

**2015/16 Community Mental Health Plan for Children and Youth:
Instructions and Guidelines for Lead Agencies Identified in 2014/15 Completing the Community Mental Health 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 these 2015/16 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 CMHP moves the lead agency's planning activities closer to the expectations at maturity by requiring identified community priorities and comprehensive engagement. The 2015/16 CMHP 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 CMHP 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 CMHP.

Peel Children’s Centre’s involvement in Sector Partner Engagement over the course of the 2015/16 fiscal year is captured in Section B and includes targeted engagement with Peel’s four school boards (including the two French-language boards); the health sector via the Central West and Mississauga Halton LHINs; child welfare; adult mental health; youth justice; and police. Third-party consultations with key sectors specific to a CYMH community planning mechanism for the Peel Service Area also proved to be productive and complementary to earlier engagement activities. These planned consultations are continuing into the next fiscal year to be inclusive of additional key sectors (e.g. developmental services and newcomer/multicultural services) and strategic community stakeholders (e.g. faith leaders). Existing avenues for youth and family engagement have continued within the Peel Service Area while a formal service area mechanism for both Youth Engagement and Family Engagement is being developed, and then situated within the context of the yet-to-be established CYMH Community Planning Mechanism for Peel.

Also of note are the updates to the 2014/15 non-core services summary in Section C. The 2015/16 summary has been expanded to include additional information from three of Peel’s four school boards regarding the CYMH services provided within their respective organizations. (The departure of the fourth school board’s Mental Health Lead has delayed obtaining its summary.)

Section D provides a summary of existing planning tables in the Peel community and concludes that none is suitable to become the CYMH Community Planning Mechanism for the Peel Service Area.

Two priorities have been identified in Section E for the 2015/16 CMHP. The first is to develop a more fulsome summary of CYMH services/programs delivered in the service area through non-core service partners. The second priority is to complete the process currently underway that will see the Peel Service Area develop a robust CYMH Community Planning Mechanism.

Section B – Engagement Summary:

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

- how system partners were engaged in the development of the plan (including who was engaged, mechanism, frequency, purpose, challenges, outcomes);
- 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.

Note that the range of system partners may differ amongst service areas (including hospitals, Local Health Integration Networks, children’s aid societies, youth justice providers, public health, specialized services, and other “non-core” child and youth mental health service providers), but lead agencies must engage school boards, the health sector and youth and families (may be in conjunction with the engagement for the CSDP) as part of the development of the CMHP.

SYSTEM PARTNER ENGAGEMENT

| Mechanism & people involved | Frequency | Purpose | Outcomes | Challenges |
|--|--|--|--|--|
| <p>Meetings at PCYI (with Board and staff) regarding community planning</p> <p>Humphrey Mitchell with Graham Clyne, PCYI’s ED, and PCYI Board members</p> | <p>Several but May 2015 meeting w/ G. Clyne was specific to CMHP</p> | <ul style="list-style-type: none"> • Provide update on Lead Agency work and discuss MOMH, with particular focus on the development of a community CYMH planning mechanism | <ul style="list-style-type: none"> • Requested list of 4 tables at PCYI and their membership | <ul style="list-style-type: none"> • Lack of time. Humphrey decided not to continue co-chairing PCYI because of the increasing demands of system transformation |
| <p>Meeting with Peel’s School Boards</p> <p>PCC’s management team and senior staff from Peel’s four school boards (MH leads, head social workers/ psychologists; superintendents)</p> | <p>One large meeting in May 2015; subsequent follow-up conversations/ smaller meetings</p> | <ul style="list-style-type: none"> • Provide update on Lead Agency work and discuss MOMH, with particular focus on CYMH services delivered by the school boards | <ul style="list-style-type: none"> • Received completed templates from Peel DSB, Dufferin-Peel Catholic DSB & Conseil scolaire Viamonde; no response from Conseil scolaire de district catholique Centre-Sud (follow up in 2016/17) • Boards provided advice to inform MCYS’ new investment in core services | <ul style="list-style-type: none"> • Loss of key contacts at francophone boards (job changes) • Lack of time |

| Mechanism & people involved | Frequency | Purpose | Outcomes | Challenges |
|---|---|--|--|--|
| Meeting with Peel CAS (senior managers) PCC's management team and Peel CAS' management team | One meeting in June 2015 | <ul style="list-style-type: none"> Provide update on Lead Agency work and discuss MOMH, with particular focus on CYMH services delivered by Peel CAS | <ul style="list-style-type: none"> Peel CAS did not provide the information requested; follow-up and engagement will continue in 2016/17 | <ul style="list-style-type: none"> Competing priorities in child welfare sector |
| Meetings with LHINs Staff from Central West and Mississauga Halton LHINs; PCC's senior team; MCYS staff | 5 meetings (one with both LHINs and MCYS) | <ul style="list-style-type: none"> Compare MOMH transformation with LHINs' transformative work in the healthcare sector, with a particular focus on system access | <ul style="list-style-type: none"> Established baseline knowledge, shared slide decks and made new contacts Compared One-Link (access model in Mississauga Halton) and SAM (System Access Model in Central West) | |
| Meetings with adult mental health & addictions sector Humphrey Mitchell with David Smith (ED, CMHA Peel) and Camille Quenneville (ED, CMHA Ontario) | 1 meeting with each | <ul style="list-style-type: none"> Provide Lead Agency updates and begin a dialogue around MOMH, with a focus on transitional youth (shared population served) | <ul style="list-style-type: none"> Beginning of dialogue about access, pathways and services for transitional-aged youth | <ul style="list-style-type: none"> Lack of time for continuing dialogue |
| Meetings with Youth Justice sector Kathy Sdao-Jarvie and Julia Margetiak met with Mississauga and Brampton Probation staff | 1 meeting each, Mississauga & Brampton | <ul style="list-style-type: none"> Information-sharing (CYMH and MOMH) | <ul style="list-style-type: none"> Beginning of an ongoing dialogue with the Youth Justice sector | |
| CYMH training for Peel Regional Police Julia Margetiak works with Claudia Wells at PRP to provide training for officers | Quarterly | <ul style="list-style-type: none"> Train officers on mental health challenges and access to CYMH services in Peel | <ul style="list-style-type: none"> Very successful, ongoing training program is helping to divert families from ERs to community-based CYMH services | |
| Youth Suicide Prevention training Service providers including CYMH, Education (both English- and French-language boards) and hospitals | Many training sessions in all three sectors | <ul style="list-style-type: none"> Part of Ontario's <i>Youth Suicide Prevention Plan</i>; aims to build professional capacity and knowledge related to your suicide prevention/risk management/postvention | <ul style="list-style-type: none"> In addition to the trainings across Peel, the Youth Suicide Prevention initiative also included cross-sectoral collaborative work and development of a broader strategy | |

