

**2015/16 Core Services Delivery Plan for Children and Youth:
Instructions and Guidelines for Lead Agencies Identified in 2014/15 Completing the 2015/16 Core Services Delivery Plan**

Ministry of Children and Youth Services (MCYS) child and youth mental health lead agencies are responsible for engaging with core child and youth mental health (CYMH) service providers and system partners to develop the Core Services Delivery Plan (CSDP) and Community Mental Health Plan (CMHP):

- The CSDP focuses on the delivery of core child and youth mental health services within a service area and how MCYS funding is to be used to support these services. The structure of the CSDP at maturity is described in detail in *PGR #02: Core Services Delivery Plan (to be released shortly)*.
- The CMHP focuses on the 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 non-“core” mental health services delivered by agencies. The structure of the CMHP at maturity is described in detail in *PGR #03: Community Mental Health Plan (to be released shortly)*.

The plans completed in 2014/15 showed an extensive commitment to engagement and community planning. Lead agencies are expected to build off the foundation in these plans in the development of the 2015/16 plans. In the 2014/15 plans, lead agencies identified priorities that focused on planning mechanisms, engagement with parents and youth, accessibility to services, as well as service related priorities such as:

- Providing mental health services that address local population priorities (e.g. age, cultural, linguistic, and local geographic considerations).
- Providing supports for parents in addressing mental health issues of their children and youth.
- Providing supports to ease transitions for youth between adult and youth systems.

The directions provided in this document apply to lead agencies identified in 2014/15. The 2015/16 CSDP moves the lead agency’s planning activities closer to the expectations at maturity. Over time, lead agencies will be responsible for making available all MCYS-funded core services and associated key processes. Reflecting this, services funded through the following detail codes must be included as part of the CSDP:

Core Services

- A356 – Targeted Prevention
- A351 – Family Capacity-Building and Support
- A348 – Brief Services
- A349 – Counselling and Therapy Services
- A355 – Specialized Consultation/Assessment Service
- A350 – Crisis Support Services
- A353 – Intensive Treatment Services

Key Processes

- A352 – Coordinated Access and Intake
- A354 – Case Management/Service Coordination

The 2015/16 CSDP must be approved by the lead agency's board of directors and submitted to MCYS by March 31, 2016. There is no template required for the 2015/16 CSDP but certain sections of these guidelines have sample templates that are provided as an optional format. The plan must however include the sections as described below. This is to ensure that all plans address the same requirements and allows lead agencies the flexibility to present their information in the manner they determine best.

Section A - Executive Summary:

Lead agencies must complete an executive summary of the 2015/16 CSDP.

Peel Children's Centre is Lead Agency for the Peel Service Area and partners with the following Core Service Providers (CSPs): Associated Youth Services of Peel; Nexus Youth Services; Peel Children's Centre; Rapport Youth and Family Services; Trillium Health Partners; and William Osler Health System.

Section B, the 2015/16 Core Services Summary, reflects our collective understanding of the current service delivery landscape in Peel whereby services are available in each of the Core Service areas. The 2015/16 Core Services Summary is comparable to the 2014/15 Core Services Summary in most areas. Some minor adjustments were made to better align the 2015/16 summary with MCYS' Core Services Framework and its new data elements. There was also a new investment in Intensive Treatment Services at PCC and AYSP, but to date its impact on targets has been modest, as the funding and service began in Q4. Formalized referrals, protocols, and intake/access points that support effective transitions between and through Core Services are in place and an inventory has been provided.

Section C provides detail of **Peel's unique population profile**. At a high level, Peel Region's child/youth population (0-18) is currently 336,113 or 23.7% of Peel's total population. Projecting out, growth at an average annual rate of 1% is expected, so that Peel Region will be home to 370,998 children/youth by the year 2025. Within this population, Peel has the highest proportion of visible minorities of any service area in Ontario at 65.4%. The largest visible minority populations are South Asian (49.1%) and Black (18.1%). 17.6% of the Peel's children/youth are immigrants, compared to the 9.4% Ontario average. Peel Region is also home to French-speaking (1.2%) and Aboriginal (0.7%) children/youth. 31.5% of children/youth have neither English nor French as their mother tongue. The top three non-official languages are Punjabi, Urdu and Chinese. Risk factors for poor mental health include low income families (20%), lone-parent families (10%), and unemployment (8.8%). The settlement of Syrian refugees in Peel is a more recent demographic consideration that can be expected to impact future demand for mental health services. Of significant note is the fact that Peel's explosive population growth has outstripped, and will continue to outstrip, provincial funding levels for children and youth mental health (CYMH) and other social services. Dating back to 1991, the national CPI has grown by 49.6% compared with a net growth rate of 2% for CYMH services over the same period.

Section D provides a summary of **Core Service Provider engagement activities** which occurred routinely throughout the year and focused on activities associated with the implementation of the three identified priorities in last year's plan: operationalization of the Peel Coordinated Intake Network (the front door to the MCYS-funded CYMH system); a system-wide mechanism for youth engagement; and a system-wide mechanism for family engagement. CSPs were also engaged in activities associated with SDS A357 and in developing recommendations for the allocation of MCYS' new investment in CYMH core services. Engagement activities extended into other sectors (e.g. education, child welfare, health) and outreach to the francophone school boards was initiated. More recently, PCC has engaged with Associated Youth Services of Peel in their role as the MCYS-identified Aboriginal Lead in Peel Region.

Section E, the Priority Report Summary, maps progress against the three key priorities identified last year. Overall the work to operationalize PCIN has proceeded very well, with all deliverables achieved with the exception of the implementation of a web-based common clinical database, which will be implemented in early fiscal 2016/17. The Peel Service Area is on track to develop a system-wide mechanism for youth engagement (YE) and the work is well in-hand, despite the need to shift the timing of some deliverables in the face of competing MOMH demands and staff availability. The work to develop a system-wide mechanism for family engagement (FE) is also progressing well with the identification of a FE lead for the Peel Service Area and an initial environmental scan completed. Again, the timeline for deliverables was impacted in the short-term by competing MOMH demands and staff availability.

Section F, 2016/17 Priorities, build on the deliverables achieved this past fiscal year. Five priorities have been identified:

- Priority #1: Continue with the implementation of Peel Coordinated Intake Network (PCIN)
- Priority #2: Implementation of a Common Assessment/Outcome tool at all CSPs in the Peel Service Area
- Priority #3: Implementation of a Common Clinical Database for Peel's four community-based CSPs
- Priority #4: Continue to develop and implement a system-wide mechanism for youth engagement (YE)
- Priority #5: Continue to develop and implement a system-wide mechanism for family engagement (FE)

Section H highlights our **French Language Service Partners** and the work accomplished with them this past fiscal year. Of note in this area is one significant challenge faced in the Peel Service Area is the loss of three key contacts in each of our French-language partners. Recruitment of their replacements is ongoing.

Section B: Core Services Summary

Lead agencies must complete a summary describing all MCYS-funded core child and youth mental health service delivery in the service area (see Appendix A for sample template). For phase one lead agencies, if information remains as it was described in 2014/15, that information may be used again here. This summary will contribute relevant rationale to support priority setting in the service area. The core services summary must describe the current programs supporting the delivery of the core child and youth mental health services, including:

- the agency that is delivering them, description of program (including geographic coverage, age group served, any specific population that the service is targeting, and associated service commitments);
- the method of assessment or evaluation associated with that program;
- the funding associated with each of the detail codes for core services and key processes by agency and program; and
- a summary of service area referral pathways, protocols, and intake/access points between and through core services.

Furthermore, for 2015-16, the lead agency is required to summarize the use of the allocation of the 2015 service delivery investment in their service area (see appendix B for sample chart to capture the information below).

- This summary must include:
 - description of the service gaps being addressed and the results achieved through the first year of funding;
 - who the funding was allocated to and actuals for key indicators including number of workers and number of children and youth served; and
 - a narrative description of how allocating the service delivery investment contributed to your development as a lead agency.

This section should also include specific reference to any changes to the information above from the previous year's CSDP (e.g. changes in services, changes to funding).

CHANGES

Financial

- 2015/16 saw new MCYS investments in Intensive Treatment Services at PCC and AYSP. However, there has been only a modest impact on targets to date, as the new funding and service began in Q4.
- The increased dollars for Specialized Consultation/Assessment for Trillium Health Partners (THP) and William Osler Health System (WOHS) were due to the fact that the 2015/16 figures include base sessional fees.
- THP adjusted its funding allocations across the Core Services due to better understanding of the Core Services Framework and MCYS's new data elements.

Service targets

- Better understanding of MCYS' data elements accounts for the reduction in service targets for WOHS. (In Counselling and Therapy Services, WOHS was counting visits, not unique clients.) This better understanding also accounts for WOHS's Intensive Treatment Services target reduction.
- Changes in the model of service delivery account for the service target changes for Rapport Youth & Family Services. (Generally speaking, the target increased.)
- The decrease in AYSP's target for Targeted Prevention is due to a reduction in the delivery of school-based groups.
- Changes in WOHS's model of service delivery account for the drop in WOHS's target for Specialized Consultation/Assessment.

B.1: Core Services Summary

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	40 participants	Year-to-date reports Participant evaluation tool Feedback forms
	Peel Children’s Centre	Targeted Prevention – subtotal for PCC	Peel Region			\$483,029	651 participants	Year-to-date reports Client satisfaction surveys: parents/caregivers and/or youth
		Go Grrls!: 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: 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:	Peel Region	10-12	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		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.						
		Mother-Daughter Circle: 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:	Peel Region	0-18	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		Two-hour psycho-educational sessions designed 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			Global Appraisal of Individual Needs – Short Screener (GAIN-SS)
		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	<p>Brief Counselling Brief Counselling is delivered within a partnership framework with Peel Children’s Centre and Rapport Youth and Family Services.</p> <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 	Peel Region	Up to 18 th birthday	Ethnocultural	\$339,990	INDSER# 360	Year-to-date reports Logic model is utilized Family Satisfaction Questionnaire Client Satisfaction Questionnaire Agency Satisfaction Questionnaire

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		<p>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.</p> <p>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.</p>						
	Associated Youth Services of Peel	<p>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.</p> <p>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.</p>	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

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
	Nexus Youth Services	<p>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:</p> <ul style="list-style-type: none"> • suggestions and strategies that the youth can incorporate on their own utilizing their strengths; • 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 Region	14 to 24	n/a	\$41,854	INDSER# 72	Global Appraisal of Individual Needs – Short Screener (GAIN-SS) Client satisfaction survey
	Peel Children's Centre	Single Session Therapy/Brief Counselling:	Peel Region	0-18	Francophone	\$888,382	INDSER# 854	Year-to-date reports

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		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.						Parent/caregiver and youth satisfaction surveys
		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.	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	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 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	Peel Region	0-18	Ethnocultural	\$199,088	INDSER# 364	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.

