

Community Mental Health Plan for Children and Youth: 2014-2015 Reporting Template for Phase One Lead Agencies

Instructions and Guidelines for completing the Community Mental Health Plan

Child and youth mental health is a shared responsibility. Reflecting this, Ministry of Children and Youth Services (MCYS) child and youth mental health lead agencies are responsible for engaging with their child and youth mental health and broader sector partners to develop a Community Mental Health Plan (CMHP) and a Core Services Delivery Plan (CSDP):

- The CMHP describes child and youth mental health services and supports delivered by other sectors (such as education, health, early years, child welfare and youth justice), as well as services delivered by the lead agency that are not core. This plan reflects the valuable role that broader sectors play in the delivery and funding of child and youth mental health services and will support the lead agency's work with their community partners to improve service delivery and pathways to, through and out of care.
- The CSDP focuses on describing the current delivery of core child and youth mental health services within a service area and how MCYS funding is being used to support these. It also identifies activities that will result in improvements to these services, and support a more effective and efficient system.

Program Guidelines and Requirements are under development which will describe the requirements for the plans at maturity, including their role in supporting planning over a three-year horizon and an annual budget cycle. The two plans are complementary, and together will support a fulsome description of, and action plan for, the child and youth mental health system, including steps to be undertaken by the lead agency, and others, within each service area.

The objectives of the CMHP are to:

- describe the roles, responsibilities and services provided by other community providers within the service area, in the provision of child and youth mental health services across the continuum;
- identify priorities for the lead agency's work with community partners to address service needs/gaps and the workplan for addressing those priorities;
- describe and transparent pathways to, through and out of care, and the plan to continuously enhance those pathways; and
- support an enhanced provincial understanding of the child and youth mental health system through analysis and identification of common themes and priorities.

Reflecting the shared nature of child and youth mental health a number of community partners may be involved in supporting these services at the local level, including, but not limited to:

- District School Boards
- Hospitals
- Community Care Access Centres
- Local Health Integration Networks
- Children’s Aid Societies
- Youth justice providers
- Public health
- Local Centre for Addiction and Mental Health offices
- Early Years providers
- Specialized services
- Other “non-core” Child and youth mental health service providers
- Other community partners you may identify as appropriate

The lead agency is responsible for leading the development of this plan, and submitting it to the ministry. A key element of this work is collaborating with partners at the local level to understand existing service provision and jointly working to enhance service and pathways to and out of MCYS’ core services. Ministry staff will also support lead agencies with this process.

Program Guidelines and Requirements 03 – Community Mental Health Plan, which will be released at a future date, describes the requirements for the plan at maturity which will include the following components:

- 1) Executive Summary
- 2) Current Services and Pathways
- 3) Shared Priorities
- 4) Engagement

The expectation in 2014/15 is for lead agencies to undertake a realistic, achievable process that demonstrates progress. The 2014/15 CMHP will focus on the “Current Services and Pathways” component of the CMHP outlined above so that lead agencies build a foundational understanding of their service area from which they can build moving forward. This is integral to the development of a complete plan that will support real change and enhancements on the ground. Through the completion of the template lead agencies will be able to demonstrate their progress in assuming the planning functions of a lead agency.

Minimum Expectations for 2014/15:

- lead agencies are responsible for leading the completion of the 2014/15 CMHP and submitting it to their MCYS program supervisor by March 31, 2015 for approval;
- the needs of particular diverse groups (e.g. Francophone, Aboriginal) in a community should be considered (note: where comprehensive mechanisms do not exist this should be noted and considered an area of focus for 2015/16);
- lead agencies must undertake appropriate engagement activities (as determined by lead agencies based on local service area composition) and describe the effort to engage appropriate community partners in the plan; and
- the CMHP should describe current targeted prevention activities and mental health services delivered in the service area:
 - These services are those focused on meeting the needs of children/youth at levels 2, 3 and 4 on the Continuum of Needs outlined in the draft Service Framework, (p.8, available online at ontario.ca/movingonmentalhealth).
 - These services can be expected to have measureable mental health outcomes.
 - Services for children and youth at level 1 of the Continuum of Needs will be considered in further iterations of the CMHP.

While there is an expectation that lead agencies start to engage with their broader sector partners, it is up to the lead agencies to determine how far this work can be progressed in 2014/15, based on an assessment of the composition of the community and its planning processes (including existing/potential new mechanisms), timing etc. Examples are provided above of who this could include. There are no minimum expectations of who specifically should be engaged in 2014/15.

The following sections provide a description of each section in the 2014/15 CMHP reporting template, including additional context and what should be captured in each section.

Section A: Community engagement:

- In this section please describe the engagement process undertaken to inform this plan (see above for examples of community partners):
 - Who was engaged and a description of the engagement approach.
- Please note that specific youth and family engagement activities will be captured through the CSDP.

Section B: Current service provision and pathways to care:

- For 2014/15 the plan will focus on understanding existing targeted prevention activities and child and youth mental health services delivered in the service area, as well as initial identification of some of the formalized processes that support pathways to-and out of child and youth mental health care.

Current service provision and pathways to care:

- In this section please describe the targeted prevention and mental health services in your service area, including target population, age, and geographic spread.
 - Services listed should include any services delivered by agencies that are not funded through MCYS' core services/key processes detail codes.
 - For each service please also describe the formalized protocols and/or processes (e.g. MOUs, operational agreements) that support pathways to and out of core child and youth mental health services
 - Note that pathways to support successful transitions through child and youth mental health core services will be addressed in the CSDP.

Section C: local child and youth mental health community planning mechanisms:

- This section focuses on describing local community planning mechanisms (e.g., planning tables) that have an impact on child and youth mental health, and undertaking an analysis of their future role in supporting child and youth mental health related discussions, including their potential role in supporting the development of the CMHP and CSDP.

C.1: Existing Planning Mechanisms:

- In this section identify the existing local community planning mechanisms including who is at the table, their role etc. (add rows as necessary).

