

Core Services Delivery Plan for Children and Youth:

2014-2015 Reporting Template for Phase One Lead Agencies

Instructions and Guidelines for Completing the Core Services Delivery 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 Core Services Delivery Plan (CSDP) and a Community Mental Health Plan (CMHP):

- 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.
- 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.

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 CSDP are to:

- strategically align resources for the provision of core services with child and youth mental health system goals and service area needs;
- put forward a course of action for improvements to service provision based on evidence and service area priorities;
- facilitate constructive engagement with child and youth mental health core service providers, youth and families, about better meeting system and service needs within available resources;
- demonstrate accountability for the use of public funds by ensuring high-quality provision of core services in the service area;
- support effective transitions of children and youth through "core" services; and
- support an enhanced provincial understanding of the child and youth mental health system through analysis and identification of common themes and priorities.

Over time, lead agencies will be responsible for ensuring the delivery of the full range of core services (ranging from targeted prevention through to intensive treatment services), and associated key processes. Reflecting this, services funded through the following detail codes should be included as part of the CSDP:

Core Services

- A356 – Targeted Prevention

- A351 – Family/Caregiver Skills Building and Support
- A348 – Brief Services
- A349 – Counselling/Therapy Services
- A355 – Specialized Consultation and Assessment Service
- A350 – Crisis Services
- A353 – Intensive Treatment Services

Key Processes

- A352 – Access Intake Service Planning
- A354 – Service Coordination

Lead agencies are responsible for leading the development of the plan and submitting it to the ministry. As of April 1, 2014, all agencies receiving MCYS funding to deliver child and youth mental health services are required through their service contracts to work in collaboration with the identified lead agency in this process. Ministry staff will also support lead agencies with this process.

Program Guidelines and Requirements 02 – Core Services Delivery Plan which will be released at a future date, describes the requirements for the CSDP at maturity, which will include the following components:

- 1) Executive Summary
- 2) Profile of Service Area Child and Youth Population
- 3) Service Landscape
- 4) Strategic priorities
- 5) Budget

The expectation in 2014/15 is for lead agencies to undertake a realistic, achievable process that also demonstrates progress. The 2014/15 CSDP will focus on the “Service Landscape” component 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 service plan that will support real change and enhancements on the ground. Through the completion of the template lead agencies will be able demonstrate their progress in assuming the planning functions of a lead agency.

Minimum Expectations for 2014/15:

- each lead agency is responsible for leading the completion of the template and submitting it to their MCYS program supervisor by March 31, 2015 for approval;
- all service providers who deliver MCYS-funded core child and youth mental health services in a service area with an identified lead agency are expected to participate in the process;
- consideration should be given to integrating the perspectives and insights of youth and families:

- Engagement with youth and families needs to be an evidence-informed, planned and thoughtful process that is respectful, tailored and appropriate. Where mechanisms are already in place agencies should utilize these to integrate youth and families' perspectives into the identification of service needs and priorities.
- Where appropriate mechanisms are not in place agencies should address this expectation by noting this and integrating this as an area of focus for 2015/16;
- 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); and
- identified priorities must be supported by a clear rationale associated with areas of need identified through work undertaken to support the completion of the CSDP template and/or the CMHP template.

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

Section A: Engagement Activities

- Engagement is a critical component to understanding the local needs of children and youth as well as local realities facing service providers. This section will describe both the engagement that was undertaken to support the development of the 2014/15 plan, as well as the ongoing engagement plan moving forward over 2015/16.
- In this section please describe:
 1. Who was engaged and how they were engaged;
 2. Any challenges that arose through engagement, and how they were addressed; and
 3. How the lead agency will build on the engagement activities over the next fiscal year (e.g., where the agency does not have a comprehensive/evidence-informed approach to engaging with youth this section would speak to how this will be developed over the following year).

Section B: Core Services Summary

- Understanding the service landscape is also a critical component of planning for service delivery. This section focuses on describing the current state of child and youth mental health services and processes in the service area. Ministry staff will also provide support in completing this activity.
- Please refer to the draft *Program Guidelines and Requirements 01: Core Services and Key Processes* for detailed descriptions of the core services and the levels of need on the service continuum.

B.1: Core Services Summary:

- In this section please describe the core services in your service area, including target population, age, geographic spread, budget, targets and measures used to assess service quality associated with that program.

- Lead agencies should complete the summary chart in full. Where particular information is not available by service area (e.g., regional services), agencies should use their best estimate to determine the appropriate numbers for their service area. Ministry staff in the regional office will also provide support in completing this activity.

B.2: Core Services Summary:

- In this section please provide an inventory of existing formalized referrals, protocols, and intake/access points that support effective transitions and pathways between and through core services at the local level (note, referral into and out of core services from broader sector partners (e.g., the health and education sectors), will be captured in the CMHP Template).
- Optional: A separate space has been provided for you to document more informal relationships/practices with other MCYS-funded core service providers if you choose to. Please note this additional element is optional.

Section C: Service Priority Identification

- Setting service priorities is the process where lead agencies, informed through their engagement with youth, families, other populations and service providers, as well as through analysis of data, assess local needs and develop a workplan for the next year for how these priorities will be addressed.

C.1: Service Priority Identification:

- In this section, please identify three priorities that you as the lead agency, in partnership with other MCYS-funded child and youth mental health core service providers, will focus on over the next year. For each priority please outline an initial workplan indicating key activities that will result in demonstrable progress over the next 12 months.
- This is a preliminary workplan and it is expected that lead agencies will continue to refine it further through implementation.
- These priorities should focus on the 2015/16 fiscal and be based on an assessment of needs identified through the CSDP template and the CMHP template.
- Examples of priorities may include:
 - the establishment/enhancement of engagement mechanisms;
 - formalizing/enhancing relationships with a particular sector;
 - taking initial steps to address an identified service need (e.g., a gap in provision of a particular core service or a gap in age coverage of a particular core service);
 - addressing service quality/responsiveness; or
 - unmet population need (e.g., the provision of French-language services where there is a Francophone population).

C.2: Service Priority Identification:

- Where priorities and plans to address them involve potential changes to service delivery, please describe the engagement plan, including how any affected service providers have been and will be engaged in the process. Note that service delivery decisions remain with the ministry – where identified priorities may require changes to existing service provision, ministry staff must provide input. The identification of priorities should be clearly linked to information in the plans.

2014/15 Core Services Delivery Plan Template:

Section A: Engagement Activities

Complete a description of the local engagement processes undertaken by your agency to develop the CSDP, as well as a forward-looking engagement plan for the 2015/16 fiscal year.

Prior to being named Lead Agency in August 2014, Peel Children's Centre (PCC) was already playing a significant local engagement role as a partner in and lead developer of Centralized Intake (entitled Mental Health Services for Children and Youth) implemented in 2000. PCC has remained responsible for the management of this centralized intake mechanism for accessing CYMH services in the Peel service area.

To make the CYMH system in Peel more accessible and streamlined, a review of Centralized Intake which began in 2012 resulted in the formation of a steering committee of representatives from Peel's core CYMH service partners with the goal of revising Peel's Centralized Intake. Through extensive research and working effectively together, the steering committee agreed on a network model, the Peel Coordinated Intake Network (PCIN), with PCC responsible for the day-to-day operation of the model. The Vision for PCIN is "a coordinated system of service providers and a gateway to service for children, youth and families who will be welcomed by professionals and provided advice, support and facilitated access to needs-based children's mental health services". To operationalize PCIN, an Implementation Design Sub-Committee was formed in 2013, represented by all partners and led by Dr. Kathy Sdao-Jarvie, currently Director of System Planning, Measurement and Accountability at PCC. The work has been guided by *Moving on Mental Health* since its publication in 2012 and the subsequent release of the draft Child and Youth Mental Health Service Framework in 2013.

For all sub-committee members to fully understand the CYMH system in Peel, the group began with mapping the current processes and pathways to service for parents and youth, and reviewing service descriptions, to develop a shared view of how the pieces of the current service fit together to create the children's mental health service system. An extensive review of what intake information is collected, resulted in agreement about the relevant information needed to complete a standardized children's mental health intake. Work has continued, e.g. gathering feedback from youth through focus groups on their experience with accessing mental health services; investigating/recommending web-enabled tools; developing consistent protocols for referrals; and information sharing. In addition, members of the Implementation Design Sub-Committee have recognized the importance of pathways into, through and out of care and are committed to examine these pathways more closely to ensure an effective and efficient system is developed and maintained. The goal is to design and implement efficient and transparent pathways to service that are easily accessible, are grounded in best practice, and meet the needs of children, youth and/or families in the Peel community.

Following the August 2014 announcement that PCC had been appointed Lead Agency for the Peel service area, there was a brief but necessary pause in engagement activity until after the meetings of Phase 1 lead agencies with MCYS in early October to learn about the Ministry's expectations for moving the Transformation agenda forward. The subsequent local engagement process focused on:

- ensuring that all core service providers were paced on the Transformation agenda,
- reviewing Peel's progress towards meeting the Ministry's requirements, and
- seeking input for the development of the 2015/16 Core Services Delivery Plan (CSDP) and Community Mental Health Plan (CMHP).

PCC has led a range of engagement activities with Peel's core service providers, including:

- informal meetings with senior staff of each agency;
- a town hall with Central Region's CYMH agencies in those service areas where lead agencies have been appointed;
- collective meetings of all Peel core service providers via PCIN to share information about Transformation and gather input into the CSDP;
- a full-day meeting of all Peel core service providers to verify the information they had supplied for the CSDP, brainstorm ideas for the 3 priority tasks for 2015/16, and gather information for the CMHP; and

- a half-day meeting with a broad range of child- and youth-serving agencies in Peel to begin the parallel engagement work that is part of the CMHP.

Managers at PCC and its partner agency, Nexus Youth Services, had several discussions around the differential roles of core-service provider and lead agency. PCC's senior management team decided to achieve role clarity by having some directors focus on lead agency work while others would concentrate on operational needs and clinical service delivery. The directors with lead agency responsibilities are Humphrey Mitchell, Chief Executive Officer; Ceri Harnden, Director, Economic and Business Development; and Kathy Sdao-Jarvie, Director, System Planning, Measurement and Accountability.