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		each offering is treated separately and unique from the other.						
Counselling and Therapy	Associated Youth Services of Peel	Sub-totals for all AYSP Counselling & Therapy programs				\$1,291,436	INDSER# 486	Year-to-date reports CAFAS In the process of Implementing InterRAI-ChYMH 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	Peel Region	Between 12 th and 16 th birthdays	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		parent-adolescent conflict and the youth is at risk of removal from the home.						
		<p>Reaching Adolescents in Need (RAIN) Through the provision of a supportive 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.</p> <p>The RAIN Program utilizes a strength-based, client-centred approach, focusing on immediate needs and long-term goals.</p> <p>RAIN Outreach Workers employ a harm reduction approach – utilizing case management and CBT interventions to assist youth in meeting their goals.</p>	Peel Region	Between 14 th and 18 th birthdays	Other: Homeless youth			
		<p>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.</p>	Peel Region	Between 12 th and 18 th birthdays	n/a			
		<p>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</p>	Peel Region	Between 6 th and 9 th birthdays	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<p>classroom, home and/or community. The program is approximately four months in duration. The program has four components which promote and encourage positive behaviour:</p> <ul style="list-style-type: none"> • One-to-One Support • Group • Recreation • Family Support 						
		<p>Youth Beyond Barriers Program (YBB) YBB provides confidential services for youth who 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.</p>	Peel Region	Between 12 th and 18 th birthdays	LGBTIQQ2S youth			
	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.</p>	Peel Region	14 to 24	n/a	Ages 14 to 18: \$154,021	Ages 14 to 18: INDSER# 32	<p>Child and Adolescent Functional Assessment Scale (CAFAS)</p> <p>In the process of Implementing InterRAI-ChYMH</p> <p>Global Appraisal of Individual Needs – Short Screener (GAIN-SS)</p>

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<p>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. 						Client satisfaction surveys
	Peel Children's Centre	Sub-total, all PCC Counselling and Therapy programs				\$2,288,198	INDSER# 561	<p>Child and Adolescent Functional Assessment Scale (CAFAS)</p> <p>In the process of Implementing InterRAI-ChYMH</p> <p>Preschool and Early Childhood Functional Assessment Scale (PECFAS)</p> <p>Client satisfaction surveys</p>

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<p>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.</p>	Peel Region (Halton Region for francophone clients only)	0-18	Francophone			
		<p>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.</p>	Peel Region	10-13	n/a			
		<p>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, self-regulation and positive parental involvement.</p>	Peel Region	8-13	n/a			
		<p>Intensive Child & Family Services (ICF) 0-6 and Peel Infant-Parent Program (PIPP):</p>	Peel Region	0-6	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		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.						
		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.	Peel Region Halton (territories served by French language school boards)	4-18	Francophone			
		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	Peel Region Halton (territories served by French language school boards)	5-14	Francophone			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		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>Sexual Abuse Treatment Program: SATP provides specialized out-client assessment and treatment services to children, youth, 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			<p>In addition to tools referenced above, the SATP program utilizes:</p> <p>Short Mood and Feelings Questionnaire</p> <p>Strengths and Difficulties Questionnaire</p> <p>UCLA PTSD Index</p> <p>Juvenile Sex Offender Assessment Protocol (J-SOAP) II (only used for youth with sexualized behaviours)</p>
	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</p>	Peel Region	0-18	n/a	\$336,553	INDSER# 720	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

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		<p>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 more suitable for this service.</p> <p>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.</p>						<p>clients overall ability to function.</p> <p>In the process of Implementing InterRAI-ChYMH</p>
	Trillium Health Partners	<p>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.</p>	<p>Peel Region</p> <p>Other: South Etobicoke</p>	0-18	n/a	\$451,747	INDSER# 915	<p>Client Progress is routinely evaluated collaboratively with the child/youth and his/her family at weekly team clinical meetings</p> <p>In the process of Implementing InterRAI-ChYMH</p>

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
								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# 456	Clients' progress will be monitored using the MCYS Service Plan. In the process of Implementing InterRAI-ChYMH Client satisfaction per MCYS forms and patient experience surveys.
Family 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 <p>The Group Services program offers community-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</p>	Various community locations in Peel Region	3-8 years and their caregivers 12-16 years and their caregivers	n/a	\$49,442	FSFAMSER# 62	Standardized pre and post measurement tools – Incredible Years Parent Practices Interview COPE – Strengths and Difficulties Questionnaire Satisfaction Questionnaire

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<p>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>						
	Peel Children's Centre	Sub-total, PCC Family Capacity-Building and Support				\$615,790	FSFAMSER# 523	Year-to-date reports Youth and parent/caregiver satisfaction surveys
		<p>Learning About ADHD (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.</p>	Peel Region	6-12	n/a			
		<p>COPE Group: Psychoeducational group program designed for parents to learn more about topics related to positive parenting strategies and self-care.</p>	Peel Region	7-11	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		Moms Group: Psychoeducational and support group empowers mothers who are isolated and stressed by their life circumstances.	Peel Region	0-17	n/a			
		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.	Peel Region	3-6	n/a			
		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.	Peel Region	0-2	n/a			
		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.	Peel Region Other: Halton Region (service districts for the two French-language school boards)	4-18	Francophone			
		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	Peel Region	0-17	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		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	Family Capacity-Building and Support Services 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.	Peel Region	Children/youth and parents	n/a	\$2,756	FSFAMSER# 316	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) 	Peel Region Other: South Etobicoke	Children/youth and parents	n/a	\$83,841	FSFAMSER# 65	Pre- and post-questionnaires are administered for the Parenting Group

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<p>is offered to all parents of adolescents attending ACT group which runs throughout the year</p> <ul style="list-style-type: none"> • Clinician and psychiatrist meetings with parents and other family members for initial assessments and for ongoing skill building and support as needed throughout treatment 						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
		<p>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.</p>	Peel Region	0-17	n/a			
		<p>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</p>	Peel Region	0-17	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		treatment planning is provided as part of the multidisciplinary team process. May help provide training and program development support.						
		<p>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.</p>	Peel Region	Up to 17	n/a			Global Appraisal of Individual Needs – Short Screener (GAIN-SS)
	Trillium Health Partners	<p>Diagnostic clarification and treatment recommendations Children and youth who are registered to the 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.</p>	Peel Region Other: South Etobicoke	Up to 18	n/a	\$400,778	CLIENTCON# 580 EDSESSAS# 25 INDSER# 20 PROGCONAS# 3	Groups are evaluated by pre- and post-measures and formal qualitative evaluation surveys.
	William Osler Health System	<p>Allied Health Services Psychiatric and Psychological Consultations, Assessments and Treatment</p>	North Peel and Caledon Other: Dufferin County	0-18 and parents	n/a	\$162,595	CLIENTCON# 36 EDSESSAS# 108 INDSER# 29 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

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								challenges, and informing treatment goals and direction.
Crisis Support 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				\$1,846,816	DAYREC# 0 DTSER# 0 INDSER# 386 RESSER# 0	PECFAS and CAFAS In the process of Implementing InterRAI-ChYMH 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.

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<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.</p>	Peel Region	Between 15 th and 18 th birthdays	Other: youth with life-threatening behaviours			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		The DBT program is an intensive therapy model that can range in treatment length from 6 to 12 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.	Peel Region	Up to the 7 th birthday	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		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 Children's Centre	Sub-total, PCC's intensive services				\$5,798,865	DAYREC# 6570 DTSER# 69 INDSER# 202 RESSER# 34	Child and Adolescent Functional Assessment Scale (CAFAS) Preschool and Early Childhood Functional Assessment Scale (PECFAS) In the process of Implementing InterRAI-ChYMH 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,	Peel Region	7-17	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		family-centred approach to service delivery, the service varies the assessment and treatment modalities, including psychology and psychiatry, to meet client needs.						
		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			
		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	Peel Region	4-17	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		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>Residential Services – Staff-Operated Residential Treatment (SORT) and Parent-Operated Residential Treatment (PORT):</p> <p>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 House in Mississauga and Century House in Caledon.</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			
		<p>Respite (Out of Home):</p> <p>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</p>	Peel Region	0-17	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		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>Respite (In Home, Paid 1:1, Caledon House and Morgan House hours)</p> <p>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:</p> <p>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. 	Peel Region	7-17	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<ul style="list-style-type: none"> Multidisciplinary assessments (e.g., psycho-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. 						
		<p>Flexible Services Fund (0-17)</p> <p>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.</p>	Peel Region	0-17	n/a			
	William Osler Health System	<p>Behavioural consultation and treatment:</p> <p>In home, in school and in office</p>	North Peel and Caledon	0-18	n/a	\$86,912	DAYREC# 0 DTSER# 0 INDSER# 57 RESSER# 0	The MCYS-mandated forms will be utilized along with a standardized pre- and post- treatment measure (i.e. Eyeberg)
Case Management/ Service Coordination	Associated Youth Services of Peel	<p>For the following programs:</p> <ul style="list-style-type: none"> Tangerine Walk-In Counselling Challenges Program Peel Adolescent Program 	Peel Region	0-18	n/a	\$1,033,747	INDSER# 1,400	Year-to-Date Reports

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<ul style="list-style-type: none"> • 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 • 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
	Peel Children's Centre	<ul style="list-style-type: none"> • Wraparound CMH • Intensive Supports & Resource Coordination (ISRCP) • Counselling and Therapy (70% est.) • Intensive Services (75% est.) 	Peel Region	0-18	n/a	\$2,144,226	INDSER# 617	Year-to-date reports
	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	Peel Region	0-18	n/a	\$65,045	INDSER# 299	Year-to-date reports

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)			
		Management/Service Coordination. The need for Transition Planning and Preparation is addressed.						
	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 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.	Peel Region Other: South Etobicoke	Children/youth and parents	n/a	\$213,956	INDSER# 840	Year-to-date reports
	William Osler Health System	William Osler Health System Intake Screener Peel Collaborative Intake Process				\$14,134	INDSER# 29	Case linking and client satisfaction questionnaires
Coordinated Access and Intake	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# 1,400	Implementation of a common screening tool for use by all core services providers is underway (ie., InterRAI-Screener)
	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	A standardized intake interview is currently being used. Implementation of a common screening tool for use by all core services providers is underway (ie., InterRAI-Screener)

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)			
	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	Implementation of a common screening tool for use by all core services providers is underway (ie., InterRAI-Screener)
	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. Coordinated 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# 720	Implementation of a common screening tool for use by all core services providers is underway (ie., InterRAI-Screener)
	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	\$210,824	MHUCYS# 840	Implementation of a common screening tool for use by all core services providers is underway (ie., InterRAI-Screener)

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)			
	William Osler Health System	Direct access via WOHS Child and Adolescent Clinic	North Peel and Caledon	0-18	n/a	\$185,102	MHUCYS# 571	Implementation of a common screening tool for use by all core services providers is underway (ie., InterRAI-Screener)

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 and Therapy Services)	Staffing/program delivery and access/referrals via the Peel Inclusion Resource Services (PIRS) Intake and Referral process
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 Peel Coordinated Intake Network, operated by PCC and Trillium Health Partners, Child and Adolescent Mental Health Services	Terms of reference (currently under review as part of PCIN priority) No formal agreement currently exists but recommendation for the development of an MOU for PCIN that includes physician referral process for Trillium as part of PCIN	Mental Health Services for Children and Youth (Centralized Intake) Currently Mental Health Services for Children and Youth (Centralized Intake) processes Trillium physician referrals. Process will become formalized as part of operationalization of Peel's Coordinated Intake Network (priority #1)	The former terms of reference are out of date but being updated as part of the PCIN project (see Part C, Priority Activity #1) Streamlining screening processes for children/youth who are referred for child and youth mental health services; and facilitating efficient access to C/Y mental health services, thus ensuring client is connected to right service to meet mental health needs. Primary care physicians are informed of the centralized intake process and the outcome of referrals.
Associated Youth Services of Peel, Peel Children's Aid, Peel Children's Centre	Partnership Agreement	Adolescent Team (CCB funding)	Includes staffing, program delivery and pathways through service (triage/information session, intake, progress review, discharge planning)

Associated Youth Services of Peel and Peel Children's Centre	MOU	Agreement for the provision of French Language Services, as required	Facilitates the process of transferring clients from AYSP to PCC as the Region's French Language Service Lead
Nexus Youth Services and Peel Children's Centre	MOU	Agreement for the provision of French Language Services, as required	Facilitates the process of transferring clients from Nexus Youth Services to PCC as the Region's French Language Service Lead

B.3: Core Services Report – 2015/16 Service Delivery Investment

1. Lead Agency Report

How has the experience of planning and implementing the 2015 Service Delivery Investment contributed to your development as a lead agency? Please consider: relationships with core services providers, identification of existing strengths and opportunities for improvement in the areas of leadership, service planning, funding and allocation, performance management, and service delivery and program alignment.