C.2: Existing Planning Mechanisms:

- In this section please start to undertake an analysis of the appropriateness and effectiveness of existing mechanisms to support community mental health planning, and recommendations for improvements, including changes to existing mechanisms and/or new approaches where needed.

2014/15 Community Mental Health Plan for Children and Youth Template: Section A: Community Engagement

A.1 Please name the community partners you engaged and how they were engaged in the development of the CMHP. (1 of 5)

Humphrey Mitchell, CEO of Peel Children's Centre, convened a half-day meeting in Brampton on February 12, 2015 which was attended by approximately 100 stakeholders (see below) from Peel's child- and youth-serving sectors. In his opening remarks, Humphrey provided the context for the meeting as a starting point for the development of the Community Mental Health Plan for the Peel service area. Cynthia Abel, Director of the System Transition Team at MCYS, provided the provincial perspective with an overview of the *Moving on Mental Health* strategy, then Dr. Kathy Sdao-Jarvie, PCC's Director of System Planning, Measurement & Accountability, covered the impact of the strategy in Peel and outlined the expectations of the Core Services Delivery and Community Mental Health plans, demographics and allocation of core CYMH services. Humphrey provided the Peel context and an update on recent meetings of lead agencies with MCYS, after which he moderated a Q&A session and group discussion. All attendees received a follow-up package that included the two slide decks, definitions of core services and key processes, and templates for the Core Services Delivery Plan and Community Mental Health Plan. Attendees included the following key sectors, organizations and representatives:

- **CYMH Core Service Providers:**

- Associated Youth Services of Peel (Kelly Henderson, Executive Director; Lisa Bachmeier, Service Director; Kelly McDonnell, Clinical Manager)
- Nexus Youth Services (John Choi, Clinical Supervisor)
- Peel Children's Centre (Linda Lee-Berkowitz, Director, Clinical Services; Ceri Harnden, Director, Economic & Business Development; Amrit Khaper, Director, Finance; Julia Margetiak, Manager, Access, Intake & Health Information; Joan Stulac, Executive Assistant; Mora Thompson, Communications Specialist)
- Rapport Youth and Family Services (David Clement, Executive Director; Joan Manning, Director of Clinical Services)
- Trillium Health Partners (Cara Vaccarino, Director, Mental Health and Maternal Health Services; Sheryl Parks, Team Leader)
- William Osler Health System (Ian Murray, Resource Staff & Mental Health Intake Clinician, on behalf of Trish Grabb, Manager, Mental Health and Addictions)

- **Child Welfare:** Peel Children's Aid (Rav Bains, Chief Executive Officer; Mahesh Prajapat, Director of Service; Mary Beth Moellenkamp, Senior Service Manager)

- **Cultural & Newcomer Services:**

- India Rainbow (Gurpreet Malhotra, Executive Director)
- Punjabi Community Health Services (Amandeep Kaur, Chief Operating Officer)

- **Developmental/Autism Services:**

- Brampton Caledon Community Living (Jim Triantafilou, Executive Director)

Please name the community partners you engaged and how they were engaged in the development of the CMHP. (2 of 5)

- Community Living Mississauga (Keith Tansley, Executive Director; Nancy Stafford, Director of Customer Support)
- Kerry's Place Autism Services – Central West Community Services (Gail Jones, Director of Community Supports)
- **Early Years & Childcare:**
 - Caledon Parent-Child Centre (Teresa Colasanti, Executive Director; Ailsa Stanners-Moroz, Program Manager)
 - Child Development Resource Connection Peel (Elizabeth Hawley, Director, Effective Practice & Programs; Noreen Hornsby, Early Years Manager; Riva MacNeil, Manager, Information, Referral and Service Pathways)
 - Family Day Care Services, Mississauga Centre Ontario Early Years Centre (Yvonne Ziobroski, OEYC Supervisor)
 - Malton Neighbourhood Services, Ontario Early Years (Froschlee Mejia, Manager)
 - Mississauga Parent-Child Resource Centres (Lory Wolter, Executive Director; Elaine Pontone, Senior Manager; Karen Nish, Program Manager)
 - PLASP (Lynn Hiebert, Chief Executive Officer; Mary Jo McCallum, Regional Manager)
- **Education:**
 - Peel District School Board (Louise Sirisko, Superintendent, Special Education Support Services; Maureen MacKay, Special Education Coordinator; Varsha Naik, Community Outreach Coordinator)
 - Dufferin-Peel Catholic District School Board (Sheila McWatters, Associate Director of Education, Instructional Service; Shirley Kendrick, Superintendent of Special Education and Support Services; Eric Fischer, Assistant Superintendent of Special Education and Support Services; Kristine Fenwick, Principal)
 - Conseil scolaire de district catholique Centre-Sud (Dre. Marie-Josée Gendron, Leader en santé mentale et psychologie)
 - Conseil scolaire Viamonde (Theresa Hughes, Leader en santé mentale)
- **Health:**
 - Central West LHIN (Suzanne Robinson, Director, Health System Integration)
 - Mississauga Halton LHIN (Ed Castro, Senior Lead, Health System Development)
 - Infant & Child Development Services Peel, Trillium Health Partners (Lorna Montgomery, Manager)
 - Regrets from Peel Behavioural Services, Trillium Health Partners
 - Regrets from Central West CCAC
 - Regrets from Family Health Teams
- **Mental Health – other service providers:**
 - CMHA Peel (Kim Paumier, System Coordinator - Transitional Aged Youth, Mental Health & Addictions, on behalf of David Smith, Chief Executive Officer)

Please name the community partners you engaged and how they were engaged in the development of the CMHP. (3 of 5)