The local engagement process following the Lead Agency announcement began in mid-October with Humphrey Mitchell providing informal updates at various meetings with core service providers on the information that PCC had gleaned from the 3-day session of lead agencies with MCYS and the Centre of Excellence for Child and Youth Mental Health earlier that month.

All MCYS-funded agencies from Halton, Peel, Waterloo and York attended a day-long town hall that PCC organized on November 19. The meeting's goal was to bring all service providers together to hear the same message at the same time so the system could move forward collectively in a cohesive and transparent fashion. Wendy Nelson, Regional Director and Cynthia Abel, Project Director, System Transition Team, presented on MCYS' transformation agenda. Agencies participated in separate breakout sessions for each service area where agencies could talk about their concerns and aspirations regarding system transformation, with the results of the breakout sessions reported back to the larger group for further discussion prior to adjournment.

The engagement process also included several PCIN meetings in the fall of 2014. At a meeting of the Implementation Design Subcommittee in October, all partner agencies were asked to confirm the programs/services that are considered to be part of the CYMH service system, regardless of the source of funding. Work included the completion of an initial draft of a standardized intake protocol, and the drafting and confirmation of the documentation required for third-party referrals. The subcommittee met again at the end of October to develop a process map of the details of pathways into, through and out of care; and to revise the existing internal transfer protocol.

PCIN's Steering Committee met in November to review the work of the Implementation Design Subcommittee, with representatives attending from all MCYS-funded child and youth mental health service providers in the Peel service area. Humphrey Mitchell opened with an update on System Transformation to provide a broader context for the committee's work, followed by a review of the draft intake protocol and the process and tools designed to support third-party referrals.

In December, PCIN's Steering Committee and Implementation Design Subcommittee, again with representatives of all core service providers, met to review progress to date. Humphrey provided a further update on Transformation and asked for the group's help in reviewing funding and program information that PCC will receive in its new role as Lead Agency. All partners were asked to complete a template that would be used to develop the CSDP. The timeline and work required for submission of the CSDP and the CMHP were outlined, and it was noted that all providers at the table would be part of the planning processes. The meeting acknowledged that the work of the committees, which has focused on creating simplified access mechanisms, is aligned with Transformation. The partners continued their ongoing work, with two agencies agreeing to pilot the standardized intake protocol. There was agreement to incorporate issues of diversity into the protocol and to explore the integration of common intake/outcome measures into the intake protocol.

In January, PCC met separately with each core service provider to verify planned funding and service delivery targets for 2015/16. Subsequently, all core service providers came together on February 4 to hear updates from the January 29/30 lead agencies' quarterly review meeting, discuss the CSDP and CMHP templates, verify the information collected from them for the CSDP, brainstorm potential priority activities for the 2015-16 CSDP, and discuss next steps. All core service providers also attended the multi-sectoral community meeting on February 12 (details in the CMHP).

In March, PCC further engaged the core service providers in work on the CMHP, collecting information on their protocols, both formal and informal, with other service providers involved in the delivery of non-core CYMH services. Engagement activities in the community included an orientation tour for Regional Director, Wendy Nelson, and other Central Regional Office staff; a meeting with our Knowledge Broker, Julie Breau, from the Ontario Centre of Excellence for Child and Youth Mental Health; a Ministry meeting of lead agencies to discuss lead agency expectations to the end of 2015/16.

Please document your engagement efforts, including:

1. Who was engaged, and how they were engaged:

Who was engaged	How they were engaged
<p>MCYS resources (Corporate and Regional staff; and the Ontario Centre of Excellence for Child and Youth Mental Health)</p>	<ul style="list-style-type: none"> • 3 days of meetings in early October with MCYS, Ontario Centre of Excellence For Child and Youth Mental Health, and other Phase 1 lead agencies provided an opportunity to receive information and provide feedback on Transformation, and to meet and connect with staff from other lead agencies so that the first wave of agencies can move forward collectively • Day-long session was held in Nov. 2014 with Regional Director Wendy Nelson and representatives of all lead agencies in Central Region • Two days of meetings were held in late January in Toronto with representatives of other Phase 1 lead agencies and MCYS staff from the corporate office, System Transformation Team and regional offices • Cynthia Abel, Director, System Transition Team, co-presented with PCC at the multi-sectoral community meeting on Feb. 12 • PCC hosted Wendy Nelson on a site visit to PCC's main office and milieu sites on Mar. 11 • Humphrey Mitchell asked Dr. Ian Manion, Executive Director of the Centre of Excellence, to provide advice on the appropriate proportion of funding for each program area on the service spectrum • PCC met with Centre of Excellence Knowledge Broker, Julie Breau, in January and March
<p>Associated Youth Services of Peel (AYSP)</p>	<ul style="list-style-type: none"> • AYSP senior staff attended the PCIN Steering Committee/Implementation Design Subcommittee meetings in November and December where Humphrey provided Lead Agency updates, as well as reviewed information required for the CSDP and the CMHP • AYSP completed the CSDP template allowing for verification of 2014-15 mapped services, funding and targets • The lead agency team met with Kelly Henderson (Executive Director) and Lisa Bachmeier (Service Director) on Jan. 19 to verify the 2014-15 funding and targets, discuss the agency's approach to mapping, youth and family engagement activities and 'non-mapped' services. • Kelly Henderson and Lisa Bachmeier attended a day-long meeting of core service providers with the lead agency team on Feb. 4 • Kelly Henderson, Lisa Bachmeier and Kelly McDonnell (Clinical Manager) attended the multi-sectoral community meeting on Feb. 12 • AYSP completed the CMHP template for 'non-mapped' CYMH services in March
<p>Nexus Youth Services (Nexus)</p>	<ul style="list-style-type: none"> • Nexus senior staff attended the PCIN Steering Committee/Implementation Design Subcommittee meetings in November and December where Humphrey provided Lead Agency updates, as well as reviewed information required for the CSDP and the CMHP • Nexus completed the CSDP template allowing for verification of 2014-15 mapped services, funding and targets • The lead agency team met with Karen Anslow (Manager, Clinical Services) on Jan. 27 to verify the 2014-15 funding and targets, discuss the agency's approach to mapping, youth and family engagement activities and 'non-mapped' services • John Choi (Supervisor, Clinical Services) attended a day-long meeting of MCYS-funded core service providers with the lead agency team on Feb. 4 • John Choi attended the community meeting on Feb. 12 • Nexus completed the CMHP template for 'non-mapped' CYMH services in March
<p>Peel Children's Centre (PCC)</p>	<ul style="list-style-type: none"> • PCC senior staff attended the PCIN Steering Committee/Implementation Design Subcommittee meetings in November and December where Humphrey provided Lead Agency updates, as well as reviewed information required for the CSDP and the CMHP • PCC completed the CSDP template allowing for verification of 2014-15 mapped services, funding and targets • The lead agency team met with Linda Lee-Berkowitz (Director, Clinical Services) on Jan. 27 to verify the 2014-15 funding and targets, discuss the agency's approach to mapping, youth and family engagement activities and 'non-mapped' services

	<ul style="list-style-type: none"> • Linda Berkowitz, Amrit Khaper (Director, Finance and Administrative Services), Dilys Watanabe (Director, Human Resources), Julia Margetiak (Manager, Access, Intake & Health Information), Joan Stulac (Executive Assistant) and Mora Thompson (Communications Specialist) attended a day-long meeting of MCYS-funded core service providers with the lead agency team on Feb. 4 • Linda Berkowitz, Amrit Khaper, Dilys Watanabe, Ceri Harnden (Director, Economic and Business Development), Kathy Sdao-Jarvie, Julia Margetiak, Joan Stulac and Mora Thompson attended the community meeting on Feb. 12 • PCC completed the CMHP template for 'non-mapped' CYMH services in March
Rapport Youth & Family Services (Rapport)	<ul style="list-style-type: none"> • Rapport senior staff attended the PCIN Steering Committee/Implementation Design Subcommittee meetings in November and December where Humphrey provided Lead Agency updates, as well as reviewed information required for the CSDP and the CMHP • Rapport completed the CSDP template allowing for verification of 2014-15 mapped services, funding and targets • The lead agency team met with Joan Manning (Director of Clinical Services) on Jan. 20 to verify the 2014-15 funding and targets, discuss the agency's approach to mapping, youth and family engagement activities and 'non-mapped' services • David Clement, Executive Director, and Joan Manning attended a day-long meeting of MCYS-funded core service providers with the lead agency team on Feb. 4 • David Clement and Joan Manning attended the community meeting on Feb. 12 • Rapport completed the CMHP template for 'non-mapped' CYMH services in March
Trillium Health Partners – Child and Adolescent Mental Health Services (Trillium)	<ul style="list-style-type: none"> • Trillium senior staff attended the PCIN Steering Committee/Implementation Design Subcommittee meetings in November and December where Humphrey provided Lead Agency updates, as well as reviewed information required for the CSDP and the CMHP • Trillium completed the CSDP template allowing for verification of 2014-15 mapped services, funding and targets • The lead agency team met with Cara Vaccarino (Director, Mental Health and Maternal Health Services), Terri Marques (Patient Care Manager) and Sheryl Parks (Team Leader) on Jan. 26 to verify the 2014-15 funding and targets, discuss the agency's approach to mapping, youth and family engagement activities and 'non-mapped' services • Terri Marques and Sheryl Parks attended a day-long meeting of MCYS-funded core service providers with the lead agency team on Feb. 4 • Cara Vaccarino and Sheryl Parks attended the community meeting on Feb. 12 • Trillium completed the CMHP template for 'non-mapped' CYMH services in March
William Osler Health System – Mental Health Services for Children and Adolescents (Osler)	<ul style="list-style-type: none"> • Osler staff attended the PCIN Steering Committee/Implementation Design Subcommittee meetings in November and December where Humphrey provided Lead Agency updates, as well as reviewed information required for the CSDP and the CMHP • Osler completed the CSDP template allowing for verification of 2014-15 mapped services, funding and targets • The lead agency team met with Trish Grabb (Manager, Mental Health and Addictions), Darryl Yates (Clinical Director, Mental Health & Addictions, Oncology and Palliative Care) and Ravinder Cheema (Senior Financial Consultant) on Jan. 21 to verify the 2014-15 funding and targets and discuss the agency's approach to mapping, youth and family engagement activities and 'non-mapped' services • Trish Grabb attended a day-long meeting of MCYS-funded core service providers with the lead agency team on Feb. 4 • Ian Murray, Resource Staff & Mental Health Intake Clinician, attended the community meeting on Feb. 12 on behalf of Trish Grabb • Osler completed the CMHP template for 'non-mapped' CYMH services in March

2. Any challenges that arose through engagement, and how they were addressed

Any challenges that arose through engagement	How these were addressed
Humphrey Mitchell reached out to Peel CAS (Rav Bains, CEO), Kinark Child and Family Services (Cathy Paul, CEO) and Radius Child & Youth Services (Darryl Hall, Executive Director) with the understanding that they received CYMH funding and would qualify as Core Service Providers in the Peel service area. It was later clarified by the MCYS Regional Office that this was not the case.	Subsequent conversations with the three agency heads to provide clarification.
Competing priorities for the available time: in the first year of transformation, there were challenges juggling the work required for system transformation with competing operational priorities of all the core service providers.	Collaboration and problem-solving in the Peel service area have been outstanding. All partners – from MCYS and the Centre of Excellence to core service providers and other community sectors – have cooperated in making time for the work required to develop transformation plans, find dates for meetings, etc.