Following a collective needs analysis and a fulsome discussion at a daylong meeting, Peel's six Core Service Providers (CSPs) reached a consensus that the new 2015/16 service delivery investment should be directed towards Intensive Treatment Services – a recommendation that MCYS accepted. In Q4, AYSP and PCC recruited new Intensive Treatment Services staff who have begun to deliver services to more transitional aged (16-18 years) youth with complex mental health needs (TAYO at AYSP); more youth ages 15-18 with life-threatening behaviours and complex needs (DBT at AYSP); and more of Peel's children/youth with the highest and most complex needs (ICF 7-17 at PCC). After PCC's imminent recruitment of a French-speaking clinician, ICF service will also be available in French for francophone children/youth, addressing the need for more Tier 3 service in French identified by Peel's French-language school boards as part of the CSPs' needs analysis.

The process used to reach a consensus on this new investment and the subsequent collaboration and communication required for joint planning, monitoring and reporting have been an excellent pilot of how Peel's CSPs can work together when PCC transitions to mature Lead Agency status. Our partners CSPs provided very positive feedback about the experience, appreciating the understanding gained about Peel's CYMH service spectrum and the community's needs, as well as the transparency and fairness of the decision-making process. Building on last year's compilation of the Core Services Summary, the process enabled PCC to fine-tune our methods for efficiently collecting and assessing information as a service system. Out of our collective experience has come the Peel CSPs' recommendation (subject to MCYS approval) to begin a review of Brief Services in the Peel community. It is telling that the recommendation for this starting point for finding system efficiencies/improvements came from a staff member of a non-lead CSP.

Core Service Gap <i>Identify the core services gap(s) you targeted with the investment.</i>	Activities <i>Briefly summarize the related activities undertaken in 2015/16, including start-up activities</i>	Results Achieved <i>Describe the results and impact, including whether the results anticipated in the allocation plan were achieved.</i>
Intensive Treatment Services – Transitional Aged Youth TAYO (AYSP)	Recruitment, training of staff, clients served	Staff hired, training started and new clients served
Intensive Treatment Services – Dialectical Behaviour Therapy DBT (AYSP)	Recruitment, training of staff, clients served	Staff hired, training started and new clients served
Intensive Treatment Services - Intensive Child and Family 7-17 (PCC)	Recruitment, training of staff, clients served	Staff hired, training started and new clients served

Service Provider(s)	Core Service Detail Code	2015/16 Funding	2015/16 Actuals	Actuals #1: Children and Youth Served	Actuals #2: New CYMH Workers	Actuals #3: [Target identified in funding plan]	Actuals #4: [Target identified in funding plan]	Variance Explanations
Associated Youth Services of Peel	A353	\$28,719	\$28,719	TAYO – 8	TAYO – 1	TAYO – 8 off waitlist Wait time reduced to 3-4 months	To be determined in next fiscal period when clients complete service	
Associated Youth Services of Peel	A353	\$31,490	\$31,490	DBT – 4 plus 2 additional clients assigned, will be active by March 31/16 totaling 6	DBT – 1	DBT: there was a 20% increase in the total number of youth receiving service through DBT	To be determined in next fiscal period when clients complete service	
Peel Children's Centre	A353	\$90,317	\$90,317	ICF 7-17 – 6	ICF 7-17 – 2 (still actively recruiting 3 rd FLS staff)	Additional ICF clients in Q4: 6 children/youth	To be determined in next fiscal period when clients complete service	Still recruiting new FLS clinician so 6 new clients are all English-speaking
Total		\$150,526	\$150,526	20 more children/youth served	4 new CYMH workers			

Section C: Population Profile Summary

Lead agencies must complete a summary profile of the population in your service area. It is advised that you work with your support structures (e.g. knowledge brokers, ministry staff) to create the profile of the population you are serving. The population profile must include the following information:

- total child and youth population in the service area (current and projected);
- child and youth population in relation to specific factors including age, diversity (e.g. Aboriginal, Francophone), and geographic spread;
- data regarding potential population risk factors (e.g. lone parents, living in poverty, graduation rates) where available;
- changing demographics trends (e.g. significant influx of immigrants, increasing amount of children from 0-6 age range);
- trends and data regarding utilization of services where available;
- unique characteristics to your service area that will affect service planning; and
- any further information and data available.

Total child and youth population (ages 0 to 18 years):

- **Current:** 336,113 (*Statistics Canada estimate, 2014*). This is 23.7% of Peel's total population of 1,416,075. Peel has a larger percentage of children and youth aged 0-18 than the provincial population percentage (23.7% vs. 20.9%).
- **Projected:** Between 2015 and 2025, the population of children and youth in Peel is expected to increase at an average annual rate of 1.0%. By 2025, the child and youth population (0-18 years) in Peel is projected to be 370,998 (*Ontario Ministry of Finance projections, fall 2014*).

Specific demographic factors:

- **Visible minority:** 65.4% (217,720) of children/youth aged 0-18 in Peel are visible minorities, compared to Ontario's provincial proportion of 31.7% (*2011 National Household Survey*). The largest percentage of visible minorities aged 0-18 are South Asian (49.1%) and Black (18.1%).
- **Immigrant:** 57,470 children/youth (17.6% of the child/youth population aged 0-18) in Peel are immigrants (*Statistics Canada, 2011 National Household Survey*). By comparison, the Ontario average proportion of immigrant children/youth is 9.4%. 18.6% of Peel's immigrant children/youth are first generation immigrants, while 58.5% are second generation immigrants. The largest number come from Asia (69.5%) followed by the Americas (14.9%) and Europe (8.3%).
- **French mother tongue:** 1.2% (4,330) of children/youth ages birth to 19 have French as their mother tongue, compared to Ontario's provincial proportion of 3.5% (*Statistics Canada, 2011 Census*).

- **Non-official mother tongue:** 31.5% of children/youth aged 0-19 in Peel have neither English nor French as their mother tongue (*Statistics Canada, 2011 Census*). This is higher than the provincial proportion (17.1% of children/youth). The proportion is even higher for the overall population in Peel (44.2% of Peel residents have neither English nor French as their other tongue, compared to the provincial proportion of 25.7%). The top three non-official languages in Peel are Punjabi, Urdu and Chinese.
- **Aboriginal:** 2,310 children/youth ages 0-18 in Peel (0.7%) are aboriginal, which is below the provincial average of 3.4% (*Statistics Canada, 2011 Census*).
- **Education status:** 66% of adults aged 25-64 in Peel have a post-secondary qualification, which is above the provincial average of 64.8% (*Statistics Canada, 2011 National Household Survey*). 31.5% of adults in Peel have a university degree, which is also above the provincial average of 28.9%.
- **Potential population risk factors:**
 - **Low income:** 20.0% of the total population in Peel live in low-income households, a rate higher than the provincial average of 18.0%. (*Statistics Canada, Small Area and Administrative Data, Census Family Data, 2013*).
 - **Lone-parent families:** 10.0% of families in Peel Region are lone-parent families, which is higher than the provincial average of 9.8%. (*Statistics Canada, Small Area and Administrative Data, Census Family Data, 2013*). 83.8% of the lone-parent families are led by a female and 16.2% by a male.
 - **Unemployment:** 8.9% of Peel's population aged 15 and over is unemployed, higher than the provincial average of 8.3% (*Statistics Canada, 2011 National Household Survey*). Amongst youth aged 15-24, the unemployment rate is 22.3%, higher than the provincial rate of 20.2%. 53.2% of 15-24 year olds in Peel are employed or actively looking for jobs, which is lower than the provincial youth participation rate of 58.6%.

Changing demographic trends:

- The settlement of Syrian refugees in Peel, many of whom are at risk for Post-Traumatic Stress Disorder and other mental health challenges, will eventually result in a need for mental health services for their children and youth. Fundamental needs (food, shelter, education and healthcare) will take priority in the immediate future, but eventually their mental health needs will surface.

Unique characteristics in the Peel Service Area:

- As documented by the Fair Share for Peel Task Force, provincial funding of social services, including child and youth mental health, has failed to keep pace with Peel's rapid population growth. The national Consumer Price Index has grown by 49.6% since 1991, yet base funding for children's mental health services has grown by a net of only 2% over the same period.

- The new CYMH funding model must incrementally correct the historical CYMH funding disparity between slower and faster growing communities. Peel's 1.0% projected annual growth rate for the child/youth population, compared to the provincial rate of 0.7%, means that Peel will require a larger funding growth rate than the provincial average.
- Per the analysis prepared by MCYS' Strategic Information and Business Intelligence Branch, Regions like Peel with a high percentage of immigrants tend to have a higher unemployment rate. *(Note: this correlation does not imply causation.)* This socio-economic factor has the potential to negatively impact mental health.
- Peel has the highest proportion of visible minorities (65.4% of the child/youth population) of any service area in Ontario. The incredible diversity of Peel's population, including many immigrant families with a mother tongue other than English, creates significant interpretive and cultural challenges to providing mental health services.
- The youngest age cohort (0-5 years) is predicted to grow more rapidly than the 6-11 or 12-18 cohorts from now until 2020, meaning that there will be an increased demand for mental health services for the preschool population over the next few years.
- At the opposite end of the youth age spectrum, unemployment amongst 15-24 year olds in Peel, at 22.3%, was the highest of all the Phase 1 service areas in Ontario. This high non-participation rate could be a risk factor for mental health challenges.

Trends and data regarding utilization of services (where available)

- N/A at this time.