- Kinark Child and Family Services (Chris Simmons-Physick, Program Director, Community Mental Health (Central), representing Kinark's services in Peel and Dual Diagnosis service)
- Radius Child & Youth Services (Sarah Meloche, Manager of Community Services)
- **MCSS-funded social services:**
 - Family Services of Peel (Chuck McLean, Executive Director)
- **Peel Regional Police:**
 - Staff Superintendent Mike Stephenson and Constable Claudia Wells
- **Regional Municipality of Peel:**
 - Janet Menard, Commissioner of Human Services
 - Violette Geadah, Program Support Analyst – Community Partnerships/Children's Services
- **United Way of Peel Region:**
 - Shelley White, Chief Executive Officer
 - Peel Newcomer Strategy Group (Aamna Ashraf, Director)
- **Youth and Family Services:**
 - Our Place Peel (Christy Upshall, Executive Director; Kim Cho, Program Director)
 - Vita Centre (Deborah Thomson, Executive Director)
 - YMCA of Greater Toronto, Child and Family Development (Kathy Wallace, General Manager for Medhat Mahdy, President &CEO)
- **MCYS:**
 - Central Region - Mental Health, Community Programs Unit (Brenda LeMoine, Community Program Manager, Children's Services)
 - Central Region - Mental Health (Pamela Martindale-Nevin, Program Supervisor)
 - Central Region - Youth Justice Services Division (Paul Wheeler, Regional Manager; Tanya Speedie; Mike McGuire)
- **Peel Planning Tables:**
 - **Peel Children and Youth Initiative** (Cristine Renna, Community Planner; Shelina Jeshani, Director, Success by Six)
 - **Peel Children and Youth Planning Group** (Barbara Horvath, Consultant)
 - **Other planning bodies:** most had representation from attendees who also represented their organizations
- **Other – Service Resolution Peel:**
 - John E. Roloson, Service Resolution Facilitator

Please name the community partners you engaged and how they were engaged in the development of the CMHP. (4 of 5)

Beyond the large community meeting, several other meetings have engaged community groups, organizations and individuals in discussions of child and youth mental health and the system transformation work.

- The **2nd Annual Physicians Conference on Community Mental Health** on Feb. 12 focussed on children and youth this year. The conference is a community-led initiative with several partners in the social service and health sectors, including: PCC; Trillium Health Partners; Canadian Mental Health Association; Centre for Addiction and Mental Health; Peel Assessment, Addiction and Referral Centre; Dr. Colin Saldanha; the United Way of Peel Region; and Peel Newcomer Strategy Group. Funders included the Mississauga Halton LHIN, Pfizer and BMS. With over 100 attendees, including family physicians and the mental health leads for the Central West and Mississauga Halton LHINs, the conference heard from opening keynote speaker, Dr. Ian Manion, Executive Director of the Ontario Centre of Excellence for Child and Youth Mental Health; closing keynote speaker, Dr. Rose Geist, Chief of Mental Health at Trillium Health Partners; and a panel that included Linda Lee-Berkowitz, Director of Clinical Services at PCC. The conference provided a timely opportunity to update the attending physicians on key developments in the CYMH sector, including a high-level update on system transformation.
- Humphrey Mitchell has also connected separately with representatives from two of Peel's **Family Health Teams** – Credit Valley and Summerville – to discuss system transformation.
- As Co-Chair of the Board of **Peel Children and Youth Initiative (PCYI)**, Humphrey Mitchell has provided updates on system transformation to PCYI's 24 Board members, who represent a broad range of sectors: child and youth mental health, education, childcare, child welfare, children's treatment centres, developmental services, youth justice, police, community services, United Way, Region of Peel (human services and public health), LHINs, municipal recreation and culture, newcomer/refugee/ settlement, faith community and youth representatives.
- At meetings of the **Fair Share for Peel Task Force**, Humphrey has provided updates on system transformation, particularly in the context of the Task Force's mandate to advocate for social services funding that reflects Peel's dramatic population growth. This Task Force has broad representations from all the MCYS/MCSS-funded sectors (CYMH, child welfare, childcare, youth justice, developmental services, community services) as well as education, healthcare, adult mental health, immigrant/newcomer/settlement, faith community, adult justice, victim services, shelters, recreation, and several other community planning bodies/collectives).
- The **education sector** has been engaged through work at the provincial and regional levels:
 - Provincially, Humphrey Mitchell has leveraged engagement opportunities as Co-Chair of the **Coalition for Children and Youth Mental Health**, an initiative of the Ontario Public School Boards' Association. In March 2015, the Coalition, which has broad representation from the child- and youth-serving sectors, hosted senior staff from the ministries of Children and Youth Services, Education, Health and Long-Term Care, and Colleges, Trades and Universities, dialoguing about how the Coalition could best assist the ministries in their cross-sectoral work for children and youth with mental health challenges.
 - Locally, PCC's Supervisor of School-Based Services, Frank Inglese, has engaged the social work and psychology leads at Peel's four **school boards** to plan for school-based mental health services in the context of Transformation.
 - Additionally, in partnership with Peel's school boards and core CYMH service providers, PCC collaborated in the development of a **Youth Suicide Prevention Plan**, connecting with Dr. Ian Manion at the Ontario Centre of Excellence for Child and Youth Mental Health and using the Centre's toolkit, "Together to Live."

Please name the community partners you engaged and how they were engaged in the development of the CMHP. (5 of 5)

- Humphrey Mitchell has provided regular updates on system transformation in his meetings with Rav Bains, Chief Executive Officer of **Peel Children's Aid**. Transformation has also been on the agenda at meetings of PCC and Peel CAS staff to discuss mental health services for Peel CAS clients.
- Humphrey Mitchell has met with David Smith, CEO, **CMHA Peel** to discuss the alignment of the child/youth and adult mental health service systems, including Transformation.
- Linda Lee-Berkowitz, PCC's Director of Clinical Services, has engaged partners at the **System Improvement through Service Collaboratives** (also known as **Peel Service Collaborative or SISC**), which supports local systems to improve coordination and enhance access to mental health and addiction services. Peel's focus was on implementation of a holistic crisis plan. SISC has the broadest representation of service sectors including the diverse community.
- In March 2015, PCC's Manager of Access, Information and Health Information, Julia Margetiak, met with Tanya Speedie, Probation Officer in **Youth Justice Services'** Brampton office. Julia provided an overview on the CYMH system and discussed referral pathways into services with Tanya, as well as the work of the Peel Centralized Intake Network (PCIN). Tanya also attended the community meeting on Feb. 12th.
- An upcoming meeting with the service partners in the **Mississauga Halton LHIN's system access model, one-Link – Connecting you to addictions and mental health services**, will provide a further engagement opportunity. On April 7, Humphrey Mitchell will present to the one-Link partners on system transformation. Cara Vaccarino, Director, Mental Health and Maternal Health Services at Trillium Health Partners, facilitated this connection with the Mississauga Halton LHIN and one-Link. Similarly, we are also exploring opportunities to connect with Central-West LHIN.