| Mechanism & people involved | Frequency | Purpose | Outcomes | Challenges |
|---|---|--|--|---|
| <p>Consultations with multiple sectors on CYMH planning mechanism</p> <p>Jane Fitzgerald, independent third party, is meeting with representatives of several sectors (identified at right under Outcomes)</p> | 1 meeting per sector; meetings will continue in early 2016/17 | <ul style="list-style-type: none"> Obtain advice on Community Planning Mechanism for the Peel Service Area | <ul style="list-style-type: none"> Sectors already consulted: English-language School Boards, LHINs, Child Welfare, CMHA, Public Health/Early Years, Youth Justice TBD: Developmental Services, French-language School Boards, Police, Newcomer/Multicultural organizations, Faith organizations | <ul style="list-style-type: none"> Competing demands for Lead Agency staff's time resulted in need to retain consultant for this work Selecting sector representatives for consultation French-language consultations (extra costs for translation/interpretation) |
| <p>Moving on Mental Health – Lead Agency Progress Report</p> <p>Distributed to CSPs (for their broader distribution within each CSP) and to related CMHP sectors</p> | Quarterly | <ul style="list-style-type: none"> Provide regular updates and consistent messaging on MOMH progress locally (Peel's CSDP, CMHP and SDS A357), regionally and provincially; in English and French | <ul style="list-style-type: none"> 3 Progress Reports produced in 2015/16 (May, October, February). Goal for 2016/17 is to have regular quarterly reports. | <ul style="list-style-type: none"> Provincial delay in releasing a visual identifier for MOMH. PCC developed a template that reflected MCYS' MOMH look, but with PCC's logo. |

YOUTH & FAMILY ENGAGEMENT

| Mechanism & people involved | Frequency | Purpose | Outcomes | Challenges |
|--|---|---|--|--|
| <p>Youth Engagement Coordinator's work with Youth Engagement Working Group, community partners and youth</p> <p>Nancy Hood, PCC's Youth Engagement Coordinator (YEC); CSP representatives on the Working Group; several community partners, professionals and youth</p> | 3 Working Group meetings; several meetings with youth, partners and professionals (25 meetings in total) | <ul style="list-style-type: none"> Identify, create and sustain opportunities for youth engagement (YE) across the Peel Service Area | <ul style="list-style-type: none"> Drafted Terms of Reference for Working Group Completed the Centre of Excellence's online YE module (orientation to evidence-informed practice) Recruited 5 Youth Researcher volunteers to partner with YEC to facilitate a series of focus groups, and develop a community report/presentation outlining Peel's current capacity for youth | <ul style="list-style-type: none"> Competing demands for CSP staff's time resulted in delay in meeting with Core Services Delivery Provider Table |

| Mechanism & people involved | Frequency | Purpose | Outcomes | Challenges |
|--|------------------------|---|---|--|
| | | | engagement, while identifying opportunities for growth | |
| <p>Consultations with multiple sectors on CYMH planning mechanism</p> <p>Jane Fitzgerald, independent third party, is meeting with representatives of sectors</p> | One meeting per sector | <ul style="list-style-type: none"> • Consultation has included discussion about youth and family engagement | <ul style="list-style-type: none"> • Consultations are ongoing | <ul style="list-style-type: none"> • Encountering mixed views on whether to have a parallel youth planning process or find a way to hear youth's voices as part of the main mechanism |
| <p>Consultations with youth and families</p> <p>Re: how to link the CSDP's Family Engagement and Youth Engagement processes to this mechanism</p> | Next steps in 2016/17 | <ul style="list-style-type: none"> • Ensure that CYMH Community Planning Mechanism is centred around the needs of children, youth and families • Ensure that the mechanism considers the diversity of Peel's children, youth & families | <ul style="list-style-type: none"> • TBD | <ul style="list-style-type: none"> • French-language consultations |

Section C – Sector Partner Services Summary:

Lead agencies must complete a summary describing all child and youth mental health services and programs delivered in the service area through system partners (see Appendix A for a sample template). For phase one lead agencies, if information remains as it was described in 2014/15, that information may be used again here. The sector partner services summary must include the current programs and services, including:

- description of programs (including who is delivering them, geographic coverage, age group served, any specific population that the service is targeted towards, and associated service commitments);
- any new partners engaged in the plans development;
- any changes to services delivered by system partners; and
- any associated referral pathways, protocols between the service or program and the core CYMH system, including any changes to relationships between the lead agency and system partners (e.g. new referrals, pathways or commitments).