3. How you will build on the engagement activities over the next fiscal year (e.g., where the agency does not have a comprehensive/evidence-informed approach to engaging with youth this section would speak to how this will be developed over the following year).

Sector	Engagement Activities for 2015/16
Families (e.g., parents)	<p>Development and implementation of a system-wide mechanism for family engagement (see Section C, Priority Activity #3):</p> <p>All core service providers in the Peel service area engage families in a range of ways, e.g.: skills-building and support groups; involvement of parents/caregivers in developing treatment plans and where appropriate, as members of treatment teams; parent/caregiver/youth feedback on service quality; outreach activities; advisory committees; focus groups; etc.</p>
Youth	<p>Development and implementation of a system-wide mechanism for youth engagement (see Section C, Priority Activity #2):</p> <p>Over the past several years, youth engagement has made inroads as a guiding service principle amongst Peel’s core service providers. With support from Trillium Foundation, Nexus Youth Services embarked on a deliberate and thoughtful journey with youth, successfully integrating youth engagement into service design, delivery and evaluation. In its 2013 re-accreditation, Nexus met all the Youth Engagement standards of the Canadian Centre for Accreditation, with the accreditation review team describing Nexus as “a model for other organizations to learn from.” At a community level, one recent example of youth engagement was the way in which PCIN deliberately sought feedback from youth with respect to their experience with accessing mental health services as part of the re-visioning of centralized intake.</p> <p>The opportunity to build on our experience and gain a more robust community understanding of our independent activities in support of the development a system-side mechanism for youth engagement is exciting and has been identified as a priority activity for the Peel service area in the year ahead.</p>
Diverse Populations (including Francophone and Aboriginal)	<p>Aboriginal: AYSP is currently the Aboriginal Services lead amongst the CYMH agencies in Peel. PCC will work with AYSP, all the core service providers, and appropriate stakeholder organizations (e.g. Peel Aboriginal Network) to plan and implement appropriate engagement activities.</p> <p>Francophone: PCC is a Clause 2 CYMH service provider under the <i>French Language Services Act</i>. Engagement activities have included joint</p>

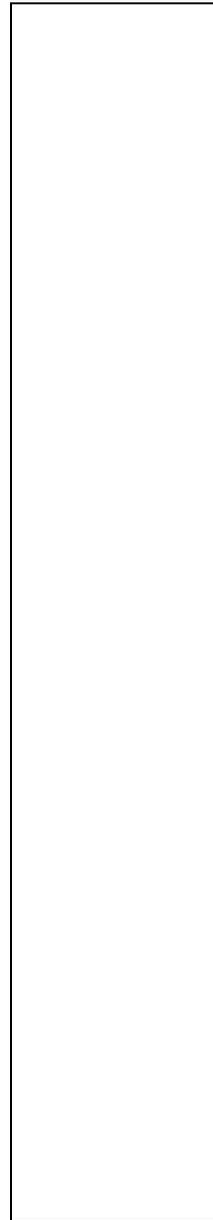
	<p>planning of School-Based Services (groups; brief counselling) with the two francophone school boards; partnering with the Credit Valley Health Team to provide French-language counselling at their francophone clinic; and community outreach efforts with francophone stakeholders (e.g. Le Lien français; Reflet Salvéo). PCC will continue to advance its Clause 2 plan, including engagement activities, in the context of system transformation and in partnership with the other core agencies in the Peel service area.</p> <p>Other diverse populations of Peel: PCC began its deliberate journey towards diversity, inclusion and cultural competence in 2007. In fact, all core service providers in Peel have made efforts to gain cultural competence and to deliver services that better meet the needs of Peel's diverse population. Examples of the dimensions of diversity that the Peel community has been addressing include populations such as: ethno-cultural (e.g. representatives on the Regional Diversity Roundtable; PCC's strategic outreach to the South Asian community); complex special needs (e.g. Peel Service Collaborative; Wraparound DS and ISRCP at PCC); socio-economic status (e.g. AYSP's Reaching Adolescents in Need (RAIN) program); and sexual orientation (e.g. Youth Beyond Barriers (YBB) program at AYSP).</p> <p>Moving forward, there is the opportunity to work more collaboratively with our community partners. Building a community inventory of our collective efforts to date will provide a baseline and help to inform future planning opportunities as we collectively advance our commitment to engaging Peel's diverse populations.</p>
Other child and youth mental health sector providers:	See the Community Plan for the Peel service area.

Section B: Core Services Summary

B.1: Core Services Summary

Please complete the summary chart below describing all MCYS-funded core child and youth mental health service delivery in the service area.

Core Service and Key Processes (based on PGR 01)	Agency Delivering Service (lead agency or other MCYS-funded child and youth mental health core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to assess service quality (e.g., CANS, client satisfaction survey)
		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
Targeted Prevention	Associated Youth Services of Peel	School-Based Mini Groups: “Mini Groups” are topic-specific sessions developed by AYSP in consultation and collaboration with the School Boards. Material is psycho-educational in nature and aims to build caregiver knowledge, skills and resilience, while offering caregivers the opportunity to build their network of support. Topics have included Stress, Parenting in the Age of Social Media, Coping Strategies for Parents and Youth, ADHD, and Healthy Communication within Families.	Peel Region	Caregivers of school-aged children	n/a	\$115,892	No target required; # of participants reported in Q4	Year-to-date reports Participant evaluation tool Feedback forms
	Peel Children’s Centre	Targeted Prevention – subtotal for PCC	Peel Region			\$483,029	No target required; # of participants reported in Q4	Year-to-date reports Client satisfaction surveys: parents/caregivers and/or youth
		Go Girls Group: Supports girls to enhance their self-esteem, social and coping strategies, and to challenge both negative media messages and peer pressure.	Peel Region	11-13	n/a			



Girls Circle Group: Promotes self-esteem, helps girls maintain authentic connections with peers and allow for genuine self-expression through verbal sharing and creative activity.	Peel Region	14-17	n/a			
Boys Council Group: Promotes valuable relationships with peers. Increases boy's emotional, social, and cultural literacy and allows them to identify healthy and unhealthy ideas about what it means to be male.	Peel Region	10-12	n/a			
Mother-Daughter Circle Group: Promotes a healthy and sustaining bond between mothers and daughters during the transitional years from girlhood to young womanhood. Girls and their mothers have an opportunity to express needs and envision healthy and valued relationship experiences through creative and expressive activities.	Peel Region	11-14	n/a			
Youth Workshops (12 -18): Sessions for youth in Peel Children's Aid Society group homes assist youth to develop skills that will support them to be successful in living independently. Topics are tailored to the interest and the needs of the youth in the program and can include cooking and nutrition, assertiveness training, banking and budgeting, and communication skills.	Peel Region	12-18	n/a			
School-Based Services Groups: Groups designed to address student concerns identified by the school staff, including issues such as concurrent disorders, bullying, anxiety and depression. A clinician facilitates the group discussion and problem solving. Groups range in size and offer 4-12 sessions depending on the nature of the group and topic.	Peel Region Halton Region (territories served by French language school boards)	4-18	n/a			
Group Services Summer Workshops: Two-hour psycho-educational sessions designed	Peel Region	0-18	n/a			

		for parents to learn more about topics related to positive parenting strategies related to a variety of CMH issues.						
		First Contact Group: Supports youth by increasing their awareness of substance use, its impact, and how to develop strategies to begin replacing substance use with healthier options.	Peel Region	14-17	n/a			
		Concurrent Disorders – parent and youth sessions: Provides psychoeducational information regarding mental health and substance use. Strategies of how to support youth struggling with issues of concurrent disorders are shared.	Peel Region	12 and up	n/a			
Brief Services	Associated Youth Services of Peel	Brief Counselling Brief Counselling is delivered within a partnership framework with Peel Children’s Centre and Rapport Youth and Family Services. <ul style="list-style-type: none"> • Access to the Brief Counselling Framework is through Mental Health Services for Children and Youth (aka - Centralized Intake) • As a guideline, Brief Counselling Services are comprised of approximately eight, one-hour sessions over a three-month period. Current research and experience suggests that most clients will not go beyond this if the work stays in the “here and now” and remains focused. • During the course of brief counseling, the clinician takes a “stages of change” approach when considering the family’s willingness to participate/continue in treatment; explores treatment barriers encountered by the family in seeking treatment, e.g. transportation, appointment times and childcare; examines the family’s pattern of attendance; and considers the family’s ability to practice/apply skills learned. 	Peel Region	Up to 18 th birthday	Ethnocultural	\$339,990	INDSER# 400	Year-to-date reports Logic model is utilized CAFAS Family Satisfaction Questionnaire Client Satisfaction Questionnaire Agency Satisfaction Questionnaire