A.2 Please describe any challenges that came up through the engagement process and what was done to address them (e.g. need to establish a specific engagement mechanism)

The **lack of an existing community planning table specific to child and youth mental health** was the first significant challenge in engaging the Peel community. In the absence of an existing planning table for CYMH and given the time constraint, it was difficult to determine **which organizations should be invited**, particularly those representing the diversity of Peel's population.

To date, the greatest challenge has been **competition for people's time**. Everybody is busy and getting invitees from all key sectors to attend the initial community engagement meeting on February 12 required a fair amount of follow-up on PCC's part. Nonetheless, approximately 100 stakeholders from all key sectors attended and it was a very successful beginning. PCC was grateful for support from our hospital-based partners, the child and adolescent clinics at Trillium and William Osler, to secure attendance from the LHINs. We had also hoped to have representatives of family physicians at the meeting, having invited the Family Health Teams in Peel Region, but received their regrets. That is probably because another CYMH event was happening that evening: the 2nd Annual Physicians Conference on Community Mental Health, which provided an informal opportunity to exchange information with family physicians about system transformation.

Another challenge was **determining the right representative from each organization** invited to participate. Humphrey chose to personally extend the invitation to the most senior staff which created some challenges. For example, in larger organizations, the appropriate representative may not have been the CEO/Executive Director, but someone closer to the delivery of services. Confirming delegation of the invitation within these larger organizations in some cases proved problematic and required active follow-up to ensure optimal attendance at this inaugural community meeting.

Section B: Current service provision and pathways to care

Current Service Provision and Pathways to Care

Please complete the summary chart below describing targeted prevention activities and mental health service delivery in the service area (n.b.: this does not include core MCYS-funded child and youth mental health services which are captured through the CSDP).

Community Partner delivering service	Description of service (include where the service falls on the continuum)	Details of service			Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Aboriginal)	
Associated Youth Services of Peel	Youth Beyond Borders (YBB) Group (Targeted Prevention)	Peel Region	12 - 18 th birthday	LGBT youth	Centralized Intake/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS (CCB - fiscal funds)
Associated Youth Services of Peel	Adolescent Team (Counselling/Therapy Services)	Peel Region	12 – 16 th birthday	Youth involved with CAS Adolescent Team	Centralized Intake/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS (CCB – fiscal funds)
Associated Youth Services of Peel	Transitions Program (Counselling/Therapy Services)	Peel Region	15 - 18 th birthday	Youth who are marginalized & transitioning from support of Peel CAS	Centralized Intake/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS (CCB fiscal funds)
Associated Youth Services of Peel	Recognizing Individual Success and Excellence (RISE) Program	Peel Region	6 - 10 th birthday	Children displaying signs of	Centralized Intake/Direct referral path to designated

	(Counselling/Therapy Services)			anti-social behaviour in the classroom, home and/or community	youth programs/Access to Walk-In; funded by MCYS – YJ
Associated Youth Services of Peel	Section 23 Program (Counselling/Therapy Services)	Peel Region	Grades 9 & 10; under 17 years	Youth unable to attend regular or special education classes in a community school	Centralized Intake/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS – YJ
Associated Youth Services of Peel	Transitional Aged Youth Outreach (TAYO) Program (Intensive Treatment Services)	Peel Region	12 - 18 th birthday at time of offence	Youth with mental health challenges likely to transition into adult services; involved with the Youth Justice system	Centralized Intake/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS – YJ
Associated Youth Services of Peel	Multisystemic Therapy (MST) Program (Intensive Treatment Services)	Peel, Dufferin, Halton Regions and West Toronto	12 - 18 th birthday at time of offence	Youth with Antisocial behaviour involved with the YJ system	Centralized Intake/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS – YJ
Nexus Youth Services	Nexus Youth Centre – Drop In Services (Targeted Prevention)	Peel Region	14-24	n/a	Informal process - staff complete intake process with youth and submit to centralized intake Funded by United Way, City of Mississauga, Region of Peel, and fundraising
Nexus Youth Services	Nexus Youth Centre – Informal Counselling Services (Nexus Connections or Preparation for Independence) (Brief Services)	Peel Region	14-24	n/a	Informal process - staff complete intake process with youth and submit to centralized intake Funded by United Way, City of Mississauga, Region of Peel and fundraising
Nexus Youth Services	Nexus Youth Centre – Groups (Family/Caregiver Skill Building	Peel Region	14-24	n/a	Informal process - staff complete intake process with