CHANGES FROM 2014/15 CMHP

The information from the 2014/15 CMHP for non-core services delivered by the six Core Service Providers (CSPs) has, for the most part, remained unchanged. However, following consultations and a request for additional information last spring, three of the four school boards in our service area (Peel District School Board, Dufferin-Peel Catholic District School Board, and Conseil scolaire Viamonde) provided information about their CYMH services which have been added at the end of the chart. Note: PCC will be following up with the Conseil scolaire de district catholique Centre-Sud. Its former Mental Health Lead left the Board and we are awaiting the recruitment of a replacement.

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--------------------------------------|---|---------------------|--------------------------------|--|---|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| Associated Youth Services of Peel | Youth Beyond Borders (YBB) Group (Targeted Prevention) | Peel Region | 12 - 18 th birthday | LGBT youth | Centralized Intake/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS (CCB - fiscal funds) |

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--------------------------------------|---|---------------------|---|--|---|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| Associated Youth Services of Peel | Adolescent Team (Counselling and Therapy Services) | Peel Region | 12 – 16 th birthday | Youth involved with CAS Adolescent Team | Centralized Intake/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS (CCB – fiscal funds) |
| Associated Youth Services of Peel | Transitions Program (Counselling and Therapy Services) | Peel Region | 15 - 18 th birthday | Youth who are marginalized & transitioning from support of Peel CAS | Centralized Intake/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS (CCB – fiscal funds) |
| Associated Youth Services of Peel | Recognizing Individual Success and Excellence (RISE) Program (Counselling and Therapy Services) | Peel Region | 6 - 10 th birthday | Children displaying signs of anti-social behaviour in the classroom, home and/or community | Centralized Intake/Direct referral path to designated youth programs/Access to Walk-In; funded by MCYS – YJ |
| Associated Youth Services of Peel | Section 23 Program (Counselling and Therapy Services) | Peel Region | Grades 9 & 10; under 17 years | Youth unable to attend regular or special education classes in a community school | Centralized Intake/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS – YJ |
| Associated Youth Services of Peel | Transitional Aged Youth Outreach (TAYO) Program (Intensive Treatment Services) | Peel Region | 12 - 18 th birthday at time of offence | Youth with mental health challenges likely to transition into adult services; involved with the Youth Justice system | Centralized Intake/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS – YJ |

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--------------------------------------|--|---|---|---|--|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| Associated Youth Services of Peel | Multisystemic Therapy (MST) Program (Intensive Treatment Services) | Peel, Dufferin, Halton Regions and West Toronto | 12 - 18 th birthday at time of offence | Youth with antisocial behaviour involved with the YJ system | Centralized Intake/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS – YJ |
| Nexus Youth Services | Nexus Youth Centre – Drop In Services (Targeted Prevention) | Peel Region | 14-24 | n/a | Informal process - staff complete intake process with youth and submit to centralized intake Funded by United Way, City of Mississauga, Region of Peel, and fundraising |
| Nexus Youth Services | Nexus Youth Centre – Informal Counselling Services (Nexus Connections or Preparation for Independence) (Brief Services) | Peel Region | 14-24 | n/a | Informal process - staff complete intake process with youth and submit to centralized intake Funded by United Way, City of Mississauga, Region of Peel and fundraising |
| Nexus Youth Services | Nexus Youth Centre – Groups (Family Capacity-Building and Support) | Peel Region | 14-24 | n/a | Informal process - staff complete intake process with youth and submit to centralized intake Funded by United Way, City of Mississauga, Region of Peel and fundraising |

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--------------------------------------|--|---------------------|--|---|--|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| Peel Children's Centre | OEYC Consultations (Preschool Services) (Targeted Prevention) | Peel Region | 0-6 | All children under age of 6 attending an OEYC or PFLC | If further CYMH service is required, caregivers are encouraged to contact Mental Health Services for Children and Youth Funded by Region of Peel (part of PIRS funding) |
| Peel Children's Centre | Volunteer Tutor (Targeted Prevention) | Peel Region | 6-13 | Children receiving service from PCC and who are experiencing difficulties with school work | Clients are already involved in MCYS-funded CYMH sector Funded by fundraised dollars |
| Peel Children's Centre | Strongest Families (Family Capacity-Building & Support; Counselling and Therapy Services) | Peel Region | Ages: 3-5.5: Behavioural intervention; 6-12: Anxiety intervention | Children with behavioural concerns or anxiety comorbidly with ASD | Support access through centralized intake mechanism Funded by fundraised dollars |
| Peel Children's Centre | Peel Inclusion Resource Services (previously called Preschool Services) (Family Capacity-Building and Support) | Peel Region | 0-6 | All children under the age of 6 attending a licensed childcare setting | Referral pathways currently under discussion as model continues development Funded by Region of Peel |
| Peel Children's Centre | Wraparound (Peel Wraparound Process): Developmental Sector (Family Capacity-Building and Support; and Case Management/Service Coordination) | Peel Region | 0-17 | Children and youth diagnosed with a developmental disability who have needs across multiple sectors | Support access through centralized intake mechanism Funded by MCSS |