		The above approach will inform the required number of sessions and length of involvement. To ensure the fidelity of brief counselling intervention and consistency among the service providers, the number of sessions and length of involvement will be monitored closely by both the clinician and the clinical supervisor. Exceptions beyond the proposed guidelines will be documented and the reason for extended intervention will be noted.						
Associated Youth Services of Peel	Tangerine Walk-In Counselling: offers a unique single-session approach to counselling. As a walk-in service, we are able to support children, youth and families when they need it most. We help our clients develop a clear plan of action that recognizes and builds on their own strengths and abilities. Sometimes we refer our clients to other services but, in many cases, a single visit to Tangerine is all our clients need in order to feel better about their situation and take the necessary steps toward positive change.	Peel Region	0-18	Ethnocultural (services provided at Dixie Bloor Neighbourhood Centre and MIAG Centre for Diverse Women & Families)	Included in budget for Brief Counselling	Included in targets for Brief Counselling	Year-to-date reports Family Satisfaction Questionnaire Client Satisfaction Questionnaire	
Nexus Youth Services	Step One to Success (SOS): SOS offers strength-based counselling services to youth who are experiencing a range of emotional, social and/or behavioural difficulties. All clients who are assessed by Mental Health Services for Children and Youth (Centralized Intake) as being appropriate for Nexus Youth Services' Community Counselling Program are offered Single Session Therapy (SOS – Step One to Success) within one to three weeks of their request for service. It is during this initial meeting that the youth's needs along with their strengths are explored. Initial recommendations and resources are provided that may include: <ul style="list-style-type: none"> • suggestions and strategies that the youth can incorporate on their own utilizing their strengths; 	Peel Region	14 to 24	n/a	\$41,854	INDSER# 72	Global Appraisal of Individual Needs – Short Screener (GAIN-SS) Client satisfaction survey	

	<ul style="list-style-type: none"> • support and assistance to access alternative service(s) that may better meet their needs; • orientation to programs and services offered at the Nexus Youth Centre; or • after completing a SOS session, youth who require further service will be offered longer-term service and placed on the waitlist. <p>Youth who choose to be placed on the waitlist may access SOS counselling sessions on an as needed basis with the same clinician with whom they initially met while they wait for ongoing services.</p>						
Peel Children's Centre	<p>Single Session Therapy/Brief Counselling: A clinician begins brief counselling with a single session to address the child or young person and/or his/her family's most pressing concern, explore solutions that have been attempted and identify strengths and resources to address the issue. Family members begin to understand the issues differently and this, in turn, encourages them to try new approaches and strategies to address their concern.</p>	Peel Region	0-18	Francophone	\$888,382	INDSER# 854	Year-to-date reports Parent/caregiver and youth satisfaction surveys
	<p>Tangerine Walk-In Counselling: Walk-In Service where clients meet with a clinician for a single session when it is most convenient. No referral or appointment is required. Sessions are strength based and client focused, with the objective of the session being informed by the client's most pressing concern. Recommendations and a written report are provided in the session.</p>	Peel Region	0-18	Francophone Ethnocultural (services provided at Dixie Bloor Neighbourhood Centre)	Included in SST/Brief Counselling funding	Included in SST/Brief Counselling targets	Year-to-date reports Parent/caregiver and youth satisfaction surveys
Rapport Youth & Family Services	<p>Brief Counselling Services Brief service offers quick access to therapeutic services for youth and families to address a variety of clinical issues. Brief service provides timely access to service and utilises client readiness as a key component. Inclusive in the brief service offerings is Tangerine Walk-in</p>	Peel Region	0-18	Ethnocultural	\$199,088	INDSER# 446	Tracking and analysis of data such as client numbers, presenting issues, length of service, improvement/change in client presentation, and

		service that offers client the opportunity to attend a session without need for appointment or an intake, and to explore the presenting concern that is most pressing for them in the moment. Youth and families are able to attend the walk-in as many times as they deem necessary and each offering is treated separately and unique from the other.						general impact on client's overall ability to function.
Counselling and therapy	Associated Youth Services of Peel	Sub-totals for all AYSP Counselling & Therapy programs				\$1,291,436	INDSER# 463	Year-to-date reports CAFAS Family Satisfaction Questionnaire Client Satisfaction Questionnaire Agency Satisfaction Questionnaire
		Challenges Program The Challenges Program is a home-based behaviour management intervention through which information and skills development are provided to caregivers experiencing parenting difficulties. Challenges may be offered as part of a range of services to families experiencing multiple problems; however, behaviour management is the focal point of this service.	Peel Region	Up to 18 th birthday	n/a			
		Peel Adolescent Program – Adolescent Team The Adolescent Team is a service developed in partnership with Peel Children's Aid, Associated Youth Services of Peel (AYSP) and Peel Children's Centre – Peel Wraparound Process. The Adolescent Team offers a variety of service options for families who are involved with Peel Children's Aid where risk factors are related to parent-adolescent conflict and the youth is at risk of removal from the home.	Peel Region	Between 12 th and 16 th birthdays	n/a			
		Reaching Adolescents in Need (RAIN) Through the provision of a supportive	Peel Region	Between 14 th and	Other: Homeless youth			

relationship, community outreach, advocacy and referral to appropriate services, the RAIN Program works to engage youth who are marginalized from their families, school, community and other support services. The RAIN Program utilizes a strength-based, client-centred approach, focusing on immediate needs and long-term goals. RAIN Outreach Workers employ a harm reduction approach – utilizing case management and CBT interventions to assist youth in meeting their goals.		18th birthdays				
The Parent Adolescent Counselling Program (PACP) PACP is a home/community based service for families who are experiencing parent/caregiver-adolescent conflict and the youth is at risk of out of home placement. The PACP Worker works with families for 4 – 6 months providing family counselling, including behaviour management, problem-solving strategies, communication and relationship-building skills.	Peel Region	Between 12 th and 18 th birthdays	n/a			
Recognizing Individual Success and Excellence (RISE) RISE is a school-based, multi-faceted program which addresses the needs of children who are displaying signs of anti-social behaviour in the classroom, home and/or community. The program is approximately four months in duration. The program has four components which promote and encourage positive behaviour: <ul style="list-style-type: none"> • One-to-One Support • Group • Recreation • Family Support 	Peel Region	Between 6 th and 9 th birthdays	n/a			
Youth Beyond Barriers Program (YBB) YBB provides confidential services for youth who	Peel Region	Between 12 th and 18 th	LGBTIQQ2S youth			

	identify as Lesbian, Gay, Bisexual, Transgender, Transsexual, Intersex, Queer, Questioning, 2-Spirited (LGBTTIQQ2S) through a support and education group, individual counselling, and through social media. The YBB Program also offers community capacity building around LGBTTIQQ2S inclusion and Anti-Racism/Anti-Oppression.		birthdays				
Nexus Youth Services	<p>Community Counselling Program (14-24): Offers strength-based counselling services to youth experiencing a range of emotional, social and/or behavioural difficulties. The clinical needs of the youth determine the length of involvement and goals are frequently reviewed with youth to ensure that the program is responsive to their needs. The long term objective of this program is to support youth to become positively engaged with the community while successfully transitioning from adolescence to adulthood. Treatment interventions are provided in a manner that:</p> <ul style="list-style-type: none"> • actively engages youth in the treatment process developing their goals in collaboration with staff; • assists youth to increase their capacity to recognize and cope with challenges they may be experiencing; • supports youth to improve their emotional functioning; • encourages youth to develop helpful coping strategies as alternatives to self-harm and/or substance use; • supports youth in developing and maintaining positive relationships with peers and adults; & • works with youth to improve and sustain increased success in school and/or the community. 	Peel Region	14 to 24	n/a	Ages 14 to 18: \$154,021	Ages 14 to 18: INDSER# 32	Child and Adolescent Functional Assessment Scale (CAFAS); CAFAS is the primary clinical evaluative tool Client satisfaction surveys

Peel Children's Centre	Sub-total, all PCC Counselling and Therapy programs				\$2,288,198	INDSER# 561	Child and Adolescent Functional Assessment Scale (CAFAS); CAFAS is the primary clinical evaluative tool Preschool and Early Childhood Functional Assessment Scale (PECFAS) Client satisfaction surveys
	Counselling: When client needs exceed what can be offered in SST/Brief Counselling, Counselling is provided informed by the client's needs, readiness and treatment issues. Treatment modalities and strategies can include; attachment, developmental perspectives, solution focused, narrative and CBT. The overall goal of counselling is to improve the child/ youth and family functioning at home, in school, and in the community, by assisting children and their families to increase awareness, coping skills and access to resources.	Peel Region (Halton Region for francophone clients only)	0-18	Francophone			
	Anxiety Group: A child and parent therapeutic educational group which utilizes concepts drawn from Cognitive Behavioural Therapy (CBT) to help children/youth and their parents learn coping strategies in situations that are anxiety-provoking.	Peel Region	10-13	n/a			
	Coping Power: A multi-component group-based treatment for children with aggressive and disruptive behaviour and their parents). Coping Power groups are designed for latency age children with severe emotional and behaviour and support the following protective factors: social competence,	Peel Region	8-13	n/a			

self-regulation and positive parental involvement.						
<p>Intensive Child & Family Services (ICF) 0-6 and Peel Infant-Parent Program (PIPP): An in-home, in-school, in-community treatment service that provides intensive yet flexible responses to appropriately address the needs of caregivers with infants and children who are at risk of developing serious mental health concerns. Based on the needs of the parent and child, interventions may include: trauma assessment and treatment, attachment assessment and treatment, family therapy, in-home parenting support, skill training, psychological/ psychiatric consultation, collaboration with other agencies and advocacy.</p>	Peel Region	0-6	n/a			
<p>School-Based Services – Brief Intensive Intervention Program (BIIP): Provides brief in-home service for children and youth experiencing multiple, significant stressors that are impacting their ability to succeed in their school environment. School personnel from both the English and French Separate School Boards are able to directly refer students and their families for service. Students and their families will be offered up to 8 sessions of service provided within a maximum of 12 weeks.</p>	Peel Region Halton (territories served by French language school boards)	4-18	Francophone			
<p>School-Based Services – Alternatives: Intensive service for children/youth who require support, but whose parents/caregivers are not initially ready to engage in more active service. These students have experienced significant modification of school programming/services. The combined family, school and treatment goal is to maintain the child/youth in his/her present school placement. Intervention planning includes the use of multiple modalities in order to provide for a comprehensive plan that includes both school-based and community-based support/treatment interventions.</p>	Peel Region Halton (territories served by French language school boards)	5-14	Francophone			

