



# Child and Youth Counsellor (CYC) Program Review

Government Response

January 2024

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English

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French

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Kĩspin ki nitawihťĩn ē nĩhĩyawihk ōma ācimōwin, tipwāsĩnān.

Cree

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Tłıchq yatı k'èè. Dı wegodi newq dè, gots' o gonede.

Tłıchq

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?eriht'ís Dēne Sųłĩné yatı t'a huts'elkēr xa beyáyatı theꞗ ꞗat'e, nuwe ts'ēn yóttı.

Chipewyan

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Edı gondi dehgáh got'je zhatıé k'éé edat'éh enahddhę nıde naxets'é edahfı.

South Slavey

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K'áhshó got'ıne xədə k'é hederı ꞗedjht' é yerınıwę níde dúle.

North Slavey

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Jii gwandak izhii ginjik vat'atr'ijáhch'uu zhit yinothan jı', diits'at ginohkhıi.

Gwich'in

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Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqłuta.

Inuvialuktun

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Ć'đ< nŋ'ebΔ'c Λ'łJΔ'ŋ'c Δ'đ'ŋĊ'c'ŷ'ł>ŋ', Đ'đ'ŋ'c' Đ'đ'c'ł'a'c'ŷ'ŋ'.

Inuktitut

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Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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## Overview

The Child and Youth Counsellor (CYC) Initiative was launched in the 2018-19 school year to provide direct mental health and wellness services to Northwest Territories (NWT) students, youth and their families in schools and communities. It was initially launched in two regions and rolled out over four years to include all NWT schools.

Through the Initiative, child and youth clinical counsellors hired by the NWT health and social services authorities were placed in schools and communities that had more than 75 students (37 schools), and a contracted travelling mental health support team provided service to schools with fewer than 75 students (12 schools).

The CYC program is a partnered Initiative between the Departments of Education, Culture and Employment (ECE), Health and Social Services (HSS), the Northwest Territories Health and Social Services Authority (NTHSSA), Tłıchǫ Community Services Agency (TCSA), Hay River Health and Social Services Authority, 10 regional education authorities, and 49 schools.

## Evaluation

The Departments of HSS and ECE contracted DPRA Canada to conduct the third-party evaluation of the existing CYC Initiative.

The purpose of the evaluation was to determine how effective CYC services are and how its implementation in all NWT schools and communities has been for students, youth and families. The evidence-based recommendations will be used to inform quality improvement of the initiative across all regions of the NWT.

ECE was originally scheduled to evaluate CYC services in all regions three years after full implementation of the CYC Initiative. However, to gather information, to respond to public scrutiny, and to enhance access to services and quality of service delivery, a decision was made to instead conduct the territorial evaluation of all regions during the 2022-23 school year instead of 2025-26 (GNWT, 2022).

Extensive engagement on the CYC Initiative took place as part of the evaluation, including:

- o 14 focus groups;
- o 116 interviews;

- o Six community visits; and
- o Input and oversight from a territorial Youth Advisory Committee.

Feedback was received from approximately 250 individuals including more than 100 children, youth, and families and representatives from four Indigenous Governments.

DPRA has provided a full evaluation report with 42 recommendations.

## Foreword

In October 2023, the Government of the Northwest Territories (GNWT) [announced that it would redesign the Child and Youth Counsellor \(CYC\) Initiative](#) beginning in the 2023-24 school year in order to improve mental health services for students, youth and families.

The redesign is in response to concerns that had been raised by Education Bodies and the Northwest Territories Teacher's Association (NWTTA), who wanted to see an approach to mental health and wellness services that responded to the unique needs of schools, communities or regions, rather than a one-size-fits-all approach; that addressed concerns with prolonged recruitment and retention challenges; and a need for more intervention and prevention supports for children and youth.

Although the results of the evaluation were still in the process of being finalized, the GNWT felt it was important that changes to the CYC Initiative be made and to begin implementation in the 2023-24 school year. As such, ECE, in collaboration with HSS and Education Bodies, has begun developing a school-based mental health and wellness program and services model to complement the existing CYC model.

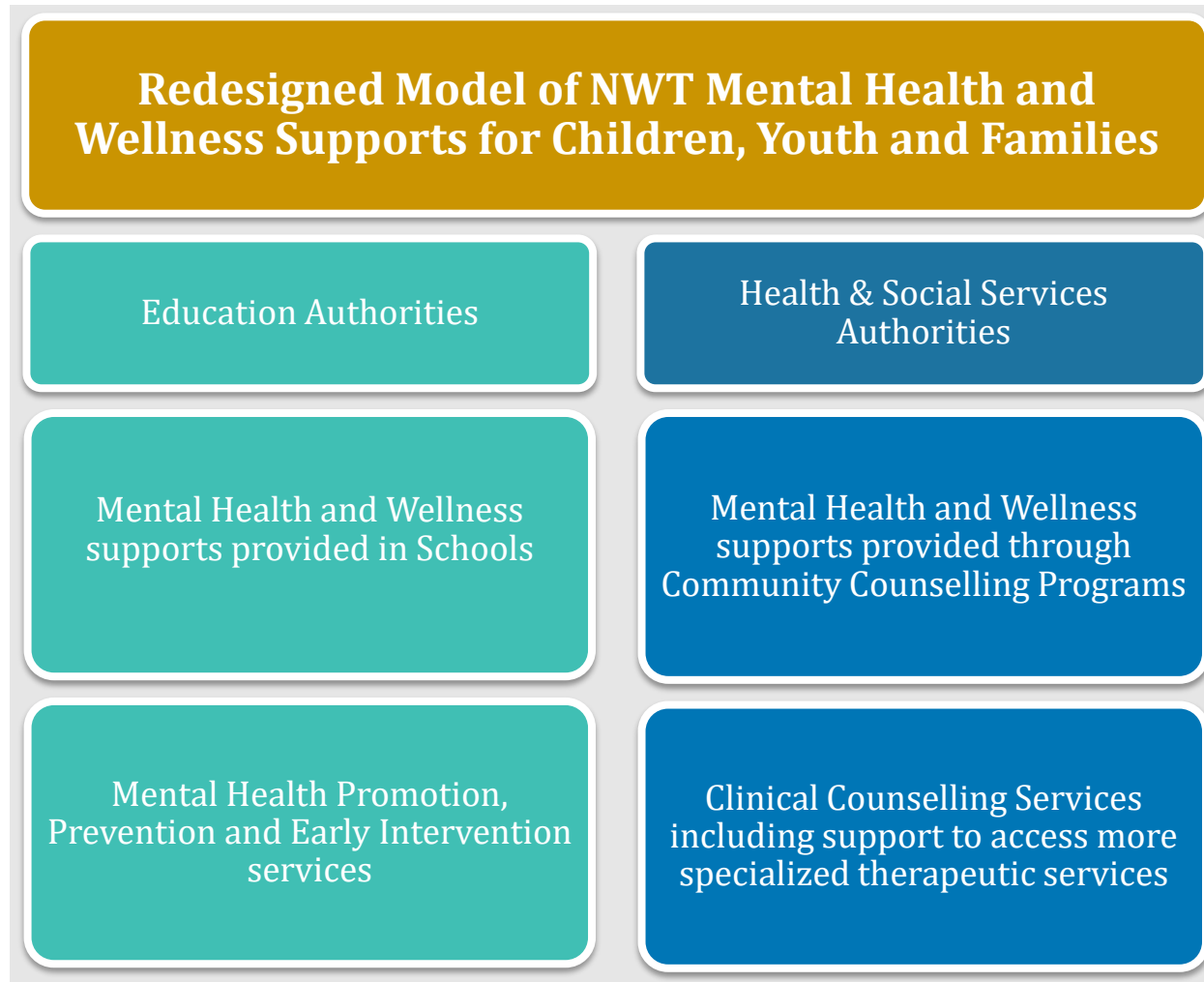
This redesign enhances the range of supports available to children, youth and families by building on the strengths of both the Education system and the Health and Social Services system, and address recommendations made in the evaluation. Some of the existing funding for the CYC program will be reallocated to Education Bodies so they can establish mental health promotion and early intervention supports that can be localized and tailored to the specific needs of the children and families in their communities, who will continue to have access to Child and Youth Counsellors available through the Health and Social Services Community Counselling Program.