	and Support)				youth and submit to centralized intake Funded by United Way, City of Mississauga, Region of Peel and fundraising
Peel Children's Centre	OEYC Consultations (Preschool Services) (Targeted Prevention)	Peel Region	0-6	All children under age of 6 attending an OEYC or PFLC	If further CYMH service is required, caregivers are encouraged to contact Mental Health Services for Children and Youth Funded by Region of Peel (part of PIRS funding)
Peel Children's Centre	Volunteer Tutor (Targeted Prevention)	Peel Region	6-13	Children receiving service from PCC and who are experiencing difficulties with school work	Clients are already involved in MCYS-funded CYMH sector Funded by fundraised dollars
Peel Children's Centre	Strongest Families (Family/Caregiver Skill Building & Support; Counselling/Therapy Services)	Peel Region	Ages: 3-5.5: Behavioural intervention; 6-12: Anxiety intervention	Children with behavioural concerns or anxiety comorbidly with ASD	Support access through centralized intake mechanism Funded by fundraised dollars
Peel Children's Centre	Peel Inclusion Resource Services (previously called Preschool Services) (Family/Caregiver Skill Building and Support)	Peel Region	0-6	All children under the age of 6 attending a licensed childcare setting	Referral pathways currently under discussion as model continues development Funded by Region of Peel
Peel Children's Centre	Wraparound (Peel Wraparound Process): Developmental Sector (Family/Caregiver Skill Building and Support; and Service Coordination)	Peel Region	0-17	Children and youth diagnosed with a developmental disability who have needs across multiple sectors	Support access through centralized intake mechanism Funded by MCSS

Peel Children's Centre	Wraparound (Peel Wraparound Process): Adolescent Team (Family/Caregiver Skill Building and Support; and Service Coordination)	Peel Region	12-15	Family involvement with Peel CAS, presence of parent-youth conflict, and youth is at risk of removal from the home	Support access through centralized intake mechanism Funded by MCYS - CCB
Peel Children's Centre	Child Witness Program (Family/Caregiver Skill Building and Support)	Regions of Peel and Halton, and Dufferin County	Under 18 at time of referral	Children who are going to appear in court because they experienced or witnessed sexual or physical violence	Support access through centralized intake mechanism Funded by Ministry of the Attorney General
Rapport Youth & Family Services	ECLYPSE Youth Drop-In, 2 sites (Targeted Prevention)	Bramalea & Central Brampton	12-24	All youth	No formal protocols; funded by United Way of Peel
Rapport Youth & Family Services	After-school program for 3 schools in Malton (Targeted Prevention)	Malton neighbourhood of Mississauga	6-10	Children attending Marvin Heights, Ridgewood & Dunrankin schools	No formal protocols; funded by Ministry of Tourism, Culture and Sport; minimum 30 children/site
Rapport Youth & Family Services	Youth and Family Counselling (Counselling/Therapy Services)	Peel Region	18-21	All youth and their families	n/a; funded by United Way
Trillium Health Partners	<ul style="list-style-type: none"> • RBC Urgent Care • Credit Valley Hospital Child and Family Services (brief services)	Mississauga Halton LHIN service area	0-18	Children, youth and families	Funded by MOHLTC Royal Bank Canada
Trillium Health Partners	<ul style="list-style-type: none"> • RBC Urgent Care • Credit Valley Hospital Child and Family Services • Women's and Children's Health • Transitional Age Youth Program • Running Group (Counselling/Therapy Services)	Mississauga Halton LHIN service area	0-18	Children, youth and families	Funded by MOHLTC Royal Bank Canada

Trillium Health Partners	<ul style="list-style-type: none"> • Transitional Age Youth Team • Credit Valley Child and Family Services (Family/Caregiver Skill Building and Support)	Mississauga Halton LHIN service area	16-18	Children, youth and families	Funded by MOHLTC
Trillium Health Partners	<ul style="list-style-type: none"> • Transitional Age Youth Team • Credit Valley Child and Family Services • RBC Urgent Care (Specialized Consultation/ Assessment Services)	Mississauga Halton LHIN service area	16-18	Children, youth and families	Funded by MOHLTC
Trillium Health Partners	<ul style="list-style-type: none"> • Crisis Intervention Teams • Emergency Department • RBC Urgent Care Team (Crisis Support Services)	Mississauga Halton LHIN service area	0-18	Children, youth and families	Funded by MOHLTC
Trillium Health Partners	Inpatient admission for urgent mental health issues when there are no regional bed available (Intensive Treatment Services)	Mississauga Halton LHIN service area	0-18	Children, youth and families	Funded by MOHLTC
William Osler Health System	Involvement with Suicide Prevention Strategy and training of MCYS staff in SafeTALK and ASSIST (Targeted prevention)	Central West LHIN service area	Adolescents/ adults	Train professionals who are not engaged in this initiative at a community level	n/a. Funding through Suicide Prevention Committee requests to MCYS
William Osler Health System	Brief Services available through Outpatient Psychiatry Clinic at the hospital (Brief Services)	Central West LHIN service area	0-18	Children, youth and families	Referral from ED to Outpatient Psychiatry Clinic at the hospital which can allow access to hospital Intake SW for brief services. Referral from ED to psychiatrists for urgent appointments. Funded by MOHLTC
William Osler Health System	Counselling and therapy provided during Inpatient Hospitalization and in Day Hospital. Also	Central West LHIN service area	0-18	Children, youth and families	Referral from Inpatient psychiatrist

	available as After Care for up to 1-2 sessions. (Counselling/Therapy Services)				Funded by MOHLTC
William Osler Health System	Supports provided to Inpatient and Day Hospital patients. A variety of allied health professionals support this function. Done individually and in group settings. (Family/Caregiver Skill Building and Support)	Central West LHIN service area	0-18	Children, youth and families	Part of hospital programming; referral by psychiatrist Funding provided by MOHLTC
William Osler Health System	Variety of Specialized Consultation and Assessment Services provided by allied health professionals. Additional supports provided by Early Psychosis Clinic with 6 month case management as well as team around the child/youth. (Specialized Consultation/Assessment Services)	Central West LHIN service area	0-18	Children, youth and families	Referral by psychiatrist Funding provided by MOHLTC
William Osler Health System	Crisis support provided in the ED by Crisis Workers and ED's Child and Youth Worker. (Crisis Support Services)	Central West LHIN service area	0-18	Children, youth and families	Referral by psychiatrist Funding provided by MOHLTC
William Osler Health System	Intensive treatment services available in Inpatient and Day Hospital settings, along with Early Psychosis Clinic (Intensive Treatment Services)	Central West LHIN service area	0-18	Children, youth and families	Referral by psychiatrist Funding provided by MOHLTC
William Osler Health System	Access/intake services provided by hospital child and adolescent Centralized Intake, supported by SW and Intake Clinician. (Access Intake Service Planning)	Central West LHIN service area	0-18	Children, youth and families	Referral by family doctors Funding provided by MOHLTC

Section C: Local Child and Youth Mental Health Community Planning Mechanisms

This section focuses on describing local community planning mechanisms (e.g. planning tables) that have an impact on child and youth mental health, and undertaking analysis of their potential utility for the development of the CMHP and CSDP.