Section D: Engagement Activities

Lead agencies must complete a summary describing their engagement efforts in the 2015/16 fiscal year. The engagement summary should include:

- how core service providers were engaged in the development of the plan (including mechanism, frequency, purpose, outcomes and challenges);
- how providers that serve diverse populations were engaged, including Aboriginal and Francophone-serving providers;
- how families and youth were engaged, in a manner that reflects the diverse population of the service area, and how that may have informed the plan; and
- any challenges regarding engagement and how the lead agency proposes to address those moving forward.

CORE SERVICE PROVIDER ENGAGEMENT

PCC has regularly engaged Peel's six Core Service Providers (CSPs) – Associated Youth Services of Peel, Nexus Youth Services, PCC, Rapport Youth & Family Services, Trillium Health Partners and William Osler Health System – in implementing the three priorities of the 2014/15 CSDP: operationalization of PCIN; a system-wide mechanism for youth engagement; and a system-wide mechanism for family engagement. CSPs have also been engaged in fulfilling PCC's system management requirements under SDS A357 and in developing recommendations for the allocation of MCYS' new investment in CYMH core services.

System-wide engagement (not specific to the three CSDP priorities)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
CSP planning table PCC's System Management team; EDs & Directors/ Managers of CSPs; MCYS Program Supervisor; PCIN consultant	Quarterly (Will be more frequent in 2016/17)	Agendas vary; have included: <ul style="list-style-type: none"> • MOMH updates (local, regional, provincial); Q&A and feedback • Planning to achieve CSDP deliverables • PCIN implementation • New Core Services funding allocation • Developing 2016/17 CSDP 	<ul style="list-style-type: none"> • See below for specifics on PCIN • Table has begun to draft formal terms of reference to be completed early in 2016/17 • Delivery of 2015/16 priorities • Planning for 2016/17 priorities 	<ul style="list-style-type: none"> • Scheduling to accommodate schedules of all six CSPs • Venues to accommodate staff for these full-day meetings
Templates on service needs/gaps Each agency completed templates provided by PCC	Once (Q3)	<ul style="list-style-type: none"> • Analysis informed a multi-agency discussion at a meeting on Dec. 8 in advance of PCC's submission regarding MCYS' new investment in core services 	<ul style="list-style-type: none"> • Clearer understanding of service system needs/gaps • Consensus reached on recommendation to MCYS for allocating the new funding 	<ul style="list-style-type: none"> • Some service needs (e.g. more day treatment desks) involve service partner decisions and could not

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
				have been achieved within MCYS' timelines
Review/Updating of Core Services Summary for CSDP Each agency updated its section of the CS Summary	Once (Q4)	<ul style="list-style-type: none"> Required for 2015/16 CSDP 	<ul style="list-style-type: none"> Updated section received from each agency Provided greater clarity around service targets and budgets and will inform movement to Accountability Agreement and subcontracts next year 	<ul style="list-style-type: none"> Understanding target changes compared to 2014/15 CSDP
Board to Board meeting Representatives of 6 CSP Boards & Senior Management	One held (Sept. 30/15)	<ul style="list-style-type: none"> Provide overview of MOMH Begin a dialogue on governance issues associated with MOMH 	<ul style="list-style-type: none"> Initial engagement of Boards of all CSPs 	<ul style="list-style-type: none"> Scheduling and attendance (Board members are volunteers with competing priorities) but all Boards were represented
Town Hall meeting Invitation sent to staff of Peel's six CSPs; approx. 200 attended	One held (Nov. 10/15)	<ul style="list-style-type: none"> Provided high-level overview of MOMH and local progress Opportunity for Q&A, feedback 	<ul style="list-style-type: none"> Initial engagement of staff of all CSPs 	<ul style="list-style-type: none"> Attendance (staff have competing priorities; impossible to get 100% attendance but the turnout was good)
Moving on Mental Health – Lead Agency Progress Report Distributed to CSPs (for their broader distribution within each CSP) and to related CMHP sectors	Quarterly	Provide regular updates and consistent messaging on MOMH progress locally (Peel's CSDP, CMHP and SDS A357), regionally and provincially; in English and French	3 Progress Reports produced in 2015/16 (May, October, February). Goal for 2016/17 is to have regular quarterly reports.	Provincial delay in releasing a visual identifier for MOMH. PCC developed a template that reflected MCYS' MOMH look, but with PCC's logo.

Priority #1: Operationalize the Peel Coordinated Intake Network (PCIN) model

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
PCIN Implementation Committee	Quarterly	Oversee the implementation of PCIN so that families, youth and referral sources can clearly identify	Achieved deliverables of Priority #1 in 2014/15 CSDP (see Section E Report Summary)	

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Members from all CSPs; PCIN Consultant		the “front door” to CYMH services in the Peel Service Area		
Pilot of 3rd Party Referrals with AYSP staff and Peel Crisis Capacity Network (PCCN)	Several meetings	To pilot new 3 rd party referral form/process for PCIN	Pilot still ongoing in Q4; full rollout in 2016/17	
Meetings with Trillium Health Partners (THP)	Numerous	THP worked with PCIN to transfer the completion of THP’s CYMH intakes from Trillium to PCIN	<ul style="list-style-type: none"> PCIN is completing all of THP’s CYMH intakes, including those from Primary Care practitioners THP’s Intake worker has become a virtual member of PCIN team 	<ul style="list-style-type: none"> A large volume of intakes has come onto the PCIN workload, resulting in delays in intake completion and the need to hire another Intake worker
Diversity Considerations Workshop; follow-up working group 24 staff from all CSPs attended the workshop; 8 attended the forum	Twice (workshop in July; working group in December)	Develop culturally sensitive questions for the Intake form in order to increase capacity to respond to the clinical service needs of Peel’s diverse families	<ul style="list-style-type: none"> 6 questions developed Small working group (from the PCIN Implementation Committee) continues to work on scripts, training and implementation 	<ul style="list-style-type: none"> Work began while interRAI Screener and its link to a new common clinical database were under development. Changes are needed to integrate questions with Screener.
InterRai Implementation Team 25 members: CPRI staff; Lead Agency System Planning staff; & managerial/supervisory and frontline clinical staff from all CSPs	Bimonthly beginning in October	Oversee implementation of the interRAI suite of CYMH clinical tools by all CSPs in the Peel Service Area in order to: develop a shared understanding of Peel’s CYMH clients; inform treatment planning; and generate data to meet MCYS’ requirements	<ul style="list-style-type: none"> Successful collaborative management of interRAI implementation across Peel Note: implementation of ChYMH is being broken out as its own CSDP Priority in 2016/17 	
InterRAI training All PCIN staff and appropriate clinical staff of all 6 CSPs	18 days of training: 2 days for Screener; 16 days for ChYMH	Train appropriate intake and clinical staff in all CSPs on the new screening and assessment tools for the Peel Service Area	230 staff trained: <ul style="list-style-type: none"> 30 PCIN intake staff (from all CSPs) trained on the Screener 200 clinical staff across all 6 CSPs in the Peel service area trained on the ChYMH 	

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
InterRAI competency testing For staff trained on the InterRAI tools	Feb – Apr 2016	Ensure that all Peel Service Area staff trained on the interRAI tools are competent to use them	All staff trained on the interRAI tools will be competent, or will undertake remediation to gain competency	<ul style="list-style-type: none"> The tools have a high pass threshold (80% or 82%), but each staff can have up to 3 tries on the test. Pass rates to date have been good (>90%)
InterRAI Training Team 10 staff from across the Peel CSPs	“Train the Trainer” event on Feb 10/11, 2016	Train a team of clinical staff who will support other staff across the CSPs in Peel with interRAI training, competency testing and implementation	Staff at all agencies are trained to support colleagues on interRAI ChYMH and Screener	
Implementing InterRAI in Peel newsletter Distributed via InterRAI Implementation Committee to Intake and clinical staff in six CSPs	Quarterly	Provide regular updates and consistent messaging on the implementation of the interRAI tools	4 newsletters produced in 2015/16	<ul style="list-style-type: none"> Lack of branding for MOMH (developed a non-branded masthead)
Demonstration of software for potential common clinical database For any interested staff of six CSPs	2 sessions (Feb 18 and 24, 2016)	PCC arranged for EMHware to demonstrate its web-based database software, which has the capacity for client-level case notes/reports, referral tracking, case management/ program tracking, workload measurement, appointment scheduling, data collection and reporting	<ul style="list-style-type: none"> AYSP and Nexus have agreed to join PCC in a shared clinical database Rapport is considering its options (currently uses Penelope) Note: the clinical database project is being broken out as its own CSDP Priority in 2016/17 	<ul style="list-style-type: none"> Hospital-based CYMH clinics need to integrate with hospitals’ patient information systems Hospitals need to work with more than one CYMH Service Area (and more than one database system)

Priority #2: Develop a system-wide mechanism for youth engagement (YE)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Working Group (members from all CSPs)	3 meetings	<ul style="list-style-type: none"> Identify, create and sustain opportunities for YE across the Peel Service Area 	<ul style="list-style-type: none"> Drafted Terms of Reference Completed the Centre of Excellence's online YE module 	

			(orientation to evidence-informed practice)	
Meeting with Peel's CSP planning table	1 st meeting set for April 19, 2016	<ul style="list-style-type: none"> Engage senior leaders of CSPs to share YE Coordinator's findings on implementing YE as an evidence-informed practice Facilitate Peel Service Area-wide collaboration 	<ul style="list-style-type: none"> TBD 	<ul style="list-style-type: none"> Running slightly behind schedule due to competing demands for CSPs' time (had to postpone until the new fiscal year)
YE Workshops for a broad range of staff of all CSPs on concept of YE	In planning stage	<ul style="list-style-type: none"> Develop a common/shared understanding across the Peel Service Area on the concept of YE 	<ul style="list-style-type: none"> Workshop plan created Supporting materials developed Workshops delivered 	Workshops delayed until early in new fiscal year due to competing demands for CSPs' time
YE Training for relevant staff of all CSPs	In planning stage	<ul style="list-style-type: none"> Train staff on implementing YE as an evidence-informed practice 	<ul style="list-style-type: none"> TBD 	

Priority #3: Develop a system-wide mechanism for family engagement

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Collaboration with Centre of Excellence for Child and Youth Mental Health (PCC's FE Coordinator; CoE's Knowledge Broker)	Several meetings	<ul style="list-style-type: none"> Build upon and learn from the CoE's expertise in family engagement 	<ul style="list-style-type: none"> PCC's FE Coordinator contributed to the publication, <i>Best Practices in Engaging Families in Child and Youth Mental Health</i> 	<ul style="list-style-type: none"> Clarifying/determining roles, e.g. is CoE a leader or a resource
Meeting with Peel's CSP planning table	1 st meeting set for April 19, 2016	<ul style="list-style-type: none"> Engage senior leaders of CSPs to share FE Coordinator's findings on implementing FE as an evidence-informed practice Facilitate Peel Service Area-wide collaboration 	<ul style="list-style-type: none"> TBD 	<ul style="list-style-type: none"> Running slightly behind schedule due to competing demands for CSPs' time (had to postpone until the new fiscal year)
Working Group (members from all Peel CSPs)	After April meeting with CSP table	<ul style="list-style-type: none"> Identify, create and sustain opportunities for YE across Peel 	<ul style="list-style-type: none"> TBD 	