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--------------------------------------|---|---|------------------------------|--|---|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| Peel Children's Centre | Wraparound (Peel Wraparound Process): Adolescent Team (Family Capacity-Building and Support; and Case Management/Service Coordination) | Peel Region | 12-15 | Family involvement with Peel CAS, presence of parent-youth conflict, and youth is at risk of removal from the home | Support access through centralized intake mechanism Funded by MCYS - CCB |
| Peel Children's Centre | Child Witness Program (Family Capacity-Building and Support) | Regions of Peel and Halton, and Dufferin County | Under 18 at time of referral | Children who are going to appear in court because they experienced or witnessed sexual or physical violence | Support access through centralized intake mechanism Funded by Ministry of the Attorney General |
| Rapport Youth & Family Services | ECLYPSE Youth Drop-In, 2 sites (Targeted Prevention) | Bramalea & Central Brampton | 12-24 | All youth | No formal protocols; funded by United Way of Peel |
| Rapport Youth & Family Services | After-school program for 3 schools in Malton (Targeted Prevention) | Malton neighbourhood of Mississauga | 6-10 | Children attending Marvin Heights, Ridgewood & Dunrankin schools | No formal protocols; funded by Ministry of Tourism, Culture and Sport; minimum 30 children/site |
| Rapport Youth & Family Services | Youth and Family Counselling (Counselling and Therapy Services) | Peel Region | 18-21 | All youth and their families | n/a; funded by United Way |
| Trillium Health Partners | <ul style="list-style-type: none"> RBC Urgent Care Credit Valley Hospital Child and Family Services (Brief Services) | Mississauga Halton LHIN service area | 0-18 | Children, youth and families | Funded by MOHLTC Royal Bank Canada |
| Trillium Health Partners | <ul style="list-style-type: none"> RBC Urgent Care Credit Valley Hospital Child and Family Services Women's and Children's Health Transitional Age Youth Program Running Group (Counselling and Therapy Services) | Mississauga Halton LHIN service area | 0-18 | Children, youth and families | Funded by MOHLTC Royal Bank Canada |

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--------------------------------------|--|--------------------------------------|---------------------|---|---|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| Trillium Health Partners | <ul style="list-style-type: none"> • Transitional Age Youth Team • Credit Valley Child and Family Services (Family Capacity-Building and Support) | Mississauga Halton LHIN service area | 16-18 | Children, youth and families | Funded by MOHLTC |
| Trillium Health Partners | <ul style="list-style-type: none"> • Transitional Age Youth Team • Credit Valley Child and Family Services • RBC Urgent Care (Specialized Consultation/ Assessment) | Mississauga Halton LHIN service area | 16-18 | Children, youth and families | Funded by MOHLTC |
| Trillium Health Partners | <ul style="list-style-type: none"> • Crisis Intervention Teams • Emergency Department • RBC Urgent Care Team (Crisis Support Services) | Mississauga Halton LHIN service area | 0-18 | Children, youth and families | Funded by MOHLTC |
| Trillium Health Partners | Inpatient admission for urgent mental health issues when there are no regional bed available (Intensive Treatment Services) | Mississauga Halton LHIN service area | 0-18 | Children, youth and families | Funded by MOHLTC |
| William Osler Health System | Involvement with Suicide Prevention Strategy and training of MCYS staff in SafeTALK and ASSIST (Targeted Prevention) | Central West LHIN service area | Adolescents/ adults | Train professionals who are not engaged in this initiative at a community level | n/a. Funding through Suicide Prevention Committee requests to MCYS |
| William Osler Health System | Brief Services available through Outpatient Psychiatry Clinic at the hospital (Brief Services) | Central West LHIN service area | 0-18 | Children, youth and families | Referral from Emergency Department (ED) to Outpatient Psychiatry Clinic at the hospital which can allow access to hospital Intake |

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--------------------------------------|--|--------------------------------|-----------|--|---|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| | | | | | SW for Brief Services. Referral from ED to psychiatrists for urgent appointments. Funded by MOHLTC |
| William Osler Health System | Counselling and Therapy provided during Inpatient Hospitalization and in Day Hospital. Also available as After Care for up to 1-2 sessions. (Counselling and Therapy Services) | Central West LHIN service area | 0-18 | Children, youth and families | Referral from Inpatient psychiatrist Funded by MOHLTC |
| William Osler Health System | Supports provided to Inpatient and Day Hospital patients. A variety of allied health professionals support this function. Done individually and in group settings. (Family Capacity-Building and Support) | Central West LHIN service area | 0-18 | Children, youth and families | Part of hospital programming; referral by psychiatrist Funding provided by MOHLTC |
| William Osler Health System | Variety of Specialized Consultation/Assessment services provided by allied health professionals. Additional supports provided by Early Psychosis Clinic with 6 month case management as well as team around the child/youth. (Specialized Consultation/Assessment) | Central West LHIN service area | 0-18 | Children, youth and families | Referral by psychiatrist Funding provided by MOHLTC |
| William Osler Health System | Crisis support provided in the ED by Crisis Workers and ED's Child and Youth Worker. (Crisis Support Services) | Central West LHIN service area | 0-18 | Children, youth and families | Referral by psychiatrist Funding provided by MOHLTC |

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--------------------------------------|--|--------------------------------|---------------------------------|---|---|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| William Osler Health System | Intensive treatment services available in Inpatient and Day Hospital settings, along with Early Psychosis Clinic (Intensive Treatment Services) | Central West LHIN service area | 0-18 | Children, youth and families | Referral by psychiatrist Funding provided by MOHLTC |
| William Osler Health System | Access/intake services provided by hospital child and adolescent Centralized Intake, supported by SW and Intake Clinician. (Coordinated Access/Intake) | Central West LHIN service area | 0-18 | Children, youth and families | Referral by family doctors Funding provided by MOHLTC |
| Peel District School Board | Targeted Prevention: <ul style="list-style-type: none"> Individualized therapy for students/parent. Psychological assessments. Applied Behaviour Analysis. Cool Kids (Pilot) Attendance Intervention Gay Straight Alliance Suicide Awareness | Peel Region | Varies by service; overall 4-21 | <ul style="list-style-type: none"> MH/Social emotional difficulties Teacher training Anxious students School avoiders LGBTQ School staff & students | Centralized Intake |
| Peel District School Board | Brief Services: Range of interventions based on the need of the child/youth. i.e. CBT solution focused, assessment, crisis intervention, counselling therapy, referral SW/Psych/SLP | Peel Region | 4 - 21 | MH/Social emotional difficulties | |
| Peel District School Board | Counselling and Therapy Services: Range of interventions based on the need of the child/youth i.e. CBT solution focused, assessment, crisis intervention, counselling therapy, | Peel Region | 4-21 | MH/Social emotional difficulties | Centralized Intake |