	<p>Sexual Abuse Treatment Program: SATP provides specialized out-client assessment and treatment services to children and their families dealing with sexual abuse and sexually offending behaviours. The program focuses on remediating the trauma of sexual abuse or assault through the use of TF-CBT, preventing future offences and supporting family members when incest has occurred. The program also helps children who exhibit sexualized behaviours, adolescents who have committed sexual offences and families in which sexual abuse among siblings has occurred.</p>	Peel Region	0-17	n/a			
Rapport Youth & Family Services	<p>Counselling and Therapy Services The focus of these services is reduce the severity of presenting issues which includes addressing underlying emotional, behavioural, mental health and social problems that the client may be experiencing.</p> <p>As such, Rapport offers Intensive Counselling services (once per week for a maximum of eight weeks). Clients accessing this service may have or are experiencing a high level of impairment and are ready to address the challenges (e.g., clients being discharged from hospital following acute suicidal ideation or attempt).</p> <p>Rapport also offers The Change Project for youth up to their eighteenth birthday, which focuses on social skills development to strengthen the youth's ability to function effectively in the home, school, work and/or community. This service utilises the Solution-Focused Brief Therapy Model and places emphasis on the present and future rather than the past. It is goal-focused in nature, collaborative and uses small successes as catalysts for change. Clients presenting with specific issues such as anger, conduct-related concerns and communication issues may be</p>	Peel Region	0-18	n/a	\$336,553	INDSER# 299	Evaluation is accomplished through tracking and analysis of data such as client numbers, presenting issues, length of service, improvement change in client presentation, and general impact on clients overall ability to function.

		more suitable for this service. Rapport also offers Group Services for youth and their caregivers to address a variety of concerns such as depression, anxiety, parent-child relationship, mindfulness, grief and loss, anger and self-esteem.						
	Trillium Health Partners	Outpatient services Treatment includes individual, family and group therapy, psychiatric assessment, referral for psychological testing, medication consultation and follow-up to children and youth up to the age of 18. Collaboration with other agencies, organizations and schools takes place as required.	Peel Region Other: South Etobicoke	0-18	n/a	\$427,912	INDSER# 850	Client Progress is routinely evaluated collaboratively with the child/youth and his/her family at weekly team clinical meetings Client and Family satisfaction surveys are administered annually Groups are evaluated by pre and post measures and formal qualitative evaluation surveys
	William Osler Health System	Child and Adolescent Clinic <ul style="list-style-type: none"> • Individual and Family Therapy • Anxiety Groups – CBT running concurrently for 7-12/12-17 • Mood Depression Group – CBT running for adolescents 16 years and older 	North Peel and Caledon	0-18 years and families	n/a	\$167,495	INDSER# 2,337	All clients will be screened with the BCFPI. Their progress will be monitored using the MCYS Service Plan. Client satisfaction per MCYS forms and patient experience surveys. Additional evaluation tools being explored.
Family/caregiver capacity building and support	Associated Youth Services of Peel	Group Services: <ul style="list-style-type: none"> • COPE • Incredible Years Parent Groups • Dina Dinosaur Social Skills Program The Group Services program offers community-	Various community locations in Peel Region	3-8 years and their caregivers 12-16 years and their	n/a	\$49,442	FSFAMSER# 57	Standardized pre and post measurement tools – Incredible Years Parent Practices Interview

		<p>based, short-term, educationally-focused parenting groups and a children's social skills group. These evidence-based groups promote skill development and problem solving approaches, for parents experiencing moderate to serious parenting difficulties, as well as for children exhibiting conduct-related challenges. The program is designed to assist families facing multiple stressors from daily parenting issues. The program strives to empower families in a non-judgmental, mutually supportive, informal setting.</p> <p>AYSP utilizes the COPE (Community Parent Education), and The Incredible Years Program models. Trained facilitators run the groups, based on their experience and expertise. Effective child/teen behavior management strategies are introduced to parents to improve their knowledge base, skill level, and problem-solving abilities. Question and answer opportunities are an important component of each group session, and parents are provided with supplemental literature.</p>		caregivers				COPE – Strengths and Difficulties Questionnaire Satisfaction Questionnaire
Peel Children's Centre	Sub-total, PCC Family/Caregiver Skills Building and Support					\$615,790	FSFAMSER# 523	Year-to-date reports Youth and parent/caregiver satisfaction surveys
	ADD/ADHD Group (6-12): Psychoeducational group provides accurate information to parents on ADHD: its symptoms, causality and recommended treatment; positive parenting strategies; and recommendations for how to advocate for their child.	Peel Region	6-12	n/a				
	COPE Group: Psychoeducational group program designed for parents to learn more about topics related to positive parenting strategies and self-care.	Peel Region	7-11	n/a				

<p>Parenting Your Teen Group: Psychoeducational group assists parents of teens to develop effective communication, respectful discipline and concrete strategies to reduce risky behaviour in order to promote responsible and independent adolescent behaviour.</p>	Peel Region	14-17	n/a			
<p>Moms Group: Psychoeducational and support group empowers mothers who are isolated and stressed by their life circumstances.</p>	Peel Region	0-17	n/a			
<p>Incredible Years: Assist parents to improve their parenting skills and learn how to manage children's behaviours with confidence and respect. Parents learn the importance of play with their child and how to increase positive behaviour and cooperation.</p>	Peel Region	3-6	n/a			
<p>Making the Connection Group: Helps parents interact with their babies/toddlers in ways that promote secure attachment, communication and brain development. Program combines hands-on activities, parent reflection and discussion as well as personalized video feedback.</p>	Peel Region	0-2	n/a			
<p>School-Based Services Parent Groups: Psychoeducational parent groups designed to address concerns experienced by the student population including issues such as concurrent disorders, bullying, anxiety, and depression. Groups range in size and offer 4-12 sessions depending on the nature of the group and topic.</p>	Peel Region Other: Halton Region (service districts for the two French-language school boards)	4-18	Francophone			
<p>Respite (Volunteer Mentor; Community Programming; Other Hours): Provides a spectrum of respite services for the families and caregivers of children who have mental health challenges that put them at risk of</p>	Peel Region	0-17	n/a			

	losing their place in their home. Respite services are part of a child's and family's broader treatment plan. In-Home: Support is provided by volunteer mentors or from a child and youth counsellor in the child's home, community-based programs, PCC residential homes (respite hours) and through child-minding contracts.						
Rapport Youth & Family Services	<p>Family/caregiver skill building and support services</p> <p>This program will support parents/caregivers to strengthen their capacity to respond to the mental health needs of their child/youth. It will provide parents the tools to adaptively respond, understand and alter their behaviours in order to support the emotional wellbeing of their children/youth.</p>	Peel Region	Children/ youth and parents	n/a	\$2,756	FSFAMSER# 125	Client's discharge summaries and group reports will also capture salient features of the client's work and progress during the course of treatment such as the client/family's perception of the treatment outcome; the post service questionnaire will focus on outcomes such as change in adaptive functioning, client concerns or recommendations and treatment goal attainment.
Trillium Health Partners	<ul style="list-style-type: none"> • Anxiety Workshop for Parents 2 sessions, twenty families • ACT(Acceptance and Commitment Therapy Group for Parents) is offered to all parents of adolescents attending ACT group which runs throughout the year • Clinician and psychiatrist meetings with parents and other family members for initial assessments and for ongoing skill building and support as needed throughout treatment 	Peel Region Other: South Etobicoke	Children/ youth and parents	n/a	\$106,978	FSFAMSER# 75	Pre- and post-questionnaires are administered for the Parenting Group Satisfaction surveys are completed by parents annually

Specialized consultation and assessment	Peel Children's Centre	Sub-total, PCC Specialized consultation and assessment				\$1,062,171	CLIENTCON# 255 EDSESSAS# 4 INDSER# 230 PROGCONA# 38	Clinical tools as dictated by the needs of the client
		Psychological Services: Provides assessment, consultation and intervention to clients participating in any of PCC's clinical programs and services. These services facilitate understanding, treatment or discharge planning by helping to clarify clients' perception, cognition, emotions, behaviour and interpersonal strengths/needs. Consultation to treatment planning is provided as part of the multidisciplinary team process. May help provide training and program development support.	Peel Region	0-17	n/a			
		Psychiatric Services: Provides assessment, consultation and diagnosis to clients who are receiving service in MCYS funded programs in Peel Region. These services facilitate understanding, treatment or discharge planning by providing specialized diagnoses of mental health disorders. Consultation to treatment planning is provided as part of the multidisciplinary team process. May help provide training and program development support.	Peel Region	0-17	n/a			
		Concurrent Disorders: Increases the use of EBP integrated treatment interventions with youth experiencing combined mental health and substance use concerns, incorporating a harm reduction approach. The program provides training, case-specific consultations, and issue specific consultations to a wide variety of individuals/service providers who work with Peel youth.	Peel Region	Up to 17	n/a			
	Trillium Health Partners	Diagnostic clarification and treatment recommendations Children and youth who are registered to the	Peel Region Other: South	Up to 18	n/a	\$106,978	CLIENTCON# 580 EDSESSAS# 25 INDSER# 20	Groups are evaluated by pre- and post-measures and formal