C.1: Existing Planning Mechanisms

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
Peel Child & Youth Advocacy Centre (CYAC) – Planning Committee (meets monthly)	Child and youth mental health, child welfare, hospitals, youth justice, specialized services, newcomer/refugee/settlement	represent CYMH (particularly Sexual Abuse Treatment & Child Witness services) to advise on programs that operate out of the CYAC	Developmental, operational planning and implementation of a Peel CYAC.	Implementation of CYAC: a child- and youth-friendly, community-based, culturally competent location where child and youth victims of abuse and violence receive the highest quality, multidisciplinary response to the investigation and treatment of child abuse.
Peel Service Collaborative (Systems Improvement through Service Collaboratives initiative – SISC)	Parent representative, CYMH service providers, education, child welfare, children's treatment centres, hospitals, primary health care, public health, youth justice, specialized services, faith-based groups, aboriginal services, francophone services, newcomer/refugee/settlement, developmental services, LHINs, early years	Community participant for the CYMH sector	To support local systems to improve coordination and enhance access to mental health and addiction services Peel decided to focus on reducing ER visits by increasing capacity of community planning through Holistic Crisis Planning (HCP) and Mental Health First Aid (MHFA) training (a 2-year project).	Decision to keep SISC Planning Table for ongoing purposes to continue to support activities related to HCP and to potentially act as a planning table where broad community representation/ input is being sought
Peel Children and Youth	CYMH service providers, education, child welfare,	Community participant for the	<ul style="list-style-type: none"> Strategic planning to provide a framework for agencies and to help 	Participation is most active with DS representatives.

Planning Group (PCYPG)	children's treatment centres, hospitals, youth justice, developmental services sector, LHINs, Early Years	CYMH sector	<p>direct MCYS funding/resources to meet the priorities and needs of Peel</p> <ul style="list-style-type: none"> • Collective problem-solving of systemic issues • Sharing information, research, data to strengthen effectiveness of services • Communicating anticipated program changes and their impact on the system • Providing advice to MCYHS • Advocating for children/youth • Maintaining linkages with other planning bodies • Liaising with PCYI Systems Integration Table 	
Service Resolution Peel – Child Review Committee	CYMH service providers, education, child welfare, children's treatment centres, hospitals, developmental services sector, LHINs	Community agency participant and representative	To review the situations of children/youth (up to age 18) and their families whose needs are sufficiently urgent, complex, extraordinary and atypical that they cannot currently be met within the existing services of agencies.	Ongoing mandate. Joint recommendations of funding for Complex Service Needs children/youth across multiple sectors
Peel Crisis Capacity Network (PCCN)	CYMH service providers, children's treatment centres, hospitals, public health, specialized services, developmental services, LHINs	Informal partnership	PCCN addresses support needs of individuals and families with a developmental disability and/or dual diagnosis (developmental disability and mental health needs). Its mandate is to assist families and individuals with accessing appropriate and responsive supports and services to help alleviate the individual and/or family's experience of crisis.	Crisis response service to DS sector. Has a small Flexible Services Fund to meet immediate needs of this community. Serves up to age 18.
Peel Children and Youth Initiative (PCYI) – System Integration Table	Representatives of each of PCYI's alignment tables (co-chairs) and a member	Co-chair of PELSNAC	A planning committee of PCYI's System Integration Framework (SIF); acts as the primary liaison between	New table created in 2013; active; ongoing. Process of identifying community

	of PCYI's board. Co-chairs from: Peel Early Learning Special Needs Advisory Committee (PELSNAC), Community Advisory Network, PCYI School Years Planning Table, PCYI's Bridging the Transitional Years, PCYI Board of Directors, PCYPG, PCYI staff.		the PCYI Board of Directors and the other planning tables in the SIF.	planning priorities and how to integrate work of SIF is still evolving.
PCYI – School Years Planning Table (5-6 meetings per year; additional meetings of working groups as needed)	CYMH service providers; education; child welfare; children's treatment centres; youth justice; specialized services; newcomer/refugee/settlement; developmental sector	Co-Chair, CYMH representative	A planning committee of PCYI's System Integration Framework focused on children and youth 7-18 years of age	New table created in 2014; active; ongoing; in process of identifying community planning priorities
PCYI – Bridging the Transitional Years (5-6 meetings per year; additional meetings of working groups as needed)	CYMH service providers; child welfare; public health; youth justice; specialized services; LHINs	Co-Chair, CYMH representative	Support the System Integration table in developing a comprehensive integrated planning table by providing expertise, knowledge and best-practices for the 13-24 sector	New table created in 2014; active; ongoing; in process of identifying community planning priorities
PCYI – Success by Six (Sb6) (meets monthly)	CYMH service providers; education; children's treatment centres; child welfare; specialized services; newcomer/refugee/settlement; developmental sector, regional library and recreation, public health, early learning settings. Acts as Peel's Best Start Network table and is connected to the CAN.	CYMH representative for Peel Region	Strategic integrated system planning with a primary focus on families with children prenatal to 6 years. Advise and make recommendations on matters relating to children under 6 and their families to PCYI's Integrated Community Planning Table and/or to other stakeholders upon request and/or at the initiative of Sb6.	Well established planning table with a track record for: <ul style="list-style-type: none"> • success with funding applications • disseminating information and consulting with service providers from a wide variety of sectors through the Community Advisory Network • creating the Peel Children's Charter of Rights • launching innovative