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--------------------------------------|---|---------------------|-----------|---|---|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| | referral - longer term intervention SW/Psych/SLP | | | | |
| Peel District School Board | Family Capacity-Building and Support: Family support for youth with MH diagnosis | Peel Region | 4-21 | MH/Social emotional difficulties | |
| Peel District School Board | Specialized Consultation/Assessment: Assessment/Consultation for mental health diagnosis | Peel Region | 4-21 | MH concerns | |
| Peel District School Board | Crisis Support Services: Response to student crisis/MH | Peel Region | 4-21 | MH crisis | |
| Peel District School Board | Intensive Treatment Services: <ul style="list-style-type: none"> • Alternative Programs • Behaviour Services • Mental Health Classes • Home Instruction - Tier 3 level • Mental Health & Addiction Nurses • Section 23 | Peel Region | 4-21 | <ul style="list-style-type: none"> • MH/Social Emotional Difficulties • MH/Social Emotional Difficulties • MH/Social Emotional Difficulties • MH/Social Emotional Difficulties • MH/Social Emotional Difficulties • Mental Health Assessment/Counselling/ System Navigation/ Transition/Case Management • MH/Social Emotional Difficulties | Formal agreements between Board and community agencies |

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--|--|---------------------------------|--|---|---|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| Dufferin-Peel Catholic District School Board | <p>Targeted Prevention:</p> <p>The Board offers a spectrum of programs and supports (all, some, few) that foster Catholic conditions for learning, mindful of mental well-being. These services are offered as appropriate and based on need. Targeted prevention programs vary by school. Examples include Cameron Helps; bereavement groups; programs offered in cooperation with Big Brothers, Big Sisters; Go Girls/Game On; Circle of Friends; One Voice, One Team; Stop-Now-And-Plan (SNAP); and Young Minds at Play.</p> | Peel Region and Dufferin County | Varies by program; 4-21 as well as parents/caregivers and families | At-risk populations | Through each school's individual school team and/or Board level supports and services as appropriate. |
| Dufferin-Peel Catholic District School Board | <p>Family Capacity-Building and Support:</p> <p>Support services professionals may provide intervention to individual students and their families. They may also provide services through a group format (e.g., CBT groups for students with anxiety). Individual schools may offer educational parent events (e.g., evening presentations around specific topics such as anxiety).</p> | Peel Region and Dufferin County | 4-21, plus parents/caregivers and families | Parents/guardians/caregivers/families of children and youth with mental health concerns | Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate |
| Dufferin-Peel Catholic District School Board | <p>Brief Services:</p> <p>All schools have access to psychology, social work, speech and language, and child and youth work support as part of a</p> | Peel Region and Dufferin County | 4-21 | Children or youth with immediate or presenting needs | Through each school's individual school team/Family of Schools and/or Board-level |

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--|---|---------------------------------|-----------|--|---|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| | responsive school team approach. Support services professionals may be engaged to address the immediate or presenting needs of children and youth within the board on a consultative or short-term basis. | | | | supports and services as appropriate |
| Dufferin-Peel Catholic District School Board | Crisis Support Services: All schools have access to psychology, social work, speech and language, and child and youth work support as part of a responsive school team approach. The board has a Tragic Events Response Team (TERT) as well as ASIST trained professionals. Our MHAN supports are also available in the event of a crisis. | Peel Region and Dufferin County | 4-21 | Children and youth experiencing an imminent mental health crisis or situations where there is serious risk | Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate |
| Dufferin-Peel Catholic District School Board | Counselling and Therapy Services: All schools have access to psychology, social work, and child and youth work support. These support services professionals may provide intervention to individual students and their families. They may also provide services through a group format (e.g., CBT groups for students with anxiety). In addition, the board has access to MHAN. | Peel Region and Dufferin County | 4-21 | Children and youth experiencing mental health concerns | Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate |

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--|--|---|-----------|--|---|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| Dufferin-Peel Catholic District School Board | Intensive Treatment Services The board offers specialized classroom settings (e.g., Care classroom). In addition, the board has access to MHAN. | Peel Region and Dufferin County | 4-21 | Children and youth with significant mental health concerns | Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate |
| Dufferin-Peel Catholic District School Board | Specialized Consultation/Assessment: The psychology department has a mental health diagnostic team, an autism spectrum disorder team, and a neuropsychology team, which all schools can access. The board also has a psychiatrist available for consultation. In addition, the board has access to MHAN. | Peel Region and Dufferin County | 4-21 | Children and youth with identified mental health concerns | Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate |
| Dufferin-Peel Catholic District School Board | Case Management/Service Coordination: The Board has access to MHAN and itinerant teams to support transitions. | Peel Region and Dufferin County | 4-21 | Children and youth with identified mental health concerns | Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate |
| Conseil scolaire Viamonde | Targeted Prevention: Currently provided by Board staff on demand or on request to PCC. To ensure uniformity in all our schools and minimize paperwork by families, we wish to provide more in-house targeted prevention. We are in the process of exploring evidence based programming. | Viamonde has a large catchment area (Central, Southern and Southwestern ON) but the services here apply to students | 4-21 | Francophone students enrolled the Board's schools | Request to PCC in bi-annual planning meeting |