DPRA's report notes that the CYC Initiative enhanced access to mental health services for children and youth. The redesign redistributes existing resources across **both** the Health and Social Services and Education systems. While this will result in fewer clinical counsellors and a decreased capacity for delivering this service within the Health and Social Services system, this will be offset by an increase in prevention and early intervention mental health supports for children and youth in schools. DPRA's report highlighted the need for access to services beyond clinical counselling, which called for programs and services that addressed varying levels of need, as well as better communication about other supports available to children and youth, including any after-hours services and eMental health apps. As noted above, the redesign also provides Education Bodies with the flexibility to tailor school-based mental health and wellness services to the specific needs of their children and youth taking into consideration the unique strengths of their school environments and the broader community. This includes the ability to hire a wider range of mental health and wellness positions.

While these changes do represent a shift, they reflect the original intent of the CYC program and are consistent with feedback from the evaluation. HSS and ECE are committed to continuing to work collaboratively to support the mental health and wellness needs of children, youth and families. As recommended, the GNWT will further promote mental health and wellness services and enhance communications that clearly explain how these services can be accessed within schools and the community; update the Memorandum of Understanding for child and youth mental health and wellness services; ensure that processes and protocols for information sharing are clearly outlined and understood by everyone involved; develop updated communications and promotional materials and ensure that this information is shared widely with the public, as well as with key community partners, to increase their awareness of services provided through both systems; update the monitoring and evaluation plans to ensure there is consistent data collection across both systems.

The GNWT will evaluate the newly redesigned mental health and wellness services delivered through both the education and health systems to ensure they are meeting the needs of children, youth and families.

*This chart represents the remodel of the CYC Initiative, which will now see mental health and wellness services for children, youth and families delivered through both the education and health systems:*



## Response to Recommendations

The Departments of Health and Social Services (HSS) and Education, Culture and Employment (ECE) have responded to each of the 42 recommendations, which DPRA has grouped into 26 different subsections within the evaluation report.

As part of the evaluation, ECE contracted the [Western Arctic Youth Collective](#) to form a Youth Advisory Committee (YAC) that provided guidance to DPRA. This was in respect to culturally safe and strengths-based engagement with NWT children and youth on their perspectives on the CYC program and interpreting what NWT children and youth share about the CYC program to best reflect the perspective of children and youth.

The table below outlines the Government of the Northwest Territories and YAC’s responses to the recommendations in DPRA’s evaluation.

| DPRA Executive Summary Recommendations and Rationale  | DPRA Recommendations  | CYC Youth Advisory Committee (YAC) Feedback | Management Response and Action  | Action Implementation status | Responsibility for Implementation |
|---|---|---|---|------------------------------|-----------------------------------|
| <p><b>HSS and ECE relationship be strengthened.</b></p> <p>For the CYC Initiative to be successful, it is essential that the partnership between HSS and ECE be strengthened and that the two departments and systems have a shared understanding and expectation of the Initiative</p> | <p>1. It is recommended that an external facilitator be hired to support effective ongoing discussions and to help resolve outstanding disagreements between ECE and HSS as they relate</p> | <p><b>AGREE</b></p>                         | <p><b>NO LONGER RELEVANT</b></p> <p>As part of the CYC redesign, ECE and HSS have worked together to ensure ongoing communication and collaboration between the education and health systems.</p> | <p>N/A</p>                   | <p>N/A</p>                        |



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| purpose, delivery and outcomes.                      | to the CYC Initiative.   |   | Continued collaboration will be needed to ensure the successful implementation of the redesign. While a facilitated discussion may not be necessary at this point, it may be helpful in the future as we work together to update MOUs etc. This will be considered as an option as we continue to support the ongoing implementation of mental health and wellness supports for children, youth and families. |                              |                                   |
|  | 2. It is recommended that the current MOU (ECE and HSS, 2018) be reviewed and revised to | <b>AGREE</b>                                | <b>AGREE</b><br><br>ECE and HSS will review and update the current MOU (ECE and HSS, 2018) to align   | April 2024                   | HSS & ECE                         |

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|  | <p>ensure that it accurately defines the relationship between ECE and HSS and outlines how the two systems will work together and align ideologies, goals and intentions to ensure the best possible outcomes for children and youth requiring mental health support. The MOU should also state the roles of the Education Authorities, schools, and Health and Social Services Authorities with respect to the CYC Initiative and</p> |   | <p>ideologies, goals and intentions to ensure the best possible outcomes for children and youth. The MOU will also reflect:</p> <ul style="list-style-type: none"> <li>- the scope of mental health and wellness supports for children, youth and families that can be provided within the education system and health system</li> <li>- communication pathways, and</li> <li>- a process for identifying and resolving challenges.</li> </ul> |                              |                                   |

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|  | <p>outline a structure for school and regional staff to participate in issue identification, problem solving, and a way to communicate needs that require resolution to the departments.</p> |   |  |                              |                                   |
| <p><b>The CYC Initiative be continued.</b></p> <p>Good mental and emotional well-being is an integral part of healthy development of children and youth. When this development is inhibited, counselling can be an effective and important resource. Targeted counselling services and supports, available in both the school and community,</p> | <p>3. It is recommended that the Child and Youth Counselling Initiative continue to be delivered in the schools and communities by ECE and HSS.</p>  | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>While the CYC Initiative as it previously existed did increase access to mental health services for children and youth, concerns were raised about challenges with recruiting and retaining staff, and a lack of intervention and</p> | <p>N/A</p>                   | <p>N/A</p>                        |