	(Community Advisory Network), Early ID Committee and FASD Steering Committee.			committees and services
Peel FASD Steering Committee (meets monthly)	CYMH, youth justice, child protection, education, infant development, children's treatment centres, public health, MCYS, LHIN	PCC representative for CYMH and FASD Diagnostic Team	Increase awareness of FASD and oversee the Peel FASD diagnostic team, which provides assessment for children age 0-6 years through an in-kind, virtual clinic.	This longstanding committee succeeded in securing funding for a FASD coordinator, but has struggled with sustaining funding for the coordinator, referrals, and turnover of staffing for the diagnostic team.
Peel Francophone Committee	CYMH, child care, LHIN, education, Region of Peel, specialised (domestic violence), child protection	PCC representative for Peel Region Early Years and French Language CYMH	A coalition of service providers d committed to delivering services in French to Peel children and youth and their families. The focus is on French-speaking children and youth 0-24 years of age and their families, including their parents, foster parents, guardians and caregivers.	The committee currently places much of their effort on updating French language resource sites, sharing information, and organizing an annual francophone celebration event.
Postpartum Mood Disorder Steering Committee (Region of Peel)	CYMH, adult mental health, public health, hospital, infant development, OEYC, child protection	PCC PIP representative	Strives to provide a coordinated, comprehensive and sustainable continuum of services for parents experiencing mood disorders throughout the antenatal and postpartum period. Also aims to increase awareness of PMD, decrease stigma, build service capacity and advocate for funding.	Supports a newsletter phone support, and recently produced a YouTube video.
Peel Inclusion Resource Services (PIRS) – Steering Committee (meets weekly)	Special Needs Resourcing (SNR) providers' management team (represents PCC, ErinoakKids, Region of Peel Children's Services, Surrey Place Low Blind Vision, Community Living Mississauga and	PCC representative for Peel Region Special Needs Resourcing	Responsible for planning, implementing and operating the revisioned SNR service now known as Peel Inclusion Resource Services (PIRS)	Oversees the implementation of the PIRS service, data collection, promotion and ongoing development of the new service delivery model to support children with special needs in licenced home and child care settings, and before and after school

	Burlington Caledon Community Living)			programs.
Peel Youth Concurrent Disorders Committee	CYMH; education (district school boards); child welfare; hospitals; public health; youth justice; specialized services; LHIN	Chair, host of committee	Group focused on sharing resources relating to treatment and service provision to youth experiencing CD in Peel	
Mississauga Halton LHIN – Transitional Aged Youth Steering Committee	CYMH; hospitals; specialized services; LHIN	CYMH representative	To support and maintain the LHIN-wide transitional process for mental health and addiction system, both youth and adult sectors, and to create a seamless transition for youth and their families.	DELIVERABLES <ul style="list-style-type: none"> • develop and implement standardized protocols related to youth transition, including collaborative strategies for follow-up • implement necessary changes to address service gaps related to youth transitions in the system • integrate youth services into Mississauga Halton LHIN Co-location Initiatives • monitor outcome of TAY Coordinating Committee through client and service-provider feedback
Mississauga Halton LHIN – Transitional Aged Youth Coordinating Committee	CYMH; hospitals; youth justice; specialized; LHIN	CYMH representative	Problem-solving specific complex cases in TAY and adult mental health systems in Mississauga Halton area	Active; meets monthly to perform service resolution function for TAY in Mississauga Halton area.
Central West Concurrent Disorders Network (CW CDN)	CYMH; hospitals; specialized services; newcomer/ refugee/ settlement; LHIN	Signed partnership agreement; CYMH representative and member of the network	Partner agencies work collaboratively with each other, Reconnect Mental Health Services and the CW CDN to <ul style="list-style-type: none"> • Develop & implement a partnership-based service that offers a continuum of short-term special services and supports • Provide quick, coordinated access to these services/supports 	

Youth-at-Risk AYSP Community Advisory Committee (meets quarterly)	CYMH; education (district school boards, child welfare; hospitals; public health; specialized services	CYMH representative	Provides guidance and support to AYSP's RAIN, TAYO, DBT and YBB programs.	Active group that provides ongoing support to youth programs at AYSP
SystemWise (CMHA Peel)	CYMH; DS; adult mental health; health	None	Coordinate service resolution function in Peel. Staff involved in "System Coordination-type work" voluntarily agreed to collaborate as a network in order to better centralize System Coordination access and maximize resources, knowledge, and problem-solving.	Collaborate as a network
Child Abuse Review Team (CART) (meets quarterly)	CYMH; child welfare; hospitals; primary health care; public health; youth justice; specialized services; early years	CYMH representative	<ul style="list-style-type: none"> • considers information related to the volume and nature of child abuse in the Region of Peel • may make recommendations with respect to the development of agency services or community services/initiatives • provides a forum for discussion, planning and advocacy on child abuse related issues 	Child Abuse Protocol (most recently updated in 2014) <i>Working Together to Keep Children Safe</i> (information booklet for the public and for professionals)
Peel Human Services & Justice Coordinating Committee	CYMH; youth justice; adult mental health; housing; developmental services; child welfare; LHIN; health; social services	Receive correspondence	Coordinate communication and service integration planning between health, criminal justice, and developmental service organizations within Peel region.	
Central West LHIN Service Resolution	CYMH; hospitals; youth justice; specialized; LHIN	CYMH representative	Problem-solving specific complex cases in TAY and adult mental health systems from Central West region	
System Coordination Joint Management Committee	CYMH; hospitals; youth justice; specialized services developmental sector; LHIN	CYMH representative	<ol style="list-style-type: none"> 1. To oversee the Mental Health & Addictions System Co-ordination Service 2. To monitor the achievement of the 2014-2015 implementation plan. 3. To oversee identified gaps in 	