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--------------------------------------|---|--|-----------|--|---|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| | | attending schools in Peel. | | | |
| Conseil scolaire Viamonde | Brief services: Assessment and referral or crisis intervention by Board Social Workers | Viamonde has a large catchment area (Central, Southern and Southwestern ON) but the services here apply to students attending schools in Peel. | 4-21 | Francophone students enrolled the Board's schools | Case conference with Board and PCC Clinical Supervisors/front-line staff on request of Board or parents refer directly to community programs. |
| Conseil scolaire Viamonde | Counselling and Therapy Services: Counselling is offered individually by Board Social Workers. Therapeutic groups are possible, but are not frequently offered due to high caseloads. | Viamonde has a large catchment area (Central, Southern and Southwestern ON) but the services here apply to students attending schools in Peel. | 4-21 | Francophone students enrolled the Board's schools | Case conference with Board and PCC Clinical Supervisors/front-line staff on request of Board or parents refer directly to community programs. |
| Conseil scolaire Viamonde | Family/Caregiver Skill Building and Support: Board Social Workers offer psycho-education and support/referral for parents regarding how to best support child. | Viamonde has a large catchment area (Central, Southern and Southwestern ON) but the services here apply to students | 4-21 | Francophone students enrolled the Board's schools | Case conference with Board and PCC Clinical Supervisors/front-line staff on request of Board or parents refer directly to community programs. |

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--------------------------------------|--|--|-----------|--|--|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| | | attending schools in Peel. | | | |
| Conseil scolaire Viamonde | <p>Specialized Consultation/Assessment:</p> <p>Psycho-educational assessments are provided by the Board Psychometrist where warranted. CCAC Mental Health and Addictions Nurses (MHAN) are available for consultation, assessment and referral.</p> | Viamonde has a large catchment area (Central, Southern and Southwestern ON) but the services here apply to students attending schools in Peel. | 4-21 | Francophone students enrolled the Board's schools | Conference between front-line and supervisory Board staff, followed by consultation with MHAN and written referral. Continued case conferencing. |
| Conseil scolaire Viamonde | <p>Crisis Support Services:</p> <p>Board Social Worker provides crisis assessment, support, problem solving, referral, and continued intervention</p> | Viamonde has a large catchment area (Central, Southern and Southwestern ON) but the services here apply to students attending schools in Peel. | 4-21 | Francophone students enrolled the Board's schools | Hospital ER if required. Case conference with Board and PCC Clinical Supervisors/front-line staff on request of Board or parents refer. |
| Conseil scolaire Viamonde | <p>Intensive Treatment Services:</p> <p>Board Social Worker provides short sessions where family refuses community intervention. Board Social Workers also offers sessions in conjunction with community treatment team.</p> | Viamonde has a large catchment area (Central, Southern and Southwestern ON) but the services here apply to students | 4-21 | Francophone students enrolled the Board's schools | Hospital ER if required. Case conference with Board and PCC Clinical Supervisors/front-line staff on request of Board or parents refer. |

| Community Partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|--------------------------------------|---|----------------------------|-----------|--|---|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
| | | attending schools in Peel. | | | |

Section D - Local Child and Youth Mental Health Community Planning Mechanisms:

Lead agencies must build on the work undertaken in 2014/15 and assess the current state of planning mechanisms, including:

- Any changes to planning mechanisms outlined in the 2014/15 CMHP;
- assessing the purpose of existing planning mechanisms and applicability to lead agency planning requirements; and
- any proposed changes to planning mechanisms (e.g. establishing a new CYMH planning table).

ASSESSMENT

The chart below, compiled for the 2014/15 CMHP, summarizes existing community planning mechanisms for children and youth services in Peel. In 2015/16, PCC's senior team met on four occasions to assess Peel's plethora of planning tables/mechanisms. Two planning bodies – Peel Children and Youth Planning Group (PCYPG) and Peel Children and Youth Initiative (PCYI) – emerged as possible candidates for a CYMH planning table. PCYPG has multi-sectoral representation but its work has focused on the Development Services sector. PCYI also has participation from multiple sectors but none of its four existing planning tables would be appropriate for this work.

Our analysis presented a dilemma. The broader sectors play a critical role in the planning, delivery and funding of community mental health services and need to be involved in planning for a CYMH system in Peel. But how do we “layer on” another planning mechanism specific to CYMH when staff across the children- and youth-serving sectors already attend several planning bodies?

PCC decided that that best way to receive unbiased and forthright advice from our sector partners was to have a third party conduct a thoughtful and comprehensive consultation. As such, we retained Jane Fitzgerald to lead this process. This consultative process is not yet complete, as Peel's CMHP work was delayed by the competing time demands of PCIN implementation and engagement of Core Service Providers in developing recommendations for MCYS' allocation of its new investment in Core Services. Nonetheless, as the Engagement Summary shows, Jane has consulted with 2/3 of the sectors and is continuing her work in the early weeks of 2016/17.

The creation of a new CYMH Community Planning Mechanism for the Peel Service Area is the key deliverable in Section E (Priority Identification) of this plan.