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| <p>are essential to meet the mental health needs of children and youth in the NWT.</p> |                      |   | <p>prevention supports for children and youth.</p> <p>HSS and ECE have worked collaboratively to develop a redesigned model that reallocates some of the CYC funding to provide prevention and intervention services in the education system through school-based mental health and wellness services, while the Health and Social Services system provides therapeutic counselling services to children and youth.</p> <p>The two systems will continue to work to ensure that there is ongoing communication and collaboration and</p> |                              |                                   |

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|   |  |   | that there is clear communication to the public about mental health and wellness supports for children, youth and families and how these can be accessed either in schools or in the community.  |                              |                                   |
| <p><b>CYC clinical qualifications and experience be maintained.</b></p> <p>Master's level clinical qualifications are required to sufficiently meet the severity and complexity of mental health disorders experienced by children and youth through the implementation of intensive (Tier 3) interventions. Lack of clinical qualifications will compromise the ability to</p> | <p>4. It is recommended that the CYC qualifications and demonstrated experience with children and youth be maintained and that the CYCs focus their time on intensive interventions.</p> | <p>YAC is unsure if this recommendation is within their scope. However, YAC can see how there may be some benefit to the children, youth, families and communities to have some CYC involvement in Tier 1 and 2</p> | <p><b>AGREE</b></p> <p>In the redesigned model, CYCs employed by the Health and Social Services Authorities will continue to maintain qualifications to support a wide range of interventions. Clinical counselling will continue to be offered through the Health and Social Services system, while school-based prevention</p> | <p>N/A</p>                   | <p>N/A</p>                        |

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| effectively identify and respond to child and youth mental health needs and crises events.  |  | interventions to strengthen trust and meaningful relationships.  | and early intervention services will be provided through school-based mental health and wellness services.  |                              |                                   |
| <p><b>The CYC position remain with HSS.</b></p> <p>Child and youth counsellors are best placed with HSS because of the Tier 3 supports they are providing to children and youth, their need for clinical supervision and their relationships with other mental health/health service providers who support continuous care.</p> | 5. It is recommended that CYCs continue to be employed by HSS and to report to supervisors in HSS. | <p><b>AGREE</b></p> <p>YAC sees potential for a power imbalance between HSS and ECE, which has been demonstrated throughout the report. Confidentiality and privacy should be at the forefront and considered when it comes to who CYCs report to;</p> | <p><b>AGREE</b></p> <p>HSS and ECE have worked collaboratively to develop a model that includes a broad spectrum of supports including prevention and early intervention services in the education system through a school-based approach, while the Health and Social Services system provides therapeutic</p> | N/A                          | N/A                               |

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|  |                      | <p>HSS seems to be the best option.</p>     | <p>counselling services to children and youth.</p> <p>CYC positions will remain within the health system and will continue to report to HSS supervisors. They will continue to have access to clinical supervision and will be well positioned to support access to other more specialized services.</p> <p>Within the education system, Education Bodies are responsible for the provision of school-based mental health and wellness services including the hiring and supervision of other types of mental</p> |                              |                                   |

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|   |  |   | health and wellness staff.   |                              |                                   |
| <p><b>Needs-based allocation of CYCs be implemented.</b></p> <p>Allocation of CYCs in schools and communities should be needs-based and support fair and equitable access to services. The student numbers-based approach to CYC allocation assumes need is greater in areas with a larger population size. It does not consider that the specific demographics (e.g., income, housing status, mental health service availability) and mental health characteristics of children and youth in smaller schools and communities may be greater due to the complexity of individual needs.</p> | <p>6. It is recommended that an alternative approach to the allocation of resources, one that incorporates aspects of efficiency and equity, be identified and implemented. Such an approach will require a needs assessment be conducted with specific criteria used to determine the level of need/unmet need. It will also require improved and ongoing</p> | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>HSS and ECE will work collaboratively to ensure monitoring and data collection across both systems that will be used to support the ongoing implementation of the mental health and wellness supports for children, youth and families, including resourcing, as appropriate.</p> | <p>2024-2025</p>             | <p>HSS &amp; ECE</p>              |



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|  | <p>administrative reporting and data collection at the school, community and regional levels to inform the allocation process. It is likely that such an approach will identify the need for additional human (CYCs and clinical supervisors) and financial resources.</p> |   |  |                              |                                   |
| <p><b>CYC allocation in schools and communities be grade-based.</b></p> <p>Elementary, middle school and high school-aged children and youth require different types of services</p> | <p>7. It is recommended that CYCs be placed in schools with high school aged students.</p>   | <p><b>AGREE</b></p>                         | <p><b>DISAGREE</b></p> <p>The specific needs of children and youth may vary greatly and are likely to be impacted by many factors in addition to age or grade groupings.</p> | <p>N/A</p>                   | <p>N/A</p>                        |

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|--|----------------------|---|--|------------------------------|-----------------------------------|
| <p>and supports. Elementary and middle school-aged children and youth are more likely to need and benefit from social, emotional and behavioural learning offered through whole of school, classroom and group-based interventions. Some children and youth in this age group will also benefit from more intensive individualized counselling that could be provided in the community (or requests made for the CYC to come to the school to reduce access barriers) and may involve parents/guardians. These community-based CYCs would also be available to those children and youth not attending school. High school students benefit more from</p> |                      |   | <p>The redesigned model is intended to support the delivery of a broader range of mental health services for all age groups, including the delivery of prevention and early intervention supports within the school context.</p> <p>It is the intention that this new approach will create opportunities for wraparound supports and ongoing collaboration between both systems.</p> <p>However, both systems will continue to collect data that can provide valuable information to inform decisions about the ongoing implementation of the program.</p> |                              |                                   |

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| <p>one-on-one counselling offered by CYCs in the schools. Rather than CYCs splitting their time between schools and communities, they would be assigned to one location making them more accessible. All communities should have access to the services of at least one full-time CYC to meet the immediate needs of children and youth.</p> |   |   |  |                              |                                   |
|  | <p>8. It is recommended that CYCs be placed in the community to address the needs of elementary (Junior Kindergarten to grade 5) and middle school (grade 6 to 8 or 9)-aged children and youth as well as those not attending school.</p> | <p><b>AGREE</b></p>                         | <p><b>DISAGREE</b></p> <p>Refer to response for Recommendation 7.</p>  | <p>N/A</p>                   | <p>N/A</p>                        |
|  | <p>9. It is recommended that each school and community have access to a full-time CYC.</p>  | <p><b>AGREE</b></p>                         | <p><b>DISAGREE</b></p> <p>Lessons learned throughout the implementation of the CYC Initiative have demonstrated how difficult it can be to staff clinical counselling positions and that</p> | <p>N/A</p>                   | <p>N/A</p>                        |

| DPRA Executive Summary<br>Recommendations and<br>Rationale | DPRA<br>Recommendations | CYC Youth<br>Advisory<br>Committee (YAC)<br>Feedback | Management Response<br>and Action   | Action<br>Implementation<br>status | Responsibility<br>for<br>Implementation |
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|  |                         |  | <p>despite best efforts vacancies are an unfortunate reality.</p> <p>The redesigned model provides a multi-pronged approach to mental health services for children and youth that allows for more preventative and early intervention work, in addition to clinical counselling supports.</p> <p>The redesign will simultaneously provide Education Bodies and Health Authorities with enhanced flexibility in their recruitment efforts and the ability to take into consideration the unique needs of the children and youth in</p> |                                    |   |

