario	11,007	20,326	31,333	32,007

Source: OACIS, January 31, 2021.

* Data is suppressed due to small cell counts.

1. Age is calculated as of April 1, 2020.

2. Includes children who were born after April 01, 2020.

3. Includes children who are 18+ and those whose date of birth is missing.

4. Postal code in OACIS may be missing or invalid.

Appendix D: Coordinating Agencies

Each of the 34 Service Delivery Areas across the province has a Coordinating Agency that is responsible for the delivery of Coordinated Service Planning in their area. Coordinated Service Planning can be accessed through the local Coordinating Agency.

The following is a list of Coordinating Agencies by Service Delivery Area:

West Region		
Service Delivery Area	Name	Address
Brant	Contact Brant	643 Park Road North Brantford, Ontario
Chatham-Kent	Children's Treatment Centre of Chatham-Kent	355 Lark Street, Chatham, Ontario
Elgin/Oxford	Community Services Coordination Network (CSCN)	171 Queens Avenue, Suite 750, London, Ontario
Grey-Bruce	Keystone Child, Youth & Family Services	1793 3 rd Avenue West, Owen Sound, Ontario
Haldimand-Norfolk	Haldimand Norfolk Education, Resource and Counselling Help (H-N REACH)	101 Nanticoke Creek Parkway Townsend, Ontario
Hamilton	Contact Hamilton	140 King Street East Suite 4, Hamilton, Ontario
Huron Perth	Community Services Coordination Network (CSCN)	171 Queens Avenue, Suite 750, London, Ontario,
Lambton	Pathways Health Care	1240 Murphy Road Sarnia, Ontario
London-Middlesex	Community Services Coordination Network (CSCN)	171 Queens Avenue, Suite 750, London, Ontario,
Niagara	Contact Niagara	23 Hannover Drive, Unit 8 St. Catharines, Ontario
Windsor-Essex	Hotel-Dieu Grace Healthcare – Windsor Regional Children's Centre	Huot Building, 3901 Connaught Street, Windsor, Ontario
Central Region		
Service Delivery Area	Name	Address
Dufferin-Wellington	Dufferin Child and Family Services	655 Riddell Rd, Orangeville, Ontario
Halton	Reach Out Centre for Kids (ROCK)	471 Pearl St. Burlington Ontario
Peel	ErinoakKids	1230 Central Parkway West, Mississauga, Ontario

Simcoe	<u>Children's Treatment Network of Simcoe-York</u>	165 Ferris Lane, Barrie, Ontario
Waterloo	<u>Sunbeam Centre</u>	2749 Kingsway Drive, Kitchener, Ontario
York	<u>Children's Treatment Network of Simcoe-York</u>	13175 Yonge Street, Richmond Hill, Ontario
North Region		
Service Delivery Area	Name	Address
Algoma	<u>Thrive Child Development Centre</u>	74 Johnson Avenue Sault Ste. Marie, Ontario
Cochrane/Temiskaming	<u>Cochrane Temiskaming Children's Treatment Centre</u>	733 Rose Avenue East Suite 1, Timmins, Ontario
James Bay Coast	<u>Mushkegowuk Council</u>	12 Centre Road, Moose Factory, Ontario
Kenora/Rainy River	<u>FIREFLY</u>	820 Lakeview Drive Kenora, Ontario
Nipissing/Parry Sound/Muskoka	<u>One Kids Place Children's Treatment Centre</u>	400 McKeown Avenue, North Bay, Ontario
Sudbury-Manitoulin	<u>Children's Community Network</u>	319 LaSalle Boulevard Unit 2, Sudbury, Ontario
Thunder Bay	<u>Children's Centre Thunder Bay</u>	283 Lisgar Street, Thunder Bay, Ontario
East Region		
Service Delivery Area	Name	Address
Durham	<u>Resources for Exceptional Children and Youth</u>	865 Westney Road South, Ajax, Ontario
Haliburton/Kawartha Lakes/Peterborough	<u>Five Counties Children's Centre</u>	872 Dutton Road Peterborough, Ontario
Hastings/Prince Edward/Northumberland	<u>Quinte Children's Treatment Centre</u>	265 Dundas Street East, Belleville, Ontario
Kingston, Frontenac, Lennox & Addington	<u>KidsInclusive – Hotel Dieu</u>	Kingston Health Sciences Centre, Hotel Dieu Site 166 Brock Street Kingston, ON
Lanark, Leeds and Grenville	<u>KidsInclusive – Hotel Dieu</u>	Kingston Health Sciences Centre, Hotel Dieu Site 166 Brock Street Kingston, ON
Ottawa	<u>Children's Hospital of Eastern Ontario – Ottawa Children's Treatment Centre</u>	395 Smyth Road, Ottawa, Ontario
Prescott-Russell	<u>Children's Hospital of Eastern Ontario – Ottawa Children's Treatment Centre</u>	395 Smyth Road, Ottawa, Ontario

Renfrew	<u>Family and Children's Services of Renfrew County</u>	77 Mary Street Suite 100, Pembroke, Ontario
Stormont, Dundas and Glengarry	<u>Children's Hospital of Eastern Ontario – Ottawa Children's Treatment Centre</u>	395 Smyth Road, Ottawa, Ontario
Toronto Region		
Service Delivery Area	Name	Address
Toronto	<u>Surrey Place Centre</u>	2 Surrey Place, Toronto, Ontario