EXISTING PLANNING MECHANISMS

| Process/mechanism (including frequency/timing) | Partners involved (sectors) | Role of the lead agency | Purpose | Outcome/status (e.g. planning document) |
|--|---|---|--|--|
| Peel Child & Youth Advocacy Centre (CYAC) – Planning Committee (meets monthly) | Child and youth mental health, child welfare, hospitals, youth justice, specialized services, | Represent CYMH (particularly Sexual Abuse Treatment & Child Witness services) to advise | Developmental, operational planning and implementation of a Peel CYAC. | Implementation of CYAC: a child- and youth-friendly, community-based, culturally competent location where child and youth victims of |

| Process/mechanism (including frequency/timing) | Partners involved (sectors) | Role of the lead agency | Purpose | Outcome/status (e.g. planning document) |
|--|---|---|---|---|
| | newcomer/refugee/settlement | on programs that operate out of the CYAC | | abuse and violence receive the highest quality, multidisciplinary response to the investigation and treatment of child abuse. |
| Peel Service Collaborative (Systems Improvement through Service Collaboratives initiative – SISC) | Parent representative, CYMH service providers, education, child welfare, children’s treatment centres, hospitals, primary health care, public health, youth justice, specialized services, faith-based groups, aboriginal services, francophone services, newcomer/refugee/settlement, developmental services, LHINs, early years | Community participant for the CYMH sector | To support local systems to improve coordination and enhance access to mental health and addiction services Peel decided to focus on reducing ER visits by increasing capacity of community planning through Holistic Crisis Planning (HCP) and Mental Health First Aid (MHFA) training (a 2-year project). | Decision to keep SISC Planning Table for ongoing purposes to continue to support activities related to HCP and to potentially act as a planning table where broad community representation/ input is being sought |
| Peel Children and Youth Planning Group (PCYPG) | CYMH service providers, education, child welfare, children’s treatment centres, hospitals, youth justice, developmental services sector, LHINs, Early Years | Community participant for the CYMH sector | <ul style="list-style-type: none"> • Strategic planning to provide a framework for agencies and to help direct MCYS funding/resources to meet the priorities and needs of Peel • Collective problem-solving of systemic issues • Sharing information, research, data to strengthen effectiveness of services • Communicating anticipated program changes and their impact on the system • Providing advice to MCYS • Advocating for children/youth • Maintaining linkages with other planning bodies | Participation is most active with DS representatives. |

| Process/mechanism (including frequency/timing) | Partners involved (sectors) | Role of the lead agency | Purpose | Outcome/status (e.g. planning document) |
|--|--|---|---|--|
| | | | <ul style="list-style-type: none"> • Liaising with PCYI Systems Integration Table | |
| Service Resolution Peel – Child Review Committee | CYMH service providers, education, child welfare, children’s treatment centres, hospitals, developmental services sector, LHINs | Community agency participant and representative | To review the situations of children/youth (up to age 18) and their families whose needs are sufficiently urgent, complex, extraordinary and atypical that they cannot currently be met within the existing services of agencies. | Ongoing mandate. Joint recommendations of funding for Complex Service Needs children/youth across multiple sectors |
| Peel Crisis Capacity Network (PCCN) | CYMH service providers, children’s treatment centres, hospitals, public health, specialized services, developmental services, LHINs | Informal partnership | PCCN addresses support needs of individuals and families with a developmental disability and/or dual diagnosis (developmental disability and mental health needs). Its mandate is to assist families and individuals with accessing appropriate and responsive supports and services to help alleviate the individual and/or family’s experience of crisis. | Crisis response service to DS sector. Has a small Flexible Services Fund to meet immediate needs of this community. Serves up to age 18. |
| Peel Children and Youth Initiative (PCYI) – System Integration Table | Representatives of each of PCYI’s alignment tables (co-chairs) and a member of PCYI’s board. Co-chairs from: Peel Early Learning Special Needs Advisory Committee (PELSNAC), Community Advisory Network, PCYI School Years Planning Table, PCYI’s Bridging the Transitional Years, PCYI Board of Directors, PCYPG, PCYI staff. | Co-chair of PELSNAC | A planning committee of PCYI’s System Integration Framework (SIF); acts as the primary liaison between the PCYI Board of Directors and the other planning tables in the SIF. | New table created in 2013; active; ongoing. Process of identifying community planning priorities and how to integrate work of SIF is still evolving. |
| PCYI – School Years Planning Table | CYMH service providers; education; child welfare; children’s treatment | Co-Chair, CYMH representative | A planning committee of PCYI’s System Integration Framework | New table created in 2014; active; ongoing; in process of |

| Process/mechanism (including frequency/timing) | Partners involved (sectors) | Role of the lead agency | Purpose | Outcome/status (e.g. planning document) |
|--|--|--|--|---|
| (5-6 meetings per year; additional meetings of working groups as needed) | centres; youth justice; specialized services; newcomer/refugee/settlement; developmental sector | | focused on children and youth 7-18 years of age | identifying community planning priorities |
| PCYI – Bridging the Transitional Years (5-6 meetings per year; additional meetings of working groups as needed) | CYMH service providers; child welfare; public health; youth justice; specialized services; LHINs | Co-Chair, CYMH representative | Support the System Integration table in developing a comprehensive integrated planning table by providing expertise, knowledge and best-practices for the 13-24 sector | New table created in 2014; active; ongoing; in process of identifying community planning priorities |
| PCYI – Success by Six (Sx6) (meets monthly) | CYMH service providers; education; children’s treatment centres; child welfare; specialized services; newcomer/refugee/settlement; developmental sector, regional library and recreation, public health, early learning settings. Acts as Peel’s Best Start Network table and is connected to the CAN. (Community Advisory Network), Early ID Committee and FASD Steering Committee. | CYMH representative for Peel Region | Strategic integrated system planning with a primary focus on families with children prenatal to 6 years. Advise and make recommendations on matters relating to children under 6 and their families to PCYI’s Integrated Community Planning Table and/or to other stakeholders upon request and/or at the initiative of Sb6. | Well established planning table with a track record for: <ul style="list-style-type: none"> • success with funding applications • disseminating information and consulting with service providers from a wide variety of sectors through the Community Advisory Network • creating the Peel Children’s Charter of Rights • launching innovative committees and services |
| Peel FASD Steering Committee (meets monthly) | CYMH, youth justice, child protection, education, infant development, children’s treatment centres, public health, MCYS, LHIN | PCC representative for CYMH and FASD Diagnostic Team | Increase awareness of FASD and oversee the Peel FASD diagnostic team, which provides assessment for children age 0-6 years through an in-kind, virtual clinic. | This longstanding committee succeeded in securing funding for a FASD coordinator, but has struggled with sustaining funding for the coordinator, referrals, and turnover of staffing for the diagnostic team. |