Outreach to families	In planning stage	<ul style="list-style-type: none"> Hear firsthand from families about their access and service needs 	<ul style="list-style-type: none"> TBD 	
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System Management (SDS A357)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Questionnaire on CSPs' IT, HR and financial systems	One questionnaire	<ul style="list-style-type: none"> Gather information about CSPs' systems to determine their capacity to meet SDS A357 requirements for performance and financial management 	<ul style="list-style-type: none"> Completed by every CSP in Peel service area 	<ul style="list-style-type: none"> Development of a thorough questionnaire (piloted at PCC) Time pressures at all agencies
Meetings with PwC, consultant compiling the inventory of CSPs' systems	1 half-day meeting per CSP	<ul style="list-style-type: none"> Gather further information to gain full picture Provide opportunity for dialogue, including CSPs' needs, concerns and views 	<ul style="list-style-type: none"> Meetings held with every CSP Positive feedback on the process from every CSP PwC prepared report for PCC; will be shared with CSPs 	<ul style="list-style-type: none"> Short timelines to schedule meetings in order to complete project before fiscal year-end

ENGAGEMENT OF PROVIDERS THAT SERVE DIVERSE POPULATIONS (including francophone and aboriginal)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Template about CYMH services for Community Mental Health Plan (CMHP)	One template; several follow-up discussions	<ul style="list-style-type: none"> Map CYMH services in Peel that are comparable to Core Services, but not delivered by Core Service Providers 	<ul style="list-style-type: none"> Distributed to key sectors Information collected from 3 of 4 school boards Template translated into French for francophone school boards to complete 	<ul style="list-style-type: none"> Lack of French language mechanisms; need to translate documents Lack of time both for PCC to meet with other sectors, and for sectors to complete the template (some have not returned it)
Meeting with school boards (including francophone boards)	One meeting (summer 2015)	<ul style="list-style-type: none"> Begin dialogue in preparation for developing CMHP for Peel Service Area 	<ul style="list-style-type: none"> Good engagement; well attended by all four school boards 	<ul style="list-style-type: none"> Competing priorities for people's time has made it hard to schedule meetings on an ongoing basis

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Template to identify service gaps/ pressures in school boards' CYMH services	One template; follow-up discussions	<ul style="list-style-type: none"> Obtain school boards' advice on service gaps/needs to inform recommendations to MCYS on the allocation of new funding for core services 	<ul style="list-style-type: none"> Funding of first Intensive Treatment Services francophone clinician was a response to needs identified by francophone school boards 	<ul style="list-style-type: none"> Lack of French language mechanisms; need to translate documents
Discussions within PCC about French language services PCC (MOMH Team) & PCC (Peel's provider of French CYMH services)	Multiple discussions	<ul style="list-style-type: none"> Assess current FLS outreach and services, including service needs/gaps 	<ul style="list-style-type: none"> When MCYS provided new funding for Core Services, PCC identified the need for additional French language services within Intensive Treatment Services. One new FLS clinician is being recruited. 	<ul style="list-style-type: none"> Recruiting qualified French-speaking candidates
Consultation with community partners for CMHP Consultant plus school boards, LHINs, youth justice, CAS, public health, CMHA	8 meetings (more to occur in 2016/17)	<ul style="list-style-type: none"> Seek advice on CYMH planning mechanism for CMHP 	<ul style="list-style-type: none"> Initial feedback compiled; see CMHP Consultations in early 2016/17 will include developmental services, French-language school boards, newcomer/multicultural services, faith leaders and police 	<ul style="list-style-type: none"> Consultation with French-language school boards (MH leads at both boards recently resigned or retired)
Discussion with AYSP re Aboriginal outreach/services PCC and AYSP (lead agency for services to Aboriginal youth)	Once	<ul style="list-style-type: none"> Gain understanding of services that AYSP offers to Aboriginal youth, and opportunities for outreach as part of MOMH 	<ul style="list-style-type: none"> Beginning of future work, in partnership with AYSP, to engage with Aboriginal youth 	<ul style="list-style-type: none"> PCC has not been a service-provider for Aboriginal youth so an exploratory stage is necessary before planning and implementation with AYSP

Section E: Priority Report Summary:

Phase one lead agencies must complete a progress report summary **for each** of the priorities identified in their 2014/15 CSDP (see Appendix B for sample template). The progress report summary must include:

- the status of the identified priority, including what progress has been made against the deliverables described in the 2014/15 CSDP and what measures were used to determine progress on the deliverables;
- the partners that were involved in addressing the priority and their role in doing so; and
- any challenges/concerns that affected the plan to implement the priorities, and how these challenges were addressed.

PCC's 2014/15 CSDP identified the following three key priorities:

- 1) Complete work to operationalize the Peel Coordinated Intake Network (PCIN) model
- 2) Development and implementation of a system-wide mechanism for youth engagement (YE)
- 3) Development and implementation of a system-wide mechanism for family engagement (FE).

The work to operationalize **PCIN** has proceeded very well, with all deliverables achieved except one (implementation of a web-based common database for all Core Service Providers) that is running slightly behind schedule but is on track to be achieved in 2016/17.

The Peel Service Area is on track to develop a system-wide mechanism for **YE** in 2016/17. There have been timing differences for some of the 2015/16 deliverables, as the planned workshops on the concept of YE have purposely been postponed until Q1 of 2016/17 due to the difficulty of freeing up CSP staff during the heightened activity system-wide in Q4 as a result of demands on staff time for training and planning to achieve the first priority (operationalization of PCIN).

The work to develop a system-wide mechanism for **FE** is also progressing well. As coordination of FE in Peel is a new undertaking compared to YE (which already had great success at Nexus Youth Services), the FE work has focussed more on the initial analysis and environmental scan, with the Working Group delayed until 2016/17, when staff of CSPs should be more available to participate. Nonetheless, the Peel Service Area is on track to begin developing a plan for enhanced Core Service capacity around FE in 2016/17.

Priority Identified	Complete work to operationalize the Peel Coordinated Intake Network (PCIN) model		
Partners involved	PCC (Lead Agency) and Peel's Core Service Providers: Associated Youth Services of Peel; Nexus Youth Services; Peel Children's Centre; Rapport Youth & Family Services; Trillium Health Partners; and William Osler Health System		
Status this period			
	<p><i>Red – considerable slippage and a significant risk that the completion date will not be met</i></p> <p><i>Amber – a possibility of some slippage but the issues are being dealt with</i></p> <p><i>Green – on track and should be completed by the target date</i></p>		

Project Description

[Very brief details of background, objectives, rationale, scope, etc.]

PCC continued to work collaboratively with all core service providers on the implementation of PCIN in support of Coordinated Access/Intake for the CYMH core service system in the Peel Service Area. This revisioning project has been ongoing for five years and is aligned with *Moving on Mental Health* expectations for Coordinated Access/Intake processes. The key deliverables identified for 2015/16 were:

- Standardized, evidence-based intake/assessment/outcome tool
- Community referral process
- Web-based common database for all core service providers

PCC contracted with a consultant (Helen Mullen-Stark) to support this project.

Next steps in 2016/17 will include the approval of the implementation plan for PCIN and the beginning of full operationalization.

Progress Against Key Milestones

<i>Deliverable (as identified in the 2014/15 CSDP)</i>	<i>Date of completion</i>	<i>Demonstrable Progress</i>	<i>Next Steps</i>
Standardized, evidence-based intake/assessment/outcome tool	<ul style="list-style-type: none"> • Contracted with Consultant: Q1 • Tool confirmed with PCIN Steering Committee (which has become the CSP planning table): Q1 • Implementation strategy: Q2-Q3 • Modified Intake process with Trillium Health Partners: Q2-Q3 • Training: Q3; Competency testing: Q4 • Community of practice: Q3-Q4 & ongoing into 2016/17 	<ul style="list-style-type: none"> ✓ All CSD providers decided to adopt the interRAI™ Child and Youth suite of standardized, evidence-based tools. ✓ The PCIN Implementation Committee developed an implementation strategy. ✓ The training team at CPRI worked with the Peel interRAI Implementation Committee to plan a training program for staff across the six CSD organizations on the interRAI Screener (for access/intake) and ChYMH (for assessment and clinical outcomes). Training was completed on schedule and competency testing is underway, with all staff across the service area to have completed competency testing by April 2017. ✓ The Intake form has been revised and approved to reflect diversity considerations and the integration of the InterRai Screener, ensuring that the form avoids duplication and complements the information being captured in the InterRai Screener. Consideration is being given to whether the report generated upon completion of the InterRAI Screener can become the primary intake document, thus creating further efficiencies in the collection of clinical information and meeting data needs. 	<ul style="list-style-type: none"> • Implementation plan will be finalized in April 2016 • Monitor implementation in 2016/17

		<ul style="list-style-type: none"> ✓ Several communities of practice have been created and are active. See the Engagement Summary (Section D) for details on the mechanisms that support PCIN. 	
Community referral process	<ul style="list-style-type: none"> • Forms finalized: Q1 • Communications strategy: Q1-Q2 • Roll out to key community referral sources: Q3 	<ul style="list-style-type: none"> ✓ The Community Referral and Consent Forms have been finalized. ✓ The forms and process are being piloted with one of Peel's community partners (Peel Crisis Capacity Network) in collaboration with Associated Youth Services of Peel. ✓ The pilot is still underway and will be completed within this quarter, following which the results will be reviewed and modifications made if necessary. 	<ul style="list-style-type: none"> • Monitor implementation: ongoing into 2016/17
Web-based common database for all core service providers	<ul style="list-style-type: none"> • Identification: Q1-Q2 • Decision and purchase: Q4 	<ul style="list-style-type: none"> ✓ PCC has reviewed web-based clinical data systems; identified a preferred system/vendor; and discussed the findings/recommendations with CSD partners. ✓ System demonstrations are underway with the aim of procuring the new system by early spring 	<ul style="list-style-type: none"> • Implementation & training: Q1-Q2, 2016/17 • Support/monitor implementation: Q3 and ongoing, 2016/17
Future years' activities	2016/17 and onward	<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"> • See Section F for 2016/17 Priorities