		clinic may be referred to the psychologist on staff for consultation/assessment regarding diagnostic clarification, as requested by the clinical team. The Psychologist on staff is also available for consultation by the clinical team for treatment recommendations.	Etobicoke				PROGCONAS# 3	qualitative evaluation surveys.
	William Osler Health System	Allied Health Services Psychiatric and Psychological Consultations, Assessments and Treatment	North Peel and Caledon Other: Dufferin County	0-18 and parents	n/a	\$88,131	CLIENTCON# 36 EDSESSAS# 108 INDSER# 146 PROGCONAS# 0	Target # of psychological assessments per year. Qualitative outcome measured by parent and child feedback re: reported helpfulness of assessment, increased understanding of strengths and challenges, and informing treatment goals and direction.
Crisis Services	Peel Children's Centre	Crisis Response Service: Provides an immediate crisis response (24-hours-a-day, 7-days-a-week) to children and youth experiencing significant mental health issues. The Crisis Response Service is designed to stabilize the individual or family situation, and to offer a bridging response to required longer-term services. A live-voice telephone response is provided for every call, with a follow-up mobile crisis response to provide on-site crisis intervention in home, in school or other community location on an as needed basis.	Peel Region	0-18	n/a	\$865,200	INDSER# 700	Year-to-date reports Youth and parent/caregiver satisfaction surveys
Intensive Services	Associated Youth Services of Peel	Sub-totals for AYSP, Intensive Services				\$1,786,607	DAYREC# 0 DTSER# 0 INDSER# 388 RESSER# 0	PECFAS CAFAS Client Satisfaction Questionnaires and Agency Satisfaction Questionnaires Logic model process

								has been implemented to frame each intervention and to determine the evaluation questions and tools.
		<p>Multisystemic Therapy Program (MST) MST addresses the multiple factors that contribute to anti-social behaviour in youth, thereby reducing the need for out of home placements. MST adopts a social-ecological approach to understanding and treating anti-social behaviour in youth, including such systems as the family, school, peers and the community. It is a home-based treatment that uses a family preservation model of service delivery to improve family relations, peer relations and school performance.</p>	Peel Region	Between 12 th and 18 th birthdays	Youth with anti-social behaviour			
		<p>Family Connections The main goal of Family Connections is to assist families at a time when they are experiencing a crisis and an out-of-home placement is being considered for a youth or child. We seek to help families become effective at managing current and future crises, to strengthen families' informal and formal supports, and to keep children and youth at home with their families.</p>	Peel Region	Up to 18 th birthday	n/a			
		<p>Dialectical Behaviour Therapy (DBT) DBT is a cognitive-behavioural treatment developed by Dr. Marsha Linehan at the University of Washington. DBT is utilized with individuals who struggle with life-threatening behaviours (e.g. self-injurious behaviour, suicidal thoughts, threats and/or attempts), have difficulty managing their emotions, and difficulty managing interpersonal relationships. The DBT program is an intensive therapy model that can range in treatment length from 6 to 12</p>	Peel Region	Between 15 th and 18 th birthdays	Other: youth with life-threatening behaviours			

	months and includes weekly individual therapy sessions, weekly group skills training, 24-hour a day phone coaching for youth and their caregivers, and family counselling as needed. Skills training sessions for youth and their families involve learning mindfulness skills, emotion regulation skills, interpersonal effectiveness skills and distress tolerance skills.						
	Transitional Aged Youth Outreach (TAYO) TAYO is a case management program for youth, who are experiencing on-going mental health challenges and are likely to transition into adult services. The program offers a community-based service providing a consistent level of support to youth during this transition. The TAYO Program utilizes a strength-based, client-centred approach, focusing on immediate needs and long term goals.	Peel Region	Between 16 th and 18 th birthdays	n/a			
	Working Together With Families (WTWF), 0-6 Program WTWF is based on a family preservation service model. It is an intensive, home-based, family-focused intervention developed through joint efforts from a number of agencies who provide services to families and children. Incredible Years is also offered. Partnering agencies include: Peel Children's Aid and Peel Children's Centre. Therapists work together with parents to identify family strengths and problem areas, to set appropriate goals of the intervention to ensure positive change. This intervention is intended for high risk, multi-need families with children under the age of 7 years.	Peel Region	Up to the 7 th birthday	n/a			
Peel Children's Centre	Sub-total, PCC's intensive services				\$5,708,548	DAYREC# 6570 DTSER# 69 INDSER# 196 RESSER# 34	Child and Adolescent Functional Assessment Scale (CAFAS); CAFAS is the primary

							clinical evaluative tool Preschool and Early Childhood Functional Assessment Scale (PECFAS) Strengths and Difficulties Questionnaire (SDQ) Juvenile Sex Offender Assessment Protocol II (for ECHO residential program only) Client satisfaction surveys
	Intensive Child & Family Services (ICF) 7-17: ICF 7-17 provides children/youth and their families, who are experiencing multiple and significant stressors access to a continuum of intensive yet flexible in-home, in-school and in-community responses. Using a strength-based, family-centred approach to service delivery, the service varies the assessment and treatment modalities, including psychology and psychiatry, to meet client needs.	Peel Region	7-17	n/a			
	CONNECT: CONNECT is a therapeutic, recreational program that provides intensive services to children/youth with mental health needs that are at risk of losing their home or school placement, or have been in CAS care or another residential setting and are being reintegrated into the family home. This program is adjunctive to Intensive Services and is intended to help children/youth with intensive intervention and support in every aspect of their life (i.e. school, home, after-school, community). CONNECT involves 3 main activities: a parent and child group, individual counselling and an after school program.	Peel Region	7-15	n/a			

<p>Day Treatment Services: Day Treatment (Section 23) is a school-based program provided in a specialized classroom setting. It targets children/youth and their family who are dealing with multiple issues that have put the child/youth at risk of losing their placement in school, as identified by local school boards. Multiple treatment options develop comprehensive, individualized treatment plans for each child/youth/ family. The referral process is conjoint involving the family and the current school system. PCC operates two Day Treatment classrooms at its Caledon Campus (ages 13-18). Day Treatment classrooms in regular schools include: Glenhaven (ages 11-14); Glenforest (ages 14-18); Kindree Primary (ages 4-7); Kindree Junior (ages 8-11); and St. Kevin (ages 8-12).</p>	Peel Region	4-17	n/a			
<p>Residential Services – Staff-Operated Residential Treatment (SORT) and Parent-Operated Residential Treatment (PORT): Provides a safe, accepting and supportive environment that offers out-of-home treatment for children and youth who are experiencing serious emotional, behavioural and/or relationship difficulties. Residential treatment is viewed as a temporary opportunity for families to re-energize and work together towards new solutions in preparation for the child's/youth's return to the community. PCC operates 4 SORT residences: two in Brampton – Elgin for adolescents (ages 14-17) and Morgan House for latency-aged children (ages 7-11), and two residences in Caledon for adolescents – Caledon South (ages 11-15) and ECHO (ages 13-17). In addition, PORT offers two long-term mental health settings for children/youth (ages 7-17) who require support and guidance within a home environment. The PORT facilities are Hope</p>	Peel Region Dufferin County: Dufferin Child and Family Services has access to 2 beds across residential system, based on availability	7-17	n/a			

House in Mississauga and Century House in Caledon.						
<p>Respite (Out of Home): The Respite program provides a spectrum of respite services for the families and caregivers of children who have mental health problems that put them at risk of losing their place in their home. Respite services are part of a child's and family's broader treatment plan. Out of Home respite options include: Residential respite in our PCC homes; Parent-Operated Foster homes; and overnight community camps.</p>	Peel Region	0-17	n/a			
<p>Respite (In Home, Paid 1:1, Caledon House and Morgan House hours) The Respite program provides a spectrum of respite services for the families and caregivers of children who have mental health problems that put them at risk of losing their place in their home. Respite services are part of a child's and family's broader treatment plan. In-Home: Support is provided by volunteers, volunteer mentors, or from a child and youth counsellor in the child's home, community-based programs such as recreational programs, PCC residential programs at Caledon South and/or Morgan House (respite hours), and through child-minding contracts.</p>	Peel Region	0-17	n/a			
<p>STEPS Residential Enhancement Fund: A community based fund administered by PCC that is primarily intended to facilitate community-based residential placement for children and youth with significant mental health needs. The fund provides support for:</p> <ul style="list-style-type: none"> • 1:1 child and youth worker staffing assigned to the child/youth for a specific period of time, in support of the treatment plan, to stabilize behaviours. • Multidisciplinary assessments (e.g., psycho- 	Peel Region	7-17	n/a			

		educational assessment) and/or purchased psychiatric/psychological assessments or other specialized assessments which may expedite the assessment of needs to ensure an informed and appropriate course of treatment. • Other supports deemed to enhance the placement of a child or youth with significant mental health needs.						
		Flexible Services Fund (0-17) A community fund administered by Peel Children's Centre. The funds are for 1:1 treatment-focused support to meet the clinical needs of children and youth receiving children's mental health services at Peel agencies funded by MCYS, i.e. Associated Youth Services of Peel, Nexus Youth Services, William Osler, Peel Children's Centre, Rapport, Trillium and Kinark and are intended to augment client's active treatment/service plan and support the ongoing identified clinical goals.	Peel Region	0-17	n/a			
	William Osler Health System	Behavioural consultation and treatment: In home, in school and in office	North Peel and Caledon	0-18	n/a	\$86,912	DAYREC# 0 DTSER# 0 INDSER# 292 RESSER# 0	The MCYS-mandated forms will be utilized along with a standardized pre- and post- treatment measure (i.e. Eyeberg)
Service Coordination Process	Associated Youth Services of Peel	For the following programs: • Tangerine Walk-In Counselling • Challenges Program • Peel Adolescent Program • Reaching Adolescents in Need (RAIN) • Parent Adolescent Counselling Program (PACP) • Recognizing Individual Success and Excellence (RISE) • Youth Beyond Barriers (YBB) • COPE (Community Parent Education) • The Incredible Years Program	Peel Region	0-18	n/a	\$1,033,747	INDSER# 1,618	Year-to-Date Reports CAFAS Client Satisfaction Questionnaires Family Satisfaction Questionnaires Agency Satisfaction Questionnaires