| Process/mechanism (including frequency/timing) | Partners involved (sectors) | Role of the lead agency | Purpose | Outcome/status (e.g. planning document) |
|---|--|---|--|---|
| Peel Francophone Committee | CYMH, childcare, LHIN, education, Region of Peel, specialised (domestic violence), child protection | PCC representative for Peel Region Early Years and French Language CYMH | A coalition of service providers d committed to delivering services in French to Peel children and youth and their families. The focus is on French-speaking children and youth 0-24 years of age and their families, including their parents, foster parents, guardians and caregivers. | The committee currently places much of their effort on updating French language resource sites, sharing information, and organizing an annual francophone celebration event. |
| Postpartum Mood Disorder Steering Committee (Region of Peel) | CYMH, adult mental health, public health, hospital, infant development, OEYC, child protection | PCC Peel Infant Parent Program (PIPP) representative | Strives to provide a coordinated, comprehensive and sustainable continuum of services for parents experiencing mood disorders throughout the antenatal and postpartum period. Also aims to increase awareness of PMD, decrease stigma, build service capacity and advocate for funding. | Supports a newsletter phone support, and recently produced a YouTube video. |
| Peel Inclusion Resource Services (PIRS) – Steering Committee (meets weekly) | Special Needs Resourcing (SNR) providers' management team (represents PCC, ErinoakKids, Region of Peel Children's Services, Surrey Place Blind-Low Vision, Community Living Mississauga and Brampton Caledon Community Living) | PCC representative for Peel Region Special Needs Resourcing | Responsible for planning, implementing and operating the revised SNR service now known as Peel Inclusion Resource Services (PIRS) | Oversees the implementation of the PIRS service, data collection, promotion and ongoing development of the new service delivery model to support children with special needs in licenced home and childcare settings, and before and after school programs. |
| Peel Youth Concurrent Disorders Committee | CYMH; education (district school boards); child welfare; hospitals; public health; youth justice; specialized services; LHIN | Chair, host of committee | Group focused on sharing resources relating to treatment and service provision to youth experiencing CD in Peel | |
| Mississauga Halton LHIN – Transitional Aged Youth Steering Committee | CYMH; hospitals; specialized services; LHIN | CYMH representative | To support and maintain the LHIN-wide transitional process for mental health and addiction system, both youth and adult sectors, and to | DELIVERABLES: <ul style="list-style-type: none"> develop and implement standardized protocols related to youth transition, |

| Process/mechanism (including frequency/timing) | Partners involved (sectors) | Role of the lead agency | Purpose | Outcome/status (e.g. planning document) |
|--|--|---|---|---|
| | | | create a seamless transition for youth and their families. | <p>including collaborative strategies for follow-up</p> <ul style="list-style-type: none"> • implement necessary changes to address service gaps related to youth transitions in the system • integrate youth services into Mississauga Halton LHIN Co-location Initiatives • monitor outcome of TAY Coordinating Committee through client and service-provider feedback |
| Mississauga Halton LHIN – Transitional Aged Youth Coordinating Committee | CYMH; hospitals; youth justice; specialized; LHIN | CYMH representative | Problem-solving specific complex cases in TAY and adult mental health systems in Mississauga Halton area | Active; meets monthly to perform service resolution function for TAY in Mississauga Halton area. |
| Central West Concurrent Disorders Network (CW CDN) | CYMH; hospitals; specialized services; newcomer/ refugee/ settlement; LHIN | Signed partnership agreement; CYMH representative and member of the network | <p>Partner agencies work collaboratively with each other, Reconnect Mental Health Services and the CW CDN to</p> <ul style="list-style-type: none"> • Develop & implement a partnership-based service that offers a continuum of short-term specials services and supports • Provide quick, coordinated access to these services/supports | |
| Youth-at-Risk AYSP Community Advisory Committee (meets quarterly) | CYMH; education (district school boards, child welfare; hospitals; public health; specialized services | CYMH representative | Provides guidance and support to AYSP’s RAIN, TAYO, DBT and YBB programs. | Active group that provides ongoing support to youth programs at AYSP |
| SystemWise (CMHA Peel) | CYMH; DS; adult mental health; health | None | Coordinate service resolution function in Peel. Staff involved in “System Coordination-type work” voluntarily agreed to collaborate as a network in order to better centralize | Collaborate as a network |

| Process/mechanism (including frequency/timing) | Partners involved (sectors) | Role of the lead agency | Purpose | Outcome/status (e.g. planning document) |
|---|---|--|---|--|
| | | | System Coordination access and maximize resources, knowledge, and problem-solving. | |
| Child Abuse Review Team (CART) (meets quarterly) | CYMH; child welfare; hospitals; primary health care; public health; youth justice; specialized services; early years | CYMH representative | <ul style="