Achievements over this period	
<p><i>What activities did you complete as you worked towards addressing this identified priority?</i></p> <ul style="list-style-type: none"> All anticipated activities have been completed per the above chart, with the exception of the implementation of the Web-based common database for all CSPs, which is running one quarter behind schedule due to other demands that consumed CSPs' time (see below). 	
Challenges and Issues	
<i>Issue that arose</i>	<i>Issue mitigation</i>
<p>As a result of ongoing discussions and collaboration with Trillium Health Partners (THP), PCIN intake workers are now completing the majority of THP's CYMH intakes, including referrals from Primary Care doctors. This modified process, unforeseen in last year's CSDP, was launched in October 2015. While constituting excellent progress towards Coordinated Access/Intake in Peel, this change significantly impacts volume levels and PCIN's intake completion capacity. The only way to manage the increased volume is to hire an additional intake worker, adding to PCIN's operating costs in 2016/17.</p> <p>A further issue was the loss of working time towards the procurement of a web-based common database in order to involve Peel's CSPs in making recommendations on the allocation of MCYS' new core services investment. PCC engaged all CSPs in an evidence-informed analysis of core service gaps/needs in order to make a recommendation to MCYS. The new services are very good news for the Peel community but as a result, we are running behind schedule on this deliverable.</p>	<p>The revised intake process is being closely monitored to inform system adjustments. PCC is hiring an additional Intake Worker for PCIN to manage the large volume increase. In addition to the added staffing costs, this increase in the size of the Intake team will necessitate an office redesign, including capital costs for minor renovations to accommodate the extra staff. PCC will address the resulting cost pressures in its report on the capacity-building funding for System Management (SDS A357).</p> <p>The procurement of the web-based common database is proceeding and will continue into 2016/17.</p>

Priority Identified	Development and implementation of a system-wide mechanism for youth engagement (YE)	
Partners involved	PCC (Lead Agency) and Peel's Core Service Providers: Associated Youth Services of Peel; Nexus Youth Services; Peel Children's Centre; Rapport Youth & Family Services; Trillium Health Partners; and William Osler Health System	
Status this period		<p><i>Red</i> – considerable slippage and a significant risk that the completion date will not be met</p> <p><i>Amber</i> – a possibility of some slippage but the issues are being dealt with</p> <p><i>Green</i> – on track and should be completed by the target date</p>
Project Description		

Over the past several years, youth engagement (YE) has made inroads as a guiding service principle amongst all of Peel’s Core Service Providers (CSPs), most notably Nexus Youth Services (NYS), which has integrated YE into service design, delivery and evaluation across all its programs. In its 2013 re-accreditation, NYS met all the YE standards of the Canadian Centre for Accreditation, with the accreditation review team describing NYS as “a model for other organizations to learn from”. Similarly, the Peel Coordinated Intake Network (PCIN), a partnership of all CSPs in the Peel Service Area, also engaged youth in the revisioning of Centralized Intake, gathering feedback through focus groups on youth’s experiences with accessing mental health services, so as to design a network access mechanism to accommodate their needs.

Building on success, and given *Moving on Mental Health’s* requirement for all CYMH agencies to engage youth in an evidence-informed, planned and thoughtful process, PCC recognized the opportunity to include all six CSPs in the development and implementation of YE in Peel.

The Ontario Centre of Excellence for Child and Youth Mental Health (CoE) is known for its expertise in YE. As such, PCC has entered into a formal partnership plan with the CoE and is working with one of its knowledge brokers 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 these reasons, a priority activity for the Peel Service Area continues to build upon and expand existing YE efforts in the development and eventual implementation of a system-wide mechanism for YE.

Progress Against Key Milestones

<i>Deliverable (as identified in the 2014/15 CSDP)</i>	<i>Date of completion</i>	<i>Demonstrable Progress</i>	<i>Next Steps</i>
Develop plan to lay groundwork for youth engagement (YE) in the Peel service area	Q3	✓ Four-phase work plan to support the planning, implementation, and enhancement of YE practice across Peel has been approved.	<ul style="list-style-type: none"> • PCC’s Youth Engagement Coordinator (YEC) is working to carry out work plan deliverables in partnership with the Youth Engagement Working Group (YEWG) and youth.
Document successes and lessons learned from NYS case study on YE	Q4	✓ NYS’ successes and lessons learned will be presented as a case study in Peel’s YE Environmental Scan report, scheduled to be completed in Q1 of 2016-2017	
One-hour workshops on concept of YE delivered to all agencies	Q4	<ul style="list-style-type: none"> ✓ Workshop concept has been drafted ✓ Plans for delivery have been postponed to next fiscal year, allowing for integration of report 	<ul style="list-style-type: none"> • Draft presentation (including environmental scan findings) will be shared with YEWG in Q1 of upcoming fiscal year • Presentation will be shared with governing bodies in Q2-Q3

		findings from Peel's YE environmental scan ✓ Target audience has shifted to governing structure of each agency	
Develop system-wide mechanism for YE to be used in Peel service area	On-going	✓ Currently facilitating environmental scan which include semi-structured interviews, focus groups, and review of agency documents	<ul style="list-style-type: none"> Based on environmental scan findings, and in partnership with youth, YEWG will develop a set of goals for moving forward with YE in Peel, and establish an evaluation framework for monitoring successes, challenges and impact

Achievements over this period

What activities did you complete as you worked towards addressing this identified priority?

The following is a list highlighting successful YEWG activities to date:

- (1) the approval of a four-phase work plan to support the planning, implementation, and enhancement of YE practice across Peel
- (2) The development of Terms of Reference which outline the commitment of core service providers and guidelines for working as a collective to strengthen YE practice in Peel
- (3) The completion of the CoE's online YE module which oriented YEWG members to YE as an evidence-informed practice
- (4) The recruitment of five Youth Researcher volunteers who will work in partnership with PCC's YEC to facilitate a series of focus groups, and develop a community report/presentation outlining Peel's current capacity for youth engagement, while identifying opportunities for growth
- (5) PCC's YEC has met with over twenty-five professionals, community partners, and youth to brainstorm, consult, and begin developing strategies for strengthening youth engagement practice in Peel
- (6) Eight meetings with the CoE whereby knowledge brokers have provided support and resources to facilitate collaboration and knowledge exchange regarding YE principles
- (7) The facilitation of seven semi-structured interviews with a staff representative from each CSP.

Challenges and Issues

<i>Issue that arose</i>	<i>Issue mitigation</i>
In the fall of 2015 (September-December), PCC's YEC went down to part-time status which delayed the execution of some activities predicted to take place in the third and fourth quarter of the 2015-2016 fiscal year.	The YEC returned to full-time status in January 2016 and with leadership from the YEWG, timelines were amended to reflect realistic expectations, and ensure activities could be completed with attention and care. In particular, YEWG members recognized the importance of the environmental scan, and wanted to provide the necessary time needed for stakeholder consultation and youth involvement.

Priority Identified		Development and implementation of a system-wide mechanism for family engagement (FE)	
Partners involved		PCC (Lead Agency) and Peel’s Core Service Providers: Associated Youth Services of Peel; Nexus Youth Services; Peel Children’s Centre; Rapport Youth & Family Services; Trillium Health Partners; and William Osler Health System	
Status this period		  	<p><i>Red – considerable slippage and a significant risk that the completion date will not be met</i></p> <p><i>Amber – a possibility of some slippage but the issues are being dealt with</i></p> <p><i>Green – on track and should be completed by the target date</i></p>
Project Description			
[Very brief details of background, objectives, rationale, scope, etc.]			
<p>The Core Service Providers (CSPs) 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 historic agency-specific context and conceptualize family engagement (FE) 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 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.</p> <p>The Ontario Centre of Excellence for Child and Youth Mental Health (CoE) is known for its expertise in FE. As such, PCC has entered into a formal partnership plan with the CoE and is working with one of its knowledge brokers 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 2016/17. As such, the development and eventual implementation of a system-wide mechanism for FE is a priority activity for the Peel service area.</p>			
Progress Against Key Milestones			
Deliverable (as identified in the 2014/15 CSDP)	Date of completion	Demonstrable Progress	Next Steps
Develop plan to lay groundwork for coordinated family engagement (FE) in the Peel service area	Started and will continue in 2016/17.	✓ A part-time Family Engagement Coordinator (FEC) was hired. The FEC participated in the development of the Family Engagement Curriculum with the CoE in 2011.	<ul style="list-style-type: none"> Engage community service partners in a coordinated effort to establish a Working Group and develop a plan for enhanced core service capacity around FE in Peel Region.

		<ul style="list-style-type: none"> ✓ Preliminary Environmental Scan completed, and includes an inventory of existing FE practices within the Peel Service Area. ✓ The CoE completed and distributed an Evidence In-Sight Report which identifies best and emerging practices in FE outside of the Peel Service Area. 	<ul style="list-style-type: none"> • Complete a more thorough Environmental Scan with engagement of CSPs and families.
Develop system-wide mechanism for FE to be used in the Peel Service Area	Deferred to 2016/17	✓ Deferred to 2016/17	<ul style="list-style-type: none"> • This will be initiated in 2016/17 with an established Working Group consisting of service providers and family members.

Achievements over this period

What activities did you complete as you worked towards addressing this identified priority?

- A FEC was hired on a part-time basis as of November 1, 2015.
- The FEC has met four other FECs from other regions to brainstorm, consult and begin developing strategies for FE practices in Peel.
- Five meetings have occurred with the Ontario Centre of Excellence whereby Knowledge Brokers have provided support and resources to facilitate collaboration and knowledge exchange regarding FE principles and partner engagement.
- A Preliminary Environmental Scan outlining current FE practices in the Peel Service Area was completed.

Challenges and Issues

<i>Issue that arose</i>	<i>Issue mitigation</i>
Due to multiple demands on the time of senior leaders of all CSPs, it was not possible for the FEC to meet with them during this fiscal year to discuss the priority of FE.	A meeting is scheduled for April 19, 2016 to formally introduce the FEC to all CSPs and to facilitate contact to initiate a Working Group.

Section F: 2016/17 Priorities

Lead agencies must identify **three** priorities for 2016/17 (see Appendix C for sample template). These priorities should focus on the delivery and planning of core services (priorities involving working with broader sector partners will be captured in the 2015/16 Community Mental Health Plan). These priorities may build on the ones identified for 2015/16. Priorities could focus on the following areas (note that this is not an exhaustive list):

- Availability of core services (specific core service, geographic area, age, demographic);
- Improving service quality/responsiveness based on client feedback and other inputs; and
- Formalizing relationships with another core service provider.

For identified priorities, the description must be accompanied by:

- clear rationale and objective supported by evidence and the problem that is being addressed;
- description of the process by which priorities were established, including associated engagement efforts;
- detailed workplan for addressing the priorities including milestones/deliverables, timeframes, indicators of success, targets and desired results; and
- roles and responsibilities, including documenting lead agency activities and commitments from partners.

Name of Priority #1: Implementation of Peel Coordinated Intake Network
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<p>Rationale: This priority continues from the previous year's CSDP. The same rationale applies.</p>

<p>PCC will continue to work collaboratively with all CSPs (CSPs) 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 five 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>
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<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>
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<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>

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.

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 CSPs.

The Implementation Design Sub-Committee and Steering Committee, with representation from all MCYS-funded CSPs, met jointly on two occasions in 2014/15 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 continued to align with system transformation goals. Two agencies piloted the current version of the standardized intake protocol and PCIN has moved forward collectively to incorporate the issue of diversity into the protocol. Senior clinical staff of the six CSPs also expressed interest in exploring the integration of common intake-outcome measures into the intake protocol, which was one of the key activities under this first service priority.