		<ul style="list-style-type: none"> • Multisystemic Therapy (MST) • Family Connections • Dialectical Behaviour Therapy (DBT) • Transitional Aged Youth Outreach (TAYO) Program • Working Together With Families (WTWF) • School-Based Mini Groups 						
	Nexus Youth Services	Community Counselling Program (14-24): Supports youth to become positively engaged with the community while successfully transitioning from adolescence to adulthood.	Peel Region	14-18 UW funded up to 24 yrs	n/a	\$13,393	INDSER# 22	Year-to-date reports Client satisfaction surveys
	Peel Children's Centre	<ul style="list-style-type: none"> • Wraparound CMH • Intensive Supports & Resource Coordination (ISRCP) • Counselling/Therapy (70% est.) • Intensive Services (75% est.) 	Peel Region	0-18	n/a	\$2,144,226	INDSER# 617	Year-to-date reports Client satisfaction surveys
	Rapport Youth & Family Services	The Service Coordination Service includes service planning, where in collaboration with each child/youth and family, an individualized plan is developed that identifies the specific need(s) of the client, along with service goals and who has responsibility for such services. Also inclusive of Service Coordination is Case Management/Service Coordination. The need for Transition Planning and Preparation is addressed.	Peel Region	0-18	n/a	\$65,045	INDSER# 299	Tracking and analysis of data such as client numbers, presenting issues, length of service, improvement/change in client presentation and general impact on client's overall ability to function. Rapport uses pre- and post-outcome measures to reflect on a variety of factors related to the impact of service on the life of the client.
	Trillium Health Partners	Each child or youth, and his/her family will have an individualized plan of care developed by the Inter-professional team, which takes into account the client's strengths, needs and resources and identifies achievable goals. This process begins	Peel Region Other: South Etobicoke	Children/youth and parents	n/a	\$213,956	INDSER# 850	Groups are evaluated by pre- and post-measures and formal qualitative evaluation surveys.

		at Intake and continues throughout the course of treatment to the point of discharge and is done collaboratively with the client and his/her family when this is possible.						
	William Osler Health System	William Osler Health System Intake Screener Peel Collaborative Intake Process				\$14,134	INDSER# 146	Case linking and client satisfaction questionnaires
Access Intake Service Planning	Associated Youth Services of Peel	Mental Health Services for Children and Youth (Centralized Intake) AYSP is a member of Peel's Centralized Intake partnership.	Peel Region	0-18		\$295,993	MHUCYS# 1,618	Year-to-Date Reports CAFAS Client Satisfaction Questionnaires Family Satisfaction Questionnaires Agency Satisfaction Questionnaires
	Peel Children's Centre	Mental Health Services for Children and Youth (Centralized Intake): PCC operates Mental Health Services for Children and Youth (MHSCY) on behalf of all the core service partners.	Peel Region	0-24		\$350,000	MHUCYS# 3,199	Brief Child and Family Phone Interview (BCFPI) integrated into standardized intake questionnaire
	Nexus Youth Services	Mental Health Services for Children and Youth Nexus is a member of Peel's Centralized Intake partnership	Peel Region	0-24		\$12,097	MHUCYS# 91	BCFPI integrated into standardized intake questionnaire
	Rapport Youth & Family Services	Rapport will collect from all clients information pertaining to presenting concerns, level of need at the time of referral, strengths and resources, available supports as well as other collateral information such as age, date of birth, and address. Access Intake Planning will also obtain informed consent from client and will provide client with wait time information as well as provide information regarding available supports within the community. Some access through Mental Health Services for Children and Youth (Centralized Intake) .	Peel Region	0-18		\$50,884	MHUCYS# 299	Tracking and analysis of data such as client numbers, presenting issues, length of service, improvement/change in client presentation and general impact on client's overall ability to function. Rapport uses pre- and post- outcome

								measures to reflect on a variety of factors related to the impact of service on the life of the client.
	Trillium Health Partners	Access to Trillium's Child and Adolescent Mental Health Services is largely through Mental Health Services for Children and Youth (Centralized Intake). Referrals are also accepted through Trillium's Emergency Department and Urgent Care Services , and through its shared care services with community family physicians and paediatricians. In order to strengthen the capacity of physicians and paediatricians affiliated with Trillium to manage mental illness, direct referrals to the program are also accepted.	Peel Region Other: South Etobicoke	Children/ youth and parents	n/a	\$213,956	MHUCYS# 850	Continual waitlist monitoring, both within the program itself and through Centralized Intake
	William Osler Health System	Child and Adolescent Clinic	North Peel and Caledon	0-18	n/a	\$185,102	MHUCYS# 624	BCFPI including a narrative which captures presenting problems/reason for referral, functioning at home/school, and family mental health history.

B.2: Core Services Summary

Inventory existing formalized referrals, protocols, and intake/access points that support effective transitions between and **through core services**.

Organizations/ partners	Relationship (e.g. MOU, Contract)	Description	Intended purpose (e.g. core service delivery, referrals, program, pathway)
Peel Children's Centre and Regional Municipality of Peel	Joint Services Agreement	Agreement for delivery of Peel Infant-Parent Program (mapped under Counselling/Therapy Services)	Staffing/program delivery and access/referrals via the Child Care Special Needs Access Point (SNAP) Peel
Peel Children's Centre and Dufferin-Peel Catholic District School Board	MOU	Day Treatment Program (Section 23 classrooms) – separate and mutual responsibilities of PCC and DPCDSB	Includes staffing, program delivery and pathways through service (admission, treatment planning, progress review, demission/discharged planning)
Peel Children's Centre and Peel District School Board	MOU	Day Treatment Program (section 23 classrooms) – separate and mutual responsibilities and PCC and Peel DSB	Includes staffing, program delivery and pathways through service (admission, treatment planning, progress review, demission/discharge planning)
Peel Children's Centre and William Osler Health System (WOHS), Mental Health and Addictions Program	MOU	Supports for children and youth presenting in Emergency or being discharged from WOHS's CHAD unit	Defines the services to be provided by PCC's Crisis Response Service to WOHS, the staff participants at WOHS and PCC, and their respective responsibilities
Associated Youth Services of Peel, Peel Children's Centre and Rapport Youth & Family Services	Partnership Agreement	Tangerine Walk-In Counselling – processes and delivery	States that Tangerine is run as a "franchise" with each service provider using the exact-same model of service at their respective locations and collaborating on joint responsibilities
Associated Youth Services of Peel, Nexus Youth Services, Peel Children's Centre, Rapport Youth & Family Services, Trillium Health Partners, William Osler Health System	Transfer Protocol	Mental Health Services for Children and Youth (Centralized Intake)	Facilitates the process of transferring clients from one organization's services to another's, without necessitating another intake
Associated Youth Services of Peel, Nexus Youth Services, Peel Children's Centre, Rapport Youth & Family Services, Trillium Health Partners, William Osler Health System	Terms of reference (currently under review)	Mental Health Services for Children and Youth (Centralized Intake)	The former terms of reference are out of date but being updated as part of the PCIN project (see Part C, Priority Activity #1)

Optional: If you choose to, please use the following space to document informal relationships/practices with other MCYS-funded core service providers that support effective transitions/pathways between and through core services.

Not required

Section C: Service Priority Identification

C.1: Service Priority Identification

Based on the work undertaken to support the completion of the CSDP template and the CMHP template, please identify three priorities that you as the lead agency, in partnership with other MCYS-funded child and youth mental health core service providers, will focus on over the next year. For each priority please outline an initial workplan indicating key activities that will result in demonstrable progress over the next 12 months.

<p>Name of Priority #1: Complete work to operationalize the Peel Coordinated Intake Network (PCIN) model</p> <p>Rationale:</p> <p>PCC will continue to work collaboratively with all core service providers on the implementation of PCIN in support of coordinated access to the CYMH core service system in the Peel service area. This revisioning project has been ongoing for four years and is aligned with <i>Moving on Mental Health</i> expectations for coordinated access/intake processes, as summarized in the project history below.</p> <p>The revisioning of Centralized Intake (Mental Health Services for Children and Youth) began in 2012 when, following an infusion of new funding, MCYS and Peel's CYMH service providers determined that a revisioning was timely and would help to ensure that Peel's Centralized Intake process was meeting the needs of children, youth and families in the most efficient and effective manner. The revisioning partners struck Steering and Implementation Committees and began work to determine the key decisions required to move forward on developing a design and implementation plan.</p> <p>In 2013, the Steering Committee reviewed the project to ensure that its goals were aligned with MCYS' system transformation agenda. Additionally, a new Implementation Design Sub-Committee, led by Dr. Kathy Sdao-Jarvie, was charged with process design, the establishment of clear clinical pathways, the development of the intake questions and data elements to be collected, and the technology to support the concept of a new network called Peel Coordinated Intake Network (PCIN). The sub-committee examined the many current pathways to core services in Peel, finding that approximately half of the services were accessed directly rather than through Centralized Intake. The sub-committee then paused its work to await MCYS' draft Service Framework so as to ensure that Peel's revisioning was in line with MCYS' direction.</p> <p>Following the Service Framework release in September 2014, consultations began with youth on how best to design the network access mechanism to accommodate their needs. The Implementation Design Sub-Committee also agreed to work together to problem-solve any issues that arose prior to the implementation of the new network model, ensuring alignment with the new vision and guiding principles for PCIN. William Osler Health System's Child and Adolescent Clinic was added to Centralized Intake's promotional materials so that all MCYS-funded child and youth mental health service providers in Peel were represented, moving the project one step closer to operationalizing the new PCIN model.</p> <p>In fiscal 2014/15, consultations with youth were completed. The Implementation Design Sub-Committee found that a multi-pronged approach beyond the current "one number to call" is required to ensure youth access to services, and that youth need to be involved in the design. The sub-committee also completed an initial draft of the standardized intake protocol; drafted and confirmed the documentation for third-party referrals; began working on the details of pathways into, through and out of care; and revised the existing transfer protocol across the core service providers.</p> <p>The Implementation Design Sub-Committee and Steering Committee, with representation from all MCYS-funded core service providers, met jointly on two occasions to hear updates from Humphrey Mitchell on system transformation progress in order to provide a broader context for their work. The committees found that their work to date continues to align with system transformation goals. Two agencies are piloting the current version of the standardized intake protocol and PCIN is moving forward collectively to incorporate the issue of diversity into the protocol. Senior clinical staff of the six core service providers also expressed interest in exploring the integration of common intake-outcome measures into the intake protocol, which will be one of the key activities under this first service priority.</p>
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Note: Rationale should be supported by the service landscape summary (Section B), the CMHP template, client feedback, previous evaluation and/or other evidence.