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|  |  |   | <p>their communities and regions.</p> <p>While this redesigned model does not ensure a CYC in each school, it is important to remember that all children and youth need access to mental health supports but not all require clinical support. The redesign ensures that children and youth have access to a broader spectrum of mental health supports that will be provided within their school environment.</p> |                              |                                   |
| <p><b>Role of itinerant counsellors be reassessed.</b></p> <p>Children and youth require the services of full-time, in-person counsellors to</p> | <p>10. It is recommended that if itinerant counsellors are retained, they be required to visit communities a</p> | <p><b>AGREE</b></p>                         | <p><b>DISAGREE</b></p> <p>HSS and ECE recognize the value of access to services through in-person contact. The aim</p>   | <p>N/A</p>                   | <p>N/A</p>                        |

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| <p>address their immediate and longer-term needs. Familiarity with and approachability of the school counsellor, which is essential to encouraging students to use the services, is limited when counsellors are not regularly available. Having the itinerant counsellors visiting the communities three times a year is insufficient to meet both the needs and preferences of children and youth. Virtual and phone services to augment community visits are not the best option for those children and youth who require personal connections to build trusting relationships and for those who do not have access to the internet, a phone or long-distance minutes for their</p> | <p>minimum of once a month, or their services only be used to fill CYC vacancies.</p> |   | <p>of the redesigned model is to increase access to multi-tiered mental health supports.</p> |                              |                                   |

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| <p>phone. Virtual accessibility further exacerbates issues of equity.</p>  |  |   |  |                              |                                   |
| <p><b>Social- Emotional Learning (SEL) teacher and coach positions be created.</b></p> <p>There is a need for a child and youth counselling model that supports the delivery of interventions of varying intensities. As such, in addition to one-on-one counselling, whole of school, classroom and group-based social, emotional and behavioural (preventive) supports need to be made available. Child and youth counsellors currently have limited capacity to deliver these services in addition to the more intensive, one-on-</p> | <p>11. It is recommended that ECE create a new SEL Teacher position that is placed in schools with elementary and middle school-aged children and youth.</p> | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>The redesign has introduced a mental health promotion, prevention and early intervention focus into school-based mental health and wellness services, which may incorporate Social and Emotional Learning (SEL), along with other preventative interventions for school-aged children and youth. While it may be one aspect of the locally developed school-based mental health model going forward, it may not explicitly result in an SEL teacher position.</p> | <p>2023-2024</p>             | <p>ECE</p>                        |

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| <p>one counselling they currently provide. There is a need for a continuum of mental health supports (Tiers 1, 2 and 3) to be available to children and youth. The introduction of a Social-Emotional Learning (SEL) Teacher position would allow for the provision of more universal and prevention-based approaches to mental health care. These types of supports are best suited for elementary and middle school-aged children and youth, while individualized counselling is better suited for high school students. This position would be filled by a teacher with experience in the area of social-emotional learning and/or restorative practices, including de-escalation strategies and</p> |   |   | <p>ECE is developing a school-based mental health framework and policies to provide direction for Education Bodies to implement school-based mental health and wellness services that best support their children and youth, within the context and strengths of their school and broader community.</p> |                              |                                   |
|   | <p>12. It is recommended that ECE create a new developmental SEL Coach position intended for Indigenous community members that is placed in schools with elementary</p> | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>Refer to response for Recommendation 11.</p>  | <p>N/A</p>                   | <p>N/A</p>                        |



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| <p>trauma-informed practices. A developmental position – Social-Emotional Learning (SEL) Coach – could also be created to provide an opportunity for community members who exhibit the right characteristics and are willing to take specific courses to develop their knowledge, skills and abilities. Preference for this position would be given to Indigenous hires who understand the community dynamics as well as Indigenous history and traditional practices. Schools should have the option to choose either an SEL Teacher or SEL Coach depending on their preference, need and school size. Both positions, along with working with the children and youth, would</p> | <p>and middle school-aged children and youth.</p> |   |                                |                              |                                   |

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| act as a resource for school staff and families.   |   |   |   |                              |                                   |
| <p><b>CYC Initiative Coordinator positions be created.</b></p> <p>Child and youth counsellors spend a significant amount of time acting as a bridging or referral agent to other mental health, health and social services supports – time that could be spent providing counselling supports. Like the Child and Youth Mental Health Coordinator positions that manage the Telepsychiatry program and provide enhanced access, service coordination and specialized care to children and youth, coordinator positions are needed for the CYC Initiative to help coordinate the necessary resources,</p> | <p>13. It is recommended that a CYC Initiative Coordinator position be created to coordinate resources, referrals and follow-up and to support day-to-day administrative tasks. To determine the number of positions required and the location of these positions, it is also recommended that CYC caseload and workload analysis of CYCs be conducted.</p> | <p><b>AGREE</b></p>                         | <p><b>DISAGREE</b></p> <p>Within the redesigned model, funding is redistributed across HSS and ECE. It does not include administration support for Health and Social Service Authorities that have prioritized funding CYC positions with the available resources.</p> <p>HSS and ECE will continue to monitor program needs.</p> | <p>N/A</p>                   | <p>N/A</p>                        |

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| <p>referrals and follow-ups with community and outpatient programs and support administrative tasks such as data collection, report development, and Initiative review.</p>  |  |  |   |                              |                                   |
| <p><b>CYC administrative supervisors be provided by Regional Managers.</b></p> <p>Clinical supervisors currently assume dual and conflicting roles: (1) administrative supervision which focuses on organizational and program functioning; and (2) clinical supervision which relates to the safety and quality of counselling services by providing opportunities for case conferencing, enhancement of clinical competence including integration of self-</p> | <p>14. It is recommended that CYC clinical supervisors focus on the clinical aspects of supervision and the administrative supervisory functions be shifted to the Regional Managers, Community Mental Health and Adult Services. This will require a change to existing job</p> | <p>YAC does not think this recommendation is within their scope to provide opinion on. The inner workings of HSS are not well understood to YAC.</p> | <p><b>DISAGREE</b></p> <p>HSS will commit to reviewing the job descriptions for Clinical Supervisors and Regional Managers as part of its larger Mental Health Renewal project. Existing resources do not allow for separation of clinical and management duties.</p> | <p>2024-2025</p>             | <p>HSS</p>                        |