Note: in the 2014/15 CSDP, this priority included two deliverables that will break out as discrete priorities this year:

1. Common assessment/outcome tool (the interRAI ChYMH). This is a different tool than the interRAI Screener that has been implemented for PCIN. As such, it should be a separate priority.
2. A common clinical database. While the technological database solution that will support PCIN (i.e. Central Intake module) will remain as part of the PCIN priority, a common CIS solution for all other clinical information and data is a more complex project as each organization’s data will require segregation for clinical purposes and integration for reporting purposes. The procured CIS solution will house all CYMH clinical information and data for each of the four community-based agencies (Associated Youth Services, Nexus Youth Services, Peel Children’s Centre and Rapport Youth & Family Services). As such, it is broader than the intake process/portal and should also be defined as its own priority.

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

Deliverable(s)	Task(s)	Estimated Timelines
Implement standardized, evidence-based intake tool (interRAI Screener)	<ul style="list-style-type: none"> • Complete competency testing for all staff who complete intakes in the service system; train new Intake staff • “Train the Trainer” session for Screener training/support • “Go Live” date for Screener • Incorporate interRAI Screener into intake process • Align intake information currently collected as part of the Intake form with interRAI Screener in order to reduce duplicate recording • Communities of Practice 	<ul style="list-style-type: none"> • Q1 & ongoing • Q1 • Q1 • Q1 • Q1-Q3 • Ongoing

Implement community referral process	<ul style="list-style-type: none"> • Complete pilot of Third Party Referral and Consent forms • Make necessary modifications to documents and process based on pilot feedback • Finalize Third Party documents and process • Develop communications strategy to roll out forms to key community referral sources 	<ul style="list-style-type: none"> • Q1 • Q2-Q3 • Q3-Q4 • Q3-Q4
Adjust intake process, standards, procedures and protocols	<ul style="list-style-type: none"> • Revise transfer protocols across agencies/programs as required • Review/standardize information-sharing practices/protocols and clarify privacy requirements • Review/revise eligibility criteria for all services provided by PCIN partners, as required • Develop waitlist management protocols and finalize waitlist criteria for prioritization based on clients' needs • Revise Intake standards and procedures 	<ul style="list-style-type: none"> • Q1 – Ongoing • Q1 – Ongoing • Ongoing • Q3-Q4 and into 2017/18 • Q3-Q4 and into 2017/18
Simplify access	<ul style="list-style-type: none"> • Develop strategies to simplify access • Develop youth access strategy/processes that incorporate feedback from youth engagement • Pilot youth access process • Implement youth access process • Implement access improvements 	<ul style="list-style-type: none"> • Q1 - Ongoing • Q1-Q3 • Q4 into 2017/18 • 2017/18 • 2017/18
Brand PCIN	<ul style="list-style-type: none"> • Brand research (planning and pre-reading, focus group guide, conduct focus groups, report) • Brand development (initial drafting, brand architecture workshop, narrative and messaging matrix, refinement, brand tools workshop, visual ID development) • Brand testing (focus groups/interviews) • Brand rollout (workshops; finalization) 	<ul style="list-style-type: none"> • Q1-Q2 • Q2-Q3 • Q3 • Q3-Q4
Implement PCIN Central Intake Module (new common intake database)	<ul style="list-style-type: none"> • Implement Central Intake Module (common intake database) as per project timelines outlined by CIS vendor • EMHware to continue talks with interRAI team and interRAI International about integrating interRAI tools into EMHware software (note: EMHware is an interRAI preferred vendor) 	<ul style="list-style-type: none"> • Q1 and ongoing • Ongoing

Name of Priority #2: Implementation of a Common Assessment/Outcome tool at all CSPs in the Peel Service Area

Rationale: This activity was initially included under Priority #1 (Implementation of PCIN) in the 2014/15 CSDP. However, a common assessment/outcome tool relates to the clinical assessment function and outcome measurement process for all Core Services rather than the Coordinated Access/Intake process, so it is logical to break out this activity as its own priority.

In 2015/16 all Core Service Providers (CSPs) in the Peel Service Area decided to adopt the interRAI™ Child and Youth suite of standardized, evidence-based tools, including the Screener (for determining initial needs at access/intake) and the ChYMH (for clinical assessment and measuring clinical outcomes). The training team at CPRI worked with the Peel interRAI Implementation Committee to plan a training program for staff across the six CSD organizations on both tools. 200 clinical staff across all six CSPs were trained on the ChYMH. Training was completed on schedule and competency testing is underway, with all staff to complete competency testing by April 2016.

Additionally, a “train the trainer” Peel Service Area team was developed and “train the trainer” sessions were held so that going forward, a team of clinical staff is equipped to support other staff across the CSPs in Peel with interRAI training, competency testing and implementation support (Tier One level of support for new CYMH staff). CPRI trainers will continue to support the training team and thus are the Tier Two support for CYMH staff in the Peel Service Area.

With the research, decision-making, planning and training activities completed, the Peel CSPs are ready to proceed to implementation of the interRAI ChYMH.

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

Deliverable(s)	Task(s)	Estimated Timelines
ChYMH training and testing	<ul style="list-style-type: none"> • Complete competency testing (Coding and Outcomes Reports) of staff who have been trained • Train and test new staff and those who missed initial training • CPRI to provide overview for psychiatrists at Trillium Health Partners, as well as psychiatrists from PCC and Osler • Develop and implement training plan for psychology staff, as well as CYW staff in residence and day treatment services • Develop and implement training plan for Management and Performance Measurement staff 	<ul style="list-style-type: none"> • Q1 • Q1-Q4 • Q1-Q3 • Q1-Q3 • Q3-Q4
Community of practice for staff who use ChYMH	<ul style="list-style-type: none"> • Quarterly newsletter • Ongoing support of Peel’s interRAI Training Team (staff from across CSPs who attended “Train the Trainer”) 	<ul style="list-style-type: none"> • Q1-Q4 • ongoing
Plan for implementation of ChYMH	<ul style="list-style-type: none"> • InterRAI Implementation Committee develops plan and sets interRAI “Go Live” date • InterRAI reports are placed on client files and utilized in clinical treatment and outcome monitoring 	<ul style="list-style-type: none"> • Q1 • Q2 and ongoing

Map process for completing Screener and ChYMH	<ul style="list-style-type: none"> • Establish Working Group with representatives from each agency • Develop high-level process map, taking into account program transfers • Refine high-level process map to take into account program transfers within and across agencies, striving for consistency 	<ul style="list-style-type: none"> • Q1 • Q1 • Q3-Q4
Integrate ChYMH with clinical database	<ul style="list-style-type: none"> • EMHware continues talks with interRAI team and interRAI International about integrating interRAI tools into EMHware software (note: EMHware is an interRAI preferred vendor) 	<ul style="list-style-type: none"> • Q1 and ongoing

Name of Priority #3: Implementation of a Common Clinical Database for Peel's four community-based CSPs

Rationale:

The selection of an electronic clinical information system to support Peel's Coordinated Intake Network was one of the 2015/16 deliverables under Priority #1 in the CSDP for the Peel Service Area. However, looking to the future when PCC will have mature Lead Agency status and be required to report on clinical information at both the agency and Service Area levels, it became clear that a common information system for all four community-based CSPs (AYSP, Nexus, PCC and Rapport) would add value in reporting across the service area, going beyond the Coordinated Access/Intake requirements. (The two hospital CYMH clinics are part of large complex hospital systems that have their own unique clinical information systems. Integration of clinical information with the hospital clinics is being explored carefully at the present time and will require much consideration. As such, the two hospital clinics are not part of the implementation process at this time but will need to remain connected to this work.)

As such, it made sense to break out the implementation of this common database as a Priority separate from the implementation of PCIN for the 2016/17 year.

As at March 31, 2016, an RFP was prepared as per the BPS procurement policy and after careful review/evaluation, a decision has been made to acquire EMHware as the common clinical information system. The software has been purchased and the licensing has been arranged. The database implementation is timed for Q1 of 2016-17, to be followed by the consideration of integration with the interRAI ChYMH, as well as other program-specific outcome tools.

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

Deliverable(s)	Task(s)	Estimated Timelines
Preparation	<ul style="list-style-type: none"> • Common Forms • Custom/Unique Requirements • Identify Shared Data 	Q1
Customization and Development	<ul style="list-style-type: none"> • Layout and sitemap of Graphical User Interface (GUI) 	Q1

	<ul style="list-style-type: none"> • Determine what Clinical Information System (CIS) features to enhance or remove • Agency approval and vendor acceptance and testing 	
Design and Coding	<ul style="list-style-type: none"> • Create required add-ons, modules etc. not in native CIS if applicable • Design prototypes • Agency approval for design and CIS overlay 	Q1
Technical Development	<ul style="list-style-type: none"> • Alpha CIS site will be launched on the vendor's hosted environment 	Q1
Completion of Custom Programming	<ul style="list-style-type: none"> • Vendor finishes custom requests and alpha site launch for a beta release of CIS platform to the agencies • Design prototypes • Agency sign-off on beta release 	Q1
Testing and Launching	<ul style="list-style-type: none"> • Completed CIS tested by agencies for bugs/corrections • Modifications/corrections before CIS goes live • CIS transferred to dedicated host when approved by agencies (production release now live) • Training and "go live" 	Q1 – Q2

Name of Priority #4: Development and implementation of a system-wide mechanism for youth engagement (YE)

Rationale: Note: this priority continues from the previous year's CSDP. The same rationale applies.

Over the past several years, youth engagement (YE) has made inroads as a guiding service principle amongst all of Peel's Core Service Providers (CSPs), most notably Nexus Youth Services (NYS), which has integrated YE into service design, delivery and evaluation. NYS secured a grant from the Ontario Trillium Foundation to enhance its organizational capacity to formally adopt a model of YE, hiring a Youth Engagement Coordinator who had previously distinguished herself as the coordinator of CMHO's YE project, *The New Mentality*. Youth Peer Workers helped to ensure that all activities at the Nexus Youth Centre were youth-driven and youth-led. YE was also incorporated into the delivery of NYS' Community Counselling Program. In its 2013 re-accreditation, NYS met all the YE standards of the Canadian Centre for Accreditation, with the accreditation review team describing NYS as "a model for other organizations to learn from." NYS 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 CSPs 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 YE 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 CSPs in the development and implementation of YE in Peel.

The Ontario Centre of Excellence for Child and Youth Mental Health (CoE) is known for its expertise in YE. As such, PCC has entered into a formal partnership plan with the CoE 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 YE efforts in the development and eventual implementation a system-side mechanism for YE.