			service through program evaluation and quality monitoring. 4. To communicate with other Levels and within the system to promote the service resolution model.	
Systems Integration Group for Mental Health and Addictions (SIGMHA – Mississauga Halton LHIN)	Hospitals; specialized services; LHIN	None; committee made up of executive level representation from LHIN-funded agencies	Provide oversight of LHIN funded programs in Mississauga Halton LHIN territory	
Mental Health and Addiction Core Action Group (CAG) – Central West LHIN	Hospitals; specialized services; LHIN	None; committee made up of executive level representation from LHIN-funded agencies	Works directly with Central West LHIN in moving forward actions related to the Mental Health and Addiction Services priority outlined in the LHIN's Integrated Health Services Plan.	
Regional Diversity Roundtable	Newcomer/refugee/settlement; school boards; hospitals; CYMH; adult mental health; family services; child welfare; housing/shelters; food banks; fire services; sports, recreation and culture; United Way; specialty services	Individuals representing human and public service organizations that are committed to inclusion, equity and diversity competence. Aim is to institutionalize equity in core values, structures, workforces, policies and services.		
Peel service area's school boards (English public and separate; French public and separate): planning for mental health services that are delivered in	Separate meetings: • school board staff/PCC; • school board staff/AYSP; • school board staff/ Central West LHIN mental health nurses	PCC staff attend meetings to plan School-Based Services (SBS) that PCC jointly delivers with each Board. PCC does not	Plan with board staff (chief psychologists, chief social workers and/or social work leads, chief CYWs) to meet the mental health needs of students, particularly those with Level 3 or 4 needs	No formalized protocols; key outcome is to deliver SBS per MCYS funding criteria and service targets. More information is available in the Core Services Delivery Plan.

partnership with other sectors (quarterly meetings of each board with each of the other sectors)	<ul style="list-style-type: none"> school board staff/ Mississauga Halton LHIN mental health nurses 	typically attend the boards' meetings with AYSP or the LHINs.		
School Boards (English public and separate; French public and separate): internal planning mechanisms for mental health services (i.e. when a pupil's exceptionality includes mental health needs)	Board trustees; parent associations; school social work, psychology, CYWs; Special Education Resource Teachers (SERTs); principals; classroom teachers; parents of affected pupils; students age 16 or older	No role for PCC or any other CYMH agency	<ul style="list-style-type: none"> In-School Review Committees (ISRCs) review student progress and needs, review assessment data, may recommend further assessment, and may refer to an Identification, Placement and Review Committee (IPRC) Upon receiving a written request from a student's parent/guardian, a principal must refer the student to an IPRC. Principals can also refer directly to the IPRC. IPRCs operate at the school, field office and regional levels Boards also have Special Education Advisory Committees (SEACs) which include representatives from local parent associations and trustees 	<ul style="list-style-type: none"> IPRCs may recommend accommodation, placement and/or an array of special education support services An Individual Education Plan (IEP) is prepared for each identified student Based on a school board's identified level of need, a Special Education Grant from the Ministry of Education provides additional funding to serve the board's exceptional pupils
Safe Centre of Peel (Peel Family Justice Centre Project) Under leadership of Catholic Family Services Peel-Dufferin	<ul style="list-style-type: none"> Onsite partners include: child welfare; CYMH; regional sexual assault & domestic violence services; victim services; court support; legal aid; legal clinics; cultural services Advisory committee includes Dufferin-Peel Catholic DSB; Victim-Witness Assistance Program; Peel Regional Police; Salvation Army's 	AYSP represents CYMH sector	Provides a wide range of free and confidential services for those who have experienced abuse (physical or emotional) in their relationships. For services not available onsite, the centre make referrals and advocate for services from other agencies such as shelters, financial assistance, medical care etc.	Active partnership that has secured funding from Ontario Trillium Foundation, Canadian Women's Foundation, Region of Peel, Scotiabank and Amgen, and other supporters

	Honey Church Family Life Centre; Peel Committee Against Women Abuse; Family Education Centre			
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C.2: Existing Planning Mechanisms

Analysis of community planning mechanisms:

Based on the information described above, please consider the following and provide an analysis of the appropriateness and effectiveness of existing mechanism to support community mental health planning, and recommendations for enhancements:

- Is there a range of mechanisms that support planning at the local level?
- Do any of these mechanisms bring together all key sectors involved in the continuum of child and youth mental health services, including:
 - Youth and families;
 - Child and youth mental health service providers;
 - District School Boards;
 - Hospitals;
 - Primary Health Care;
 - Public Health;
 - Child Welfare;
 - Youth Justice;
 - Specialized Services; and
 - Early Years.
- Does the identified mechanism(s) have the support and confidence of community partners?
- Does the identified mechanism(s) have the demonstrated capacity (i.e., knowledge, expertise) to identify concrete priorities that will result in real change?
- Does the identified mechanism(s) incorporate the perspective of youth and families?
- Is the identified mechanism representative of diverse population groups in the service area? For example, does the planning table have adequate representation from members who can speak about the specific needs of the families living in rural/northern areas, the francophone community in areas designated for French language services or Aboriginal communities.

Please provide a summary of the analysis and identify recommended changes needed to ensure there are appropriate processes to support community planning around the full continuum of child and youth mental health services, and the development of transparent pathways to, through and out of care.

Summary of Analysis:

The focus of 2014/15 efforts was on information-gathering, given the plethora of planning tables/mechanisms in the Peel service area and the absence of one designated child and youth mental health planning table. To start, the decision was made to build an inventory, collecting membership, terms of reference and outcomes of various tables/mechanisms as available. This inventory will be shared with our community partners to ensure accuracy and completeness. A methodology and process will then be developed to objectively assess the existing planning tables/mechanisms within the context of transformation and the deliverables of a Community Planning Table for child and youth mental health.

Recommendations:

In 2015/16 a decision will be made with respect to a formal community planning mechanism for child and youth mental health services in the Peel service area.