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| <p>awareness, theoretical grounding and development of clinical knowledge and skills. Shifting administrative supervision away from the clinical supervisors and to the Regional Managers, Community Mental Health Services would allow CYCs to be more comfortable sharing challenges and concerns with the clinical supervisor without fear of negative employment implications.</p> | <p>descriptions for CYCs, CYC clinical supervisors and the Regional Managers, Community Mental Health and Adult Services.</p>   |   |   |                              |                                   |
| <p><b>CYC roles and responsibilities be clearly communicated.</b></p> <p>Without a clear understanding of CYC professional mandates and job responsibilities, confusion leading to unrealistic expectations and in some cases fear, occurs. The role</p>   | <p>15. It is recommended that communications materials be created that clearly and concisely describe the roles, responsibilities and services provided by the CYCs in both</p> | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>As part of the redesign process, ECE and HSS will work collaboratively to develop plain language public communications that clearly articulate how mental health and wellness supports for</p> | <p>2023-2024</p>             | <p>HSS &amp; ECE</p>              |

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| <p>and responsibilities of CYCs must be clearly understood by, and communicated to, all parties involved in or using the services and supports. It is important that CYCs establish a clear professional identity and demonstrate how they contribute to the well-being of the children and youth in their care. It is also necessary for the role of the CYC to be differentiated from that of Child and Family Services staff to allow for the development of trusting relationships between CYCs and Indigenous parents/guardians. Better understanding and ongoing discussions of the CYC role and responsibilities can improve the effectiveness of the CYC Initiative.</p> | <p>schools and communities. These materials should be in plain language and available in the official languages of the NWT.</p> |   | <p>children, youth and families can be accessed within schools and the community, and the scope of these services.</p> <p>These materials can be made available in all of the official languages.</p> <p>Education Bodies will work to develop regional-specific messaging about school-based supports. ECE will support Education Bodies to publicize key communications about these supports in the official languages relevant to their communities.</p> | <p>2024-2025</p>             |                                   |

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| <p><b>Promotion of CYC services in the community be enhanced.</b></p> <p>Children and youth not attending school need to be made aware that CYC services are being offered in the community so they too can benefit from the provision of mental health supports. Increased communication of the CYC Initiative to community health and social services agencies will help to increase the promotion and reach of the Initiative.</p> | <p>16. It is recommended that increased outreach and communication to community-based organizations take place to help ensure that children and youth not attending school, and their families, are made aware of the CYC services.</p> | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>CYCs will be available to children and youth across the NWT through the Community Counselling Program.</p> <p>The promotion of mental wellness resources is a key priority for HSS. Work is underway to enhance communication efforts for all mental wellness and addictions programs and services including CYCs as well as eMental health options such as <i>Strongest Families Institute</i> and <i>Breathing Room</i>.</p> <p>HSS and ECE will also work collaboratively to develop public communications on mental health and wellness supports for children, youth and</p> | <p>2023 and ongoing</p>      | <p>HSS &amp; ECE</p>              |

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|  |  |   | families available in both systems.   |                              |                                   |
| <p><b>Promotion of after-hours services be increased.</b></p> <p>Children and youth require access to mental health services after-hours and on the weekends when CYCs are not available. More promotion of the availability of CCP services and other supports after-hours is needed to ensure children, youth and families are aware of these options.</p> | <p>17. It is recommended that CYCs, in collaboration with HSS, promote the availability of after-hours and weekend CCP services.</p> | <p><b>AGREE</b></p>                         | <p><b>DISAGREE</b></p> <p>Data collected as part of the redesigned model will help determine if there is a need for expanded hours or further resources.</p> <p>HSS understands the importance of awareness of after-hours supports and will further promote all services including after-hours supports like eMental health, supports, helplines, and text supports.</p> | <p>2024-2025</p>             | <p>HSS</p>                        |
|  | <p>18. It is recommended that CYCs, in</p>   | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p>   |                              |                                   |

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|  | <p>collaboration with HSS and CCP services, promote the availability of other mental health supports such as the Strongest Families Institute and Kids Help Phone that are available after-hours and on the weekends.</p> |   | <p>The promotion of mental wellness resources is a key priority for HSS. Work is underway to enhance communication efforts for all mental wellness and addictions programs and services including CYCs.</p> <p>Information on these resources will be available through both the Health and Social Services and Education systems as well as to the public, including opportunities for training or demos on the eMental health resources available to support children, youth and families.</p> | <p>2023 and ongoing</p>      | <p>HSS</p>                        |



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|  | 19. It is recommended that CYCs reach out to child and youth program facilitators to form relationships that can become the basis of activities that support recreational, social and mental health needs. | <b>AGREE</b>                                | <p><b>AGREE</b></p> <p>Making connections and building relationships with community partners and Indigenous Governments are critical to ensuring ongoing awareness about programs and services and to create opportunities for partnerships.</p> <p>HSS and ECE will work to increase awareness of their services and explore opportunities for partnership.</p> | 2023 and ongoing             | HSS & ECE                         |
| <p><b>CYC integration into school be improved.</b></p> <p>“It is the responsibility of everyone in the school, under the leadership of the</p> | 20. It is recommended that HSS and ECE work together to review and revise the CYC Handbook to ensure key areas   | <b>AGREE</b>                                | <p><b>DISAGREE</b></p> <p>A shared understanding of roles/responsibilities and clarity of information sharing</p>  | 2023-2024                    | HSS & ECE                         |

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| <p>principal, to welcome the CYC as an integral part of the school community” (CYC Handbook, 2021). Principals play an integral role in paving the way for well-integrated CYCs. Their acceptance is critical to the implementation of counselling services that are beneficial to the students. Teachers’ willingness to refer students to the CYCs can be influenced by the attitude of school leadership. Child and youth counsellors must also be open and willing to engage in meaningful ways with school staff and students if they are to be successfully integrated. Child and youth counsellors who maintain a visible presence in the school and take part in school and community</p> | <p>of collaboration, cooperation, responsibilities, and information sharing are clearly addressed.</p> |   | <p>between both systems will be essential.</p> <p>The redesigned model focuses on strategic points of collaboration and communication to promote a broader spectrum of support services to address the mental health and wellness of school-aged children and youth.</p> <p>Lessons learned throughout this initiative suggest that the development of a handbook may not be the most effective way to communicate information across our systems. HSS and ECE will update their MOU and ensure a collaborative effort in</p> |                              |                                   |

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| <p>events can more easily begin to build connections and foster relational trust with children, youth and their families. Positive relationships between principals and CYCs, based on mutual respect of roles and responsibilities, results in greater collaboration and cooperation, which in turn improves outcomes for students. Improved understanding of the CYC role and responsibilities by school staff, increased knowledge of school operational systems by CYCs, and greater information sharing by CYCs will support enhanced school integration.</p> |   |   | <p>the development of orientation and communication materials.</p>  |                              |                                   |
|  | <p>21. It is recommended that an orientation for all relevant school staff and respective CYCs be delivered at the beginning of each new school year. This should be done as a group, not individually.</p> | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>HSS and ECE agree that a shared understanding between systems can be successfully introduced in orientation materials through the delivery of common messaging.</p> <p>However, we also recognize the importance of ongoing connection and relationship building between our two systems. Efforts towards a joint orientation approach will be made where possible in light of the complex</p> | <p>2024-2025</p>             | <p>HSS &amp; ECE</p>              |