Objective – describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets were possible (e.g. waitlists, protocol developed):

Deliverable(s)	Task(s)	Estimated Timelines (2015/16)
Standardized, evidence-based intake/assessment/outcome tool	<ul style="list-style-type: none"> • Follow up with senior clinical staff of the six core service providers re: exploration of standardized intake-outcome measurement tools • Choose tool for integration into intake protocol • Develop implementation strategy and train appropriate staff in use of tool • Develop Community of Practice to guide/support implementation • Monitor implementation 	<ul style="list-style-type: none"> • Tool confirmed with Steering Committee: Q1 • Implementation strategy: Q2-Q3 • Training: starting in Q3 • Community of practice: Q3-Q4 & ongoing into 2016/17 • Monitor implementation: 2016/17 & ongoing
Community referral process	<ul style="list-style-type: none"> • Finalize referral form and consent form • Develop communications strategy to roll out forms to key community referral sources • Execute rollout and monitor implementation 	<ul style="list-style-type: none"> • Forms finalized: Q1 • Communications strategy: Q1-Q2 • Roll out to key community referral sources Q3 • Monitor implementation: Q4 & ongoing into 2016/17
Web-based common database for all core service providers	<ul style="list-style-type: none"> • Identify information, data elements, & technology requirements of a common web-based database (client information system) to support PCIN • Decide on and purchase new system • Implement system, including data conversion • Train staff in all agencies on use of system • Support and monitor implementation 	<ul style="list-style-type: none"> • Identification: Q1-Q2 • Decision and purchase: Q2-Q3 • Implementation and training: Q3 • Support and monitor implementation: Q4 and ongoing into 2016/1
Future years' activities	<ul style="list-style-type: none"> • Develop strategies to simplify access • Develop a youth access strategy/processes to simplify access, and incorporate feedback from youth engagement • Review/standardize information-sharing practices/protocols and clarify privacy requirements • Review/revise eligibility criteria for all services provided by PCIN partners, as required • Revise transfer protocols across agencies/programs, as required • Develop waitlist management protocols and finalize waitlist criteria for prioritization based on clients' needs • Ongoing monitoring & reporting of data from system 	<ul style="list-style-type: none"> • 2016/17 and onward

Name of Priority #2: Development and implementation of a system-wide mechanism for youth engagement

Rationale:

Over the past several years, youth engagement has made inroads as a guiding service principle amongst all of Peel's core service providers, most notably Nexus Youth Services, which has integrated youth engagement into service design, delivery and evaluation. Nexus secured a grant from the Ontario Trillium Foundation to enhance its organizational capacity to formally adopt a model of youth engagement, hiring a Youth Engagement Coordinator who had previously distinguished herself as the coordinator of CMHO's youth engagement project, *The New Mentality*. Youth Peer Workers helped to ensure that all activities at the Nexus Youth Centre were youth-driven and youth-led. Youth engagement was also incorporated into the delivery of Nexus' Community Counselling Program. In its 2013 re-accreditation, Nexus met all the Youth Engagement standards of the Canadian Centre for Accreditation, with the accreditation review team describing Nexus as "a model for other organizations to learn from." Nexus has also created ongoing partnerships with other CYMH agencies in Ontario that support youth participation. The Peel Coordinated Intake Network (PCIN), a partnership of all core service providers in the Peel service area, also engaged youth in the revisioning of Centralized Intake, gathering feedback through focus groups on youth's experience with accessing mental health services so as to design a network access mechanism to accommodate their needs.

Building on this experience, the next phase was to develop a plan to move youth engagement practices into the fabric of PCC. Given the requirement of *Moving on Mental Health* for all CYMH agencies to engage youth in an evidence-informed, planned and thoughtful process, and where appropriate mechanisms are not in place, to note and integrate this as an area of focus for 2015/16, PCC recognized the opportunity to broaden the context to include all six core service providers in the development and implementation of YE in Peel.

The Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) is known for its expertise in youth engagement. As such, PCC has entered into a formal partnership plan with the Centre and is working with one of its knowledge brokers, Julie Breau, to help the Peel service area meet MCYS' requirement for Core Services Delivery Plans to include engagement with youth through an evidence-informed, planned and thoughtful process and where appropriate mechanisms are not in place, to note and integrate this as an area of focus for 2015/16. As such, the second priority activity for the Peel service area is to build upon and expand existing youth engagement efforts in the development and eventual implementation a system-side mechanism for youth engagement.

Note: Rationale should be supported by the service landscape summary (Section B), the CMHP template, client feedback, previous evaluation and/or other evidence.

Objective – describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets were possible (e.g. waitlists, protocol developed):

Deliverable(s)	Task(s)	Estimated Timelines (2015/16)
<p>Develop plan to lay groundwork for youth engagement (YE) in the Peel service area</p>	<p>Per PCC's partnership plan with the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre):</p> <ul style="list-style-type: none"> • Work with the Centre's Knowledge Broker and Peel core service agencies to inventory existing YE activities and analyze capacity for expanded YE • With the Knowledge Broker, conduct an environmental scan of YE activities/best practices outside the Peel service area • Form a YE working group for the Peel service area, including terms or reference and membership, and hold initial meeting(s) • With the Centre and core service agencies, begin to develop a plan for enhanced core service capacity around YE 	<ul style="list-style-type: none"> • Inventory, analysis: Q1-Q3 • Environmental scan: Q1-Q3 • YE Working Group: Q3-Q4 • Development of YE core service plan: Q4 into 2016/17

Document successes and lessons learned from NYS case study on youth engagement	<ul style="list-style-type: none"> • Youth Engagement Coordinator and NYS staff prepare report for PCC management and Knowledge Broker • Finalized report is shared with core service partners in the Peel service area 	Q1-Q3
One-hour workshops on concept of YE delivered to all agencies	<ul style="list-style-type: none"> • Knowledge Broker, Youth Engagement Coordinator and NYS' YE staff develop 1-hour workshop module on YE and Positive Youth Development • Knowledge Broker and Youth Engagement Coordinator develop workshop delivery plan and share the plan, supporting materials and proposed schedule with core service agencies • Rollout of workshops to staff and Boards at core service agencies in Peel service area 	<ul style="list-style-type: none"> • Workshop development: Q1 • Supporting materials development:Q2 • Workshops across Peel service area: Q3-Q4
Develop system-wide mechanism for YE to be used in Peel service area	Details to be informed by findings from 2015/16 activities and included in 2016/17 CSDP	2016/17

Name of Priority #3: Development and implementation of a system-wide mechanism for family engagement

Rationale:

The core service providers in the Peel service area already engage families in many ways, e.g. skills-building and support groups; involvement of parents/caregivers in developing treatment plans and (where appropriate) as members of treatment teams; parent/caregiver feedback on service experience/quality; outreach at community events; raising public awareness of mental health and available services via traditional and social media; advisory committees; involvement in clinical research projects and focus groups; etc. Similar to our Youth Engagement strategy, there is an opportunity to broaden our historically agency-specific context and conceptualize family engagement from a community perspective so that future efforts are aligned and leveraged beyond the borders of individual agencies. The annual distribution for the past several years of information cards about Mental Health Services for Children and Youth (Centralized Intake) to families via the schools in the Peel District School Board and Dufferin-Peel Catholic District School Board, and through healthcare and social-service providers is one example of the benefits that can accrue to the community when a more system-wide approach is taken.

The Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) is known for its expertise in family engagement. As such, PCC has entered into a formal partnership plan with the Centre and is working with one of its knowledge brokers, Julie Breau, to help the Peel service area meet MCYS' requirement for Core Services Delivery Plans to include engagement with families through an evidence-informed, planned and thoughtful process and where appropriate mechanisms are not in place, to note and integrate this as an area of focus for 2015/16. As such, the development and eventual implementation of a system-side mechanism for family engagement is the third priority activity for the Peel service area.

Note: Rationale should be supported by the service landscape summary (Section B), the CMHP template, client feedback, previous evaluation and/or other evidence.

Objective – describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets were possible (e.g. waitlists, protocol developed):

Deliverable(s)	Task(s)	Estimated Timelines (2015/16)
<p>Develop plan to lay groundwork for coordinated family engagement (FE) in the Peel service area</p>	<p>Per PCC's partnership plan with the Centre:</p> <ul style="list-style-type: none"> • Work with the Centre's Knowledge Broker and Peel core service agencies to inventory existing FE activities and analyze capacity for expanded FE • With the Knowledge Broker, conduct environmental scan of FE activities/best practices outside Peel service area • Form an FE working group for the Peel service area, including terms or reference and membership, and hold initial meeting(s) • With the Centre and core service agencies, begin to develop a plan for enhanced core service capacity around FE 	<ul style="list-style-type: none"> • Inventory, analysis: Q1-Q3 • Environmental scan: Q1-Q3 • FE Working Group: Q3-Q4 • Development of Fe core service plan: Q4 into 2016/17
<p>Develop system-wide mechanism for FE to be used in the Peel service area</p>	<p>Details to be informed by findings from 2015/16 activities and included in 2016/17 CSDP</p>	<p>2016/17</p>

C.2: Service Priority Identification

Where priorities and plans to address them involve potential changes to service delivery, please describe the engagement plan, including how any affected service providers have been engaged in the process. Note that service delivery decisions remain with the ministry – where identified priorities may require changes to existing service provision ministry staff must provide input. (Add rows as necessary).

N/A for the Peel service area in 2015/16 as no changes will be made to existing service delivery. The focus for 2015/16 is to develop a shared understanding of the existing service system across all core service providers.

Priority # 1: <u>n/a</u> Proposed activity: _____ Date: _____			
Stakeholder organization, group, or individual	Potential role in the activity	Engagement strategy <i>How will you engage this stakeholder in the activity?</i>	Follow-up strategy <i>Plans for feedback or continued involvement</i>

Priority # 2: <u>n/a</u> Proposed activity: _____ Date: _____			
Stakeholder organization, group, or individual	Potential role in the activity	Engagement strategy <i>How will you engage this stakeholder in the activity?</i>	Follow-up strategy <i>Plans for feedback or continued involvement</i>

Priority # 3: <u>n/a</u> Proposed activity: _____ Date: _____			
Stakeholder organization, group, or individual	Potential role in the activity	Engagement strategy <i>How will you engage this stakeholder in the activity?</i>	Follow-up strategy <i>Plans for feedback or continued involvement</i>