



uacs.
inc

INSPIRING LIVES, EMPOWERING COMMUNITIES



Clinical Youth Outreach Worker

The Clinical Youth Outreach Worker (C-YOW) supports the Youth Outreach Worker (YOW) team in Peel Region by providing interim one-on-one counselling and support services to high risk youth experiencing mental health concerns. The services provided are youth centered and collaborative, focusing on immediate needs and bridging to long-term supports. The C-YOW is mobile, meeting youth in the community. The Black Clinical Youth Outreach Worker specifically serve high-risk youth who identify as Black

Goals:

- Help youth to identify their needs, goals, aspirations, skills and abilities, as well as, barriers to accessing services
- Help youth to improve their well-being while building resiliency
- Increase client understanding and ability to access alternate services
- Support parents and family members to help youth address their needs by providing short-term counselling, if needed
- Support youth and families in referral process to appropriate community services
- Enhance their identity, culture and sense of belonging to their community

Inclusion Criteria:

- Residents of Peel Region
- Between the ages of 12 and 21 (discretionary until 25)
- Experiencing mental health concerns (with or without a formal diagnosis)
- Experiencing one or several of the following: substance misuse, trauma, self-harm, chronic isolation, relationship violence, human/sex trafficking, chronic justice involvement, difficulties in school and/or employment
- Disconnected from mental health services
- Would benefit from a community-based support as it relates to counselling/mental health support

Referral Process:

(Please call or e-mail referral form)

Mahum Ahmed | 416-428-7083 | mahmed@mnsinfo.org

For youth who identify as Black:

Norvett Fleurinord | 416 951 4116 | norvett@unitedachievers.org

Or;

Jeff Msangi | msangij@africancommunityservices.com



uacs.
inc

INSPIRING LIVES, EMPOWERING COMMUNITIES



African Community Services of Peel
Serving The Community Since 1993

Clinical Youth Outreach Worker Referral Form

Date:

Referring Worker	Youth's Information
Agency Name:	Name:
Worker Name:	Age:
Contact Number:	Contact Number:
Email:	Email:

PLEASE NOTE: Youth should not be continuing to access or on a waitlist for another mental health service.

Youth agrees to referral: Yes No

Youth provided consent to share information: Verbal Written (attached)

Reason for referral/Goal for referral:

Current involvement with youth and other services involved:

Risk factors/Protective factors:

Please submit referral to:

Mahum Ahmed
mahmed@mnsinfo.org
416-428-7083

OFFICE USE ONLY

Referral received: _____ (dd/mm/yy and time) Received by: _____

Client contacted: _____ (dd/mm/yy and time)