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|   |   |   | operational needs of both systems, and the patterns of recruitment and retention.  |                              |                                   |
| <p><b>Information sharing protocols be created, shared and discussed on an ongoing basis.</b></p> <p>The ethical principle of confidentiality is at the core of all professional counselling, and its maintenance can be critical to the success of most counselling relationships. Outside of the duties to report instances of abuse or neglect, when a client is a danger to themselves or others, or on the order of a court, CYCs are beholden to the child, youth and/or family member to maintain confidentiality. It can be</p> | <p>22. It is recommended that the Director, Mental Health and Community Wellness with support from the Regional Managers, Community Mental Health and Adult Services and the Clinical Supervisors, CYC Initiative prepare a confidentiality/ information sharing protocol that is then shared with CYCs for review and discussion. Issues</p> | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>The HSS system follows the <i>Health Information Act</i> (HIA), which outlines the process for sharing information that aligns with Community Counselling Program Standards.</p> <p>HSS and ECE will ensure there is a protocol in place to support information sharing when appropriate and with a client’s consent. This may outline the process for obtaining consent, potential limitations, what kind of</p> | <p>2023-2024</p>             | <p>HSS &amp; ECE</p>              |

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| <p>challenging for CYCs to balance privacy and confidentiality with the schools' interests in knowing how students are doing or even if the child is being seen by the counsellor. When principals and CYCs have different perceptions of what confidentiality means, this can lead to friction, which can negatively affect school counselling services. Maintaining confidentiality does not have to be an all or nothing approach. Child and youth counsellors can ask children and youth if there is some information, they are comfortable sharing with specific individuals (e.g., teachers, principals, families) to enable them to provide additional supports. It is then up to the child/youth to</p> | <p>of confidentiality should be revisited on an ongoing basis during clinical supervision meetings. The Director and others involved in the development of this protocol should meet with key school staff to ensure they are aware of their concerns and needs so they can be incorporated (if possible) within the protocol.</p> |   | <p>information clients can expect to receive from the CYC, and options to support case planning if there is consent etc. This protocol will be incorporated into the orientation materials and training in both systems.</p> <p>Both HSS and ECE will ensure the development of clear communication materials for children, youth and families that include information on who will have access to their information and what they can expect from a privacy perspective.</p> |                              |                                   |
|   | <p>23. It is recommended the confidentiality/info</p>  | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p>   |                              |                                   |

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| decide if and what information will be shared. Additionally, while still maintaining individual confidentiality, there is nothing stopping CYCs from sharing more general information with school staff, or teaching school staff specific strategies that would allow them to further support student mental health and improve their ability to make informed decisions regarding the mental wellness of students. | Information sharing protocol be shared with school staff and reviewed and discussed on an ongoing basis.   |   | To foster an understanding of confidentiality and information sharing for school staff, HSS and ECE can develop common orientation resources and training materials.  | 2024-2025                    | HSS & ECE                         |
|  | 24. It is recommended that communications materials on confidentiality and the sharing of information be provided to parents/guardians and that opportunities be made available for further discussions regarding this communication | <b>AGREE</b>                                | <b>AGREE</b><br><br>Collaboration across the levels of mental health services, and between the Health and Social Services and Education systems, is critical to providing wraparound care.<br><br>HSS and ECE will work together to develop communications materials for mental health and wellness | 2024-2025                    | HSS & ECE                         |

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|  | between CYCs and parents/guardians.  |   | <p>supports for children, youth and families that provide information on confidentiality, including what parents/guardians should expect and some of the benefits of consenting to information being shared across both systems.</p> <p>These documents will serve as a starting place for further discussions between children, youth and parents/guardians about confidentiality.</p> |                              |                                   |
| <p><b>Type and frequency of CYC appointments be based on a person-centered approach.</b></p> <p>The type and frequency of CYC appointments should be based on a person-centred</p> | 25. It is recommended that CYCs work with children, youth and families to determine the most appropriate frequency for | <b>AGREE</b>                                | <p><b>AGREE</b></p> <p>The Stepped Care 2.0 Model is the current foundation for the CYC service delivery model. Stepped Care 2.0 is a</p>   | N/A                          | HSS                               |

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| <p>approach to care. While children and youth support drop-in appointments and scheduling appointments as needed, many children and youth also expressed a desire for regularly scheduled sessions. Regular appointments remove the onus from children and youth to always know when they need support and to have to take the initiative to reach out to the counsellor, as well as ensuring they have consistent care over time, especially for those with more complex mental health needs. It is likely that over time, the type and frequency of appointments may change.</p> | <p>counselling services.</p> |   | <p>person-centered approach that allows for timely and flexible access to care and promotes a variety of service options.</p> <p>HSS will provide ongoing opportunities for continual learning about Stepped Care 2.0 and quality improvement among Community Counselling Program providers across all levels.</p> <p>This will include addressing any misconceptions by communicating consistently about key messages, such as the Stepped Care 2.0 approach offers a full continuum of care</p> |                              |                                   |



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|  |  |   | options, and that service users are welcome to attend as many sessions as they need.   |                              |                                   |
| <p><b>Hiring processes be improved.</b></p> <p>The professional and personal fit of child and youth counsellors in the schools and communities is integral to the success of the CYC Initiative. The inclusion of interview questions that allow for the collection of information on candidate suitability, in addition to academic and experience qualifications, and the involvement of school and/or community representatives in the hiring process will help to ensure that the right candidate is hired for the</p> | <p>26. It is recommended that the CYC hiring committee questions be revised to include questions that specifically address the suitability of candidates to work in specific schools and communities in the NWT. These would include questions that target the individual's emotional intelligence, and their ability to process their own</p> | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>The redesigned model has opened the opportunity for each system to support mental health and wellness supports for children, youth and families by providing a broader spectrum of services.</p> <p>Education Bodies will hire individuals based on the mental health and wellness supports appropriate for their students, which may vary considering the unique needs of regions,</p> | <p>2023-2024</p>             | <p>HSS &amp; ECE</p>              |

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| <p>right school and the right community. The same hiring approach and recommendations should be applied to the SEL Teacher and SEL Coach positions.</p> | <p>and others' emotions and to use information as a guide to thinking and behaving.</p>                 |   | <p>communities and schools.</p> <p>Health and Social Services Authorities, in response to the larger Mental Health Renewal project, will be examining and adjusting job descriptions and hiring processes to better meet the needs of communities. The resulting changes will be the result of consultation and will be informed by the results of this CYC evaluation.</p> | <p>2024-2025</p>             |                                   |
|   | <p>27. It is recommended that when candidate references are contacted, questions be asked about the</p> | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>Refer to response for Recommendation 26.</p>   | <p>N/A</p>                   | <p>HSS &amp; ECE</p>              |