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

Deliverable(s)	Task(s)	Estimated Timelines
Develop plan to lay groundwork for youth engagement (YE) in the Peel Service Area	<p>Per PCC's partnership plan with the CoE:</p> <ul style="list-style-type: none"> • Work with the CoE's Knowledge Broker, Peel CSPs, and youth volunteers to inventory existing YE activities and analyze capacity for expanding YE practice • Facilitate series of focus group sessions with service partner staff and engaged youth (where applicable) • Environmental scan report develop by PCC's YEC in partnership with youth and shared with key stakeholders 	<ul style="list-style-type: none"> • Focus groups Q1 • Environmental Scan Report Q1
	<ul style="list-style-type: none"> • In partnership with youth, YEWG establishes 3-5 goals to be shared with CSP leaders and engaged youth (where applicable) • Evaluation framework is established in partnership with youth, and shared with core service delivery partners • At least four CSPs create plan for one new youth initiative/strategy 	<ul style="list-style-type: none"> • Establishment of goals Q2-Q3 • Evaluation framework Q4 • CSP Plans for YE Q3-Q4
Improve opportunities for communication and collaboration between Peel's CSPs	<ul style="list-style-type: none"> • One-hour workshops on concept of YE (including environmental scan findings) delivered to Governance structure of each core service provider • Plan and deliver at least one training opportunity to bring together staff and youth across service area to learn about YE • Draft set of values that demonstrate collective commitment for engaging youth in Peel 	<ul style="list-style-type: none"> • Governance Workshops Q2-Q3 • Service Area Training Q3 • Draft of Values Q4
Develop system-wide mechanism for YE to be used in the Peel Service Area	<ul style="list-style-type: none"> • Details to be informed by findings from 2015/16 activities and included in 2016/17 CSDP 	<ul style="list-style-type: none"> • 2017/18

Name of Priority #5: Development and implementation of a system-wide mechanism for family engagement (FE)

Rationale: Note: this priority continues from the previous year’s CSDP. The same rationale applies.

The Core Service Providers (CSPs) 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 YE strategy, there is an opportunity to broaden our historic agency-specific context and conceptualize FE 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 (CoE) is known for its expertise in FE. As such, PCC has entered into a formal partnership plan with the CoE and is working with one of its knowledge brokers 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 2016/17. As such, the development and eventual implementation of a system-wide mechanism for FE is the fifth priority activity for the Peel Service Area.

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

Deliverable(s)	Task(s)	Estimated Timelines
<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 CoE:</p> <ul style="list-style-type: none"> • Work with the CoE’s Knowledge Broker and Peel core service agencies to further inventory existing FE activities and analyze capacity for expanded FE, to be documented in Environmental Scan • Facilitate a series of focus group sessions with service partner staff and family members • In partnership with the CoE, plan and deliver at least one training opportunity to bring together staff from each service partner to learn about FE • Form an FE working group for the Peel Service Area, including terms of 	<ul style="list-style-type: none"> • Inventory, analysis: Q1-Q3 • Environmental scan: Q1-Q3 • Focus Groups: Q3-Q4 • Training Session: Q3-Q4 • FE Working Group: Q3-Q4 • Development of FE core service plan: Q4 into 2017/18

	<p>reference and membership, and hold initial meeting(s)</p> <ul style="list-style-type: none"> • With the CoE, core service agencies, and family members, begin to develop a plan for enhanced core service capacity around FE 	
Develop system-wide mechanism for FE to be used in the Peel Service Area	<ul style="list-style-type: none"> • Details to be informed by findings from 2015/16 activities and included in 2016/17 CSDP 	2017/18

E.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 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.

Priority # 1: <u>A review of existing Brief Services to improve access and increase efficiency</u> Proposed activity: <u>Recommendation to begin a review of the delivery of Brief Services in the Peel Service Area (exploration phase)</u> Date: <u>Fiscal 2016-17</u>			
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>
Core Service Providers currently delivering Brief Services	Part of the Brief Services Review working group	Through the formation of a working group via the Core Services Delivery Provider table	Through Core Services Provider meetings
Core Service Providers who are not currently delivering Brief Services	As members of the Core Services Delivery Provider Table, provide input into the review process; feedback to the Brief Services Working Group; and assess impact of recommendations on current services	Through existing meetings with Core Services Delivery Providers	Through Core Services Provider meetings
Boards of Education	As members of the Community Mental Health Planning Mechanism, provide input into the review process; feedback to the Brief Services Working Group; and assess impact of recommendations on current services	Through focused meetings with the Community Mental Health Planning Mechanism	Through Community Planning Mental Health Planning Mechanism
Primary care doctors connected to Trillium Health Partners and William Osler Health System	As key referral sources, provide input into the review process; feedback to the Brief Services Working Group; and review/provide input into recommended changes	Through focus groups/presentations at existing physician business meetings (if possible)	Through representatives from the hospital-based clinics
Parents and caregivers who have accessed Brief Services	As key stakeholders and users of Brief Services, provide input into the review process; and feedback to the Brief Services Working Group on recommended changes	Through the development of focus groups	Through caregiver surveys and focus groups, as needed
Youth	As key stakeholders and users of Brief Service, provide input into the review process; and feedback to the Brief Services Working Group on recommended changes	Through the existing Youth Engagement mechanisms	Through caregiver surveys and focus groups, as needed

Section H – French Language System Partners

Lead agencies in all services areas are required to work with key partners at the local level, including French Language service providers in the development of their CSDP. Lead agencies responsible for service areas that include areas designated under the French Language Services Act must ensure that they engage with French language providers to support the delivery of French language services in the service area. Lead agencies in non-designated areas should also engage with their French Language stakeholders about the provision of services in French. Lead agencies must describe how they met this requirement, including:

- Who is providing the core services in French;
- Who was engaged and how were they engaged;
- Any challenges regarding engagement with French language providers and stakeholders; and;
- Any identified concerns from French language system partners.

WHO PROVIDES CORE SERVICES IN FRENCH

Of the six CSPs in the Peel Services Area, Peel Children’s Centre (PCC) is the only Clause 2 CYMH service provider under the *French Language Services Act*. (The other CSPs are Referral Clause agencies.) PCC provides the following core services in French:

- Coordinated Access/Intake (PCIN – on behalf of all CSPs)
- Targeted Prevention (School-Based Services’ groups for students of the French-language school boards)
- Family Capacity-Building and Support (School-Based Services’ parent groups)
- Brief Services (Single Session Counselling; Tangerine Walk-In Counselling)
- Counselling and Therapy Services (Counselling; School-Based Services’ Brief Intensive Intervention Program and Alternatives)

Following a collaborative process with all CSPs of assessing service needs/gaps in order to provide recommendations for MCYS’ new investment in core services, MCYS is now funding the first French-language clinician in PCC’s Intensive Treatment Services (ICF program). PCC is in the process of recruiting this clinician.

School-Based Services, Counselling and Brief Services are delivered in partnership with French-language service providers:

- School-Based Services with the two francophone school boards in our service area (Conseil scolaire Viamonde and Conseil scolaire de district catholique Centre-Sud);
- Counselling and Brief Services with Équipe de santé familiale Credit Valley (Credit Valley Family Health Team, which provides French-language services).

As such, French-language partner engagement for the CSDP includes these service partners.

WHO WAS ENGAGED AND HOW WERE THEY ENGAGED

Because PCC is both Lead Agency and provider of French-language CYMH services for the Peel Service Area, engagement consists primarily of conversations and meetings with PCC's clinical director, Linda Lee-Berkowitz (who is bilingual); PCC's clinical staff who deliver services in French; and their supervisors/managers.

The francophone school boards have been engaged both in discussions around service gaps/needs for Peel's Core Services Delivery Plan, and in mapping CYMH services for Peel's Community Mental Health Plan.

Going forward, there will be further discussions with l'Équipe de santé familiale at Credit Valley Hospital regarding brief services in French, as a review of Brief Services is one of the CSDP's priorities for 2016/17.

ANY CHALLENGES REGARDING ENGAGEMENT WITH FRENCH LANGUAGE PROVIDERS AND STAKEHOLDERS

The largest challenge has been a change of staff at all three French-language partners. Our key contacts at l'Équipe de santé familiale, Conseil scolaire de district catholique Centre-Sud and Conseil scolaire Viamonde left their positions over the past year. Recruitment of their replacements is ongoing.

ANY IDENTIFIED CONCERNS FROM FRENCH LANGUAGE SYSTEM PARTNERS

As the primary French-language CYMH service provider for the Peel Service Area, PCC's greatest challenges are:

- Lack of qualified candidates when recruiting for French-language positions. Some competitions for bilingual staff (e.g. Reception/Administrative Support) have been unsuccessful.
- Need for additional funding to meet *French Language Services Act* Clause 2 requirements as the Peel service area moves to the new MOMH operating structure. Costs will include program supplies, printed materials and a revamped bilingual website.

In the consultation process for the Peel Service Area's funding submission for MYCS' new investment in core services, the francophone school boards identified the following service needs:

Conseil scolaire de district catholique Centre-Sud

- More intensive individual intervention (Tier 3)
- Dedicated spots for French students in Section 23 classrooms
- More Tier 1 and Tier 2 social-emotional programs

Conseil scolaire Viamonde

- Culturally sensitive CYMH services for francophone newcomer families, who often do not have a concept of the therapeutic process
- Complementary services (e.g. psychological/psychiatric assessment at PCC) in French

- More Tier 3 services (the Board's social workers are busy managing high demand for Tier 1 & 2 services)
- Cross-regional continuity of service, recognizing the Board's large geographic spread
- French-language capacity-building support for the Board's mental health professionals, school staff and parents.

Section I – Approvals

The 2015/16 CSDP must be approved by the lead agency's board prior to submitting to MCYS. The lead agency must submit their board approved CSDP to their MCYS regional office program supervisor by March 31, 2016.

Appendix A: Sample Core Services Summary Chart

Core Service and Key Processes	Agency Delivering Service (lead agency or 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 of the program	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
Targeted Prevention								
Brief Services								
Counselling and Therapy Services								
Family Capacity-Building and Support								
Specialized Consultation/Assessment								
Crisis Support Services								
Intensive Treatment Services								
Case Management/Service Coordination								
Coordinated Access/Intake								

Core Services Pathways and Referral Chart

Organizations/ partners	Relationship (e.g. MOU, Contract)	Description	For phase one lead agencies, any changes to pathways since 2014/15 plans	Intended purpose (e.g. core service delivery, referrals, program, pathway)

Appendix B: Sample Priority Report Summary

Priority Identified [Title]			
Partners involved [Names]			
Status this period	  	<i>Red – considerable slippage and a significant risk that the completion date will not be met</i> <i>Amber – a possibility of some slippage but the issues are being dealt with</i> <i>Green – on track and should be completed by the target date</i>	
Project Description			
<i>[Very brief details of background, objectives, rationale, scope, etc.]</i> <ul style="list-style-type: none"> • • • 			
Progress Against Key Milestones			
<i>Deliverable (as identified in the 2014/15 CSDP)</i>	<i>Date of completion</i>	<i>Demonstrable Progress</i>	<i>Next Steps</i>
Achievements over this period			
<i>What activities did you complete as you worked towards addressing this identified priority?</i> <ul style="list-style-type: none"> • 			
Challenges and Issues			
<i>Issue that arose</i>		<i>Issue mitigation</i>	

Appendix C: Sample Core Service Identified Priority

Name of Priority #1:		
Rationale: Note: Rationale should be supported by evidence such as the core services summary (Section B), the CMHP template, client feedback, previous evaluations and/or other evidence.		
Objective – describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets where possible (e.g. waitlists, protocol developed):		
Deliverable(s)	Task(s)	Estimated Timelines
Proposed Activity 1 (e.g. engagement, mapping, client engagement):		
Proposed Activity 2:		