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|  | <p>candidate's emotional intelligence and their ability to add to the culture of the school/community as it relates to fit with the job.</p>  |   |   |                              |                                   |
|  | <p>28. It is recommended that principals and/or Education Body representatives be included in all CYC hiring committees to help ensure the unique needs of children and youth in the respective school and community are adequately and</p> | <p><b>AGREE</b></p>                         | <p><b>DISAGREE</b></p> <p>In the redesigned model, Health and Social Services Authorities and Education Bodies will be responsible for providing their own mental health and wellness services and for the hiring of their own staff.</p> | <p>N/A</p>                   | <p>N/A</p>                        |

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|  | appropriately met by the new hire.  |   |  |                              |                                   |
| <p><b>CYC Initiative Handbook, guidelines and job descriptions be updated.</b></p> <p>It is necessary for the CYC Initiative Handbook, guidelines and job descriptions to be reviewed based on the results of the evaluation and to be updated based on agreed content by HSS and ECE.</p> | <p>29. It is recommended that the CYC Initiative Handbook, guidelines and job descriptions be updated based on the results of the evaluation.</p> | <p><b>AGREE</b></p>                         | <p><b>DISAGREE</b></p> <p>Lessons learned throughout this initiative suggest that the development of a handbook may not be the most effective way to communicate information across our systems.</p> <p>HSS and ECE will update the MOU to reflect the redesigned model and will also ensure a collaborative effort in the development of orientation and communication materials to support a shared understanding of</p> | <p>2024-2025</p>             | <p>HSS &amp; ECE</p>              |

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|  |                      |   | <p>cross system service delivery.</p> <p>As part of the larger Mental Health Renewal project the HSS system will examine job descriptions and determine the need for any adjustments.</p> <p>ECE is developing a school-based mental health framework and polices to provide direction for Education Bodies to implement school-based mental health and wellness services that best support their children and youth, within the context and strengths of their school and broader community.</p> |                              |                                   |

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| <p><b>CYC consent form and processes be improved.</b></p> <p>It is essential that parents/guardians understand the consent forms that they are being asked to review and sign and that they are able to easily communicate the information on the form to their child. Consent forms should be in plain language and available in all the NWT's official languages. This also pertains to the CYC Initiative promotional information. The requirement for written consent, which is considered a "colonial practice", should be removed, and replaced with a requirement for verbal consent.</p> | <p>30. It is recommended that CYC-specific consent forms be developed that are in plain language and available in all of the NWT's official languages.</p> | <p><b>AGREE</b></p>                         | <p><b>DISAGREE</b></p> <p>HSS is reviewing its <i>Sharing of Information and Informed Decision-Making</i> policies, which will include consideration of whether a CYC specific consent form is necessary. HSS and ECE will also work collaboratively to ensure there is a shared understanding across both systems of how information can be shared when there is consent to do so.</p> | <p>2024-2025</p>             | <p>HSS &amp; ECE</p>              |
|  | <p>31. It is recommended that HSS ensure all CYCs are familiar with and following the Community</p>  | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>Verbal consent is already an accepted practice within the Community Counselling</p>  | <p>2024-2025</p>             | <p>HSS</p>                        |

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|  | <p>Counselling Program Standards Manual, specifically the Informed Consent Standard that states that verbal consent to services is an acceptable clinical practice.</p>                               |   | <p>Program (CCP). HSS is reviewing its <i>Sharing of Information and Informed Decision-Making</i> policies, which will include the addition of accepting verbal consent. Work will also be done to ensure that all CCP staff, including CYCs, are well-versed in this concept and what it means in practice.</p> |                              |                                   |
| <p><b>CYC summer work plans be prepared.</b></p> <p>Because CYCs work on a government schedule, they are available to provide services during the summer months. The current usefulness of those services is questionable given other community activities taking place. It is also recognized</p> | <p>32. It is recommended that CYCs reach out to child and youth programs to form relationships that can become the basis of activities that support recreational, social and mental health needs.</p> | <p><b>AGREE</b></p>                         | <p><b>NO LONGER RELEVANT</b></p> <p>In the redesigned model school-based services will be tied to each community's school calendar, so services may not be available during when schools are closed; however, CYCs through the Community Counselling Program</p>   | <p>N/A</p>                   | <p>HSS</p>                        |

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| <p>the majority of supports for children and youth are needed during the school year. Increased outreach and collaboration with existing community-based child and youth programming, development of summer work plans outlining the various activities to be offered (i.e., individual counselling, activities with other program partners), as well as a schedule of activities that is promoted would help to increase child and youth engagement and the provision of mental health supports during the summer months.</p> |  |   | <p>(CPP) will be available year-round.</p> <p>Making connections with other community programs and partners that provide services to children and youth is an expectation with the CCP. Health and Social Services Authorities will provide continued education around the importance of strong community relationships and look for opportunities to encourage/support these partnerships.</p> |                              |                                   |
|  | <p>33. It is recommended that a CYC work plan and schedule be developed, in collaboration with other CYCs in the</p> | <p><b>AGREE</b></p>                         | <p><b>NO LONGER RELEVANT</b></p> <p>Health and Social Services Authorities will emphasize the importance of strong</p>  | <p>N/A</p>                   | <p>HSS</p>                        |



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|   | community (if applicable) and used to promote partnerships with other organizations or community activities with a mental health service support component.                                   |   | relationships and partnerships with community partners and will look for opportunities to encourage/support unique or creative approaches to engaging with children and youth.  |                              |                                   |
| <p><b>Computerized records management system be adopted.</b></p> <p>Child and youth counsellors need a computerized charting and filing system to ensure the safety and security of client files.</p> | 34. It is recommended that HSS assess the feasibility of introducing a computerized charting and filing system for CYC Initiative staff to help ensure that client files are safe and secure. | <b>AGREE</b>                                | <p><b>AGREE</b></p> <p>HSS and ECE value secure filing systems for client files.</p> <p>Work is underway within the Health and Social Services system as part of the Electronic Health Record Renewal to determine options for the CCP to implement</p> | 2024-2026                    | HSS & ECE                         |

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|   |   |   | <p>an information management system.</p> <p>ECE's school-based mental health and wellness framework and policies will provide direction to education bodies on secure filing systems for client records.</p>                | 2023-2024                    |                                   |
| <p><b>Mid-year financial review and reallocation of unspent resources be carried out.</b></p> <p>From 2019-2020 to 2021-2022 approximately \$2 million of the CYC Initiative budget went unspent, while the mental health needs of children and youth across the territory were left unmet.</p> | <p>35. It is recommended that by the end of the second quarter, a review of current and projected spending occur for this program by each region. If it appears there will be lapsed funds, HSS will work with ECE to discuss and develop a plan for use of these funds</p> | <p>YAC does not feel they should provide an opinion on distribution of funding.</p> | <p><b>AGREE</b></p> <p>In the redesigned model, financial resources have been shared between both systems to support a multi-levelled approach to mental health and wellness supports for children, youth and families.</p> | N/A                          | HSS & ECE                         |

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|   | (e.g., casual hire of additional counsellors, casual hire of qualified teachers who can provide Tier 1 or 2 supports in the school, program resources or other agreed upon needs). This may require funds from HSS to be made available to ECE. |   | As a result of the shared redesign, HSS and ECE will work collaboratively to determine how best to ensure financial transparency.   |                              |                                   |
| <p><b>CYC Initiative reporting be improved.</b></p> <p>Comprehensive administrative data is required by schools and Education Bodies to inform planning and future decision-making regarding student mental health needs.</p> | 36. It is recommended that HSS and ECE work together to create an administrative data report template that includes key CYC Initiative performance indicators at the  | <b>AGREE</b>                                | <p><b>AGREE</b></p> <p>HSS and ECE will work collaboratively to</p> <ul style="list-style-type: none"> <li>- Update the monitoring and evaluation plan for mental health and wellness supports for children, youth</li> </ul> | 2024-2025                    | HSS & ECE                         |

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|  | <p>school, community and regional levels and to determine how frequently this information should be collected and disseminated.</p> |   | <p>and families to identify key performance indicators and support consistent data collection across both systems.</p> <ul style="list-style-type: none"> <li>- Determine how this data will be shared across both systems.</li> </ul> <p>This will provide valuable information to support the ongoing implementation of mental health and wellness supports for children, youth and families, including resource allocation as appropriate.</p> |                              |                                   |
|  | <p>37. It is recommended that the new CYC Initiative</p>  | <p>YAC does not think this recommendation</p> | <p><b><i>NO LONGER RELEVANT</i></b></p>   |                              |                                   |

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|  | <p>Coordinators (refer to Recommendation 9), with support from the Regional Managers, assume responsibility for preparing regular school-, community-, and regional-level data reports that present information on the CYC Initiative’s key performance indicators. These reports should be shared with ECE, schools, and Education Bodies as well as NTHSSA, HRHSSA and TCSA.</p> | <p>is within their scope to provide opinion on. The inner workings of HSS are not well understood to YAC.</p> | <p>Within the redesigned model, funding is redistributed between HSS and ECE. ECE will provide territorial support for the school-based mental health and wellness approaches that will be developed and implemented in schools, while HSS will prioritize the continued funding of CYC positions.</p> <p>HSS and ECE will work collaboratively to:</p> <ul style="list-style-type: none"> <li>- update the monitoring and evaluation plan for mental health and wellness supports for children, youth and families to ensure consistent, evidence-based data</li> </ul> | <p>2024-2025</p>             | <p>HSS &amp; ECE</p>              |

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|   |   |   | collection points across both systems.<br>- determine how this data will be shared across both systems.  |                              |                                   |
| <p><b>CYC, SEL Teacher and SEL Coach orientation and training frameworks be developed.</b></p> <p>Child and youth counsellors as well as SEL teachers and coaches will require appropriate orientation and training to ensure they have the necessary knowledge and skills to meet the unique needs of their roles. In addition to professional skills training (e.g., de-escalation strategies or trauma-informed training), cultural training with support from Indigenous Elders and</p> | <p>38. It is recommended that a CYC orientation and training framework be developed to promote strong team cohesion and deliver integrated, timely and effective services at the appropriate intensity (stepping up and stepping down) to meet the treatment needs of children and youth within their given</p> | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>The redesigned model requires HSS and ECE to work together in promoting partnerships that support successful navigation between the two systems. This can be done by establishing strategic points of connection and collaboration that support timely access to mental health services. This includes the development of common orientation/training</p> | <p>2024-2025</p>             | <p>HSS &amp; ECE</p>              |

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| <p>Knowledge Keepers is also encouraged. It is important that the orientation and training frameworks be developed and delivered in partnership between ECE and HSS.</p> | <p>contexts and circumstances.</p>   |   | <p>materials as well as supporting access to cultural training with support from Indigenous Elders and Knowledge Keepers in their regions and communities.</p>  |                              |                                   |
|  | <p>39. It is recommended that a SEL Teacher training framework be developed to support ongoing professional development.</p> | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>Refer to response for Recommendation 11 and 12.</p> <p>ECE will provide Education Bodies with a school-based mental health and wellness framework to establish and support relevant promotion, prevention, and early intervention-based mental health and wellness services.</p> | <p>2023-2024</p>             | <p>ECE</p>                        |

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|  | <p>40. It is recommended that a career pathway be developed for community members who are interested in assuming a developmental position as an SEL Coach.</p> | <p><b>AGREE</b></p>                         | <p><b>DISAGREE</b></p> <p>The introduction of a school-based mental health and wellness program in the redesign will provide Education Bodies with the flexibility to consider the specific mental health needs of their students.</p> <p>The qualifications for any school-based mental health provider remain open and flexible to appropriate local and cultural needs of the role.</p> | <p>N/A</p>                   | <p>N/A</p>                        |



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| <p><b>Stepped Care 2.0 implementation training be repeated.</b></p> <p>While the Stepped Care 2.0 © model is intended to provide a structure, focus and outline for mental health intervention strategies, there are CYCs who do not understand there is “flexibility within fidelity” to the model, and that stepped care should be implemented in a way that best meets the individual needs of children, youth and families.</p> | <p>41. It is recommended that HSS offer additional training to CYCs on the implementation of the Stepped Care 2.0 © model.</p> | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>Ongoing training and orientation regarding how the Community Counselling Program (CCP) functions via Stepped Care 2.0 are required for all CCP staff including CYCs. There are also ongoing opportunities for continuous learning about Stepped Care 2.0 to support quality improvement. Community stakeholders who are interested in learning more about Stepped Care are also welcome to request a presentation.</p> | <p>2023 and ongoing</p>      | <p>HSS</p>                        |

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| <p><b>Supervisory training be considered for clinical supervisors.</b></p> <p>Child and youth counsellors would benefit from clinical supervisors receiving supervisory training.</p> | <p>42. It is recommended that training for clinical supervisors in clinical supervisory methods be considered as an area for ongoing professional development.</p> | <p><b>AGREE</b></p>                         | <p><b>AGREE</b></p> <p>In the redesigned model, HSS and ECE will be responsible for the delivery of clinical supervision to their own staff.</p> <p>HSS will consider ongoing opportunities to build the capacity of CCP clinical supervisors.</p> <p>Education Bodies will be responsible for the supervision of any school-based mental health and wellness providers.</p> | <p>N/A</p>                   | <p>HSS &amp; ECE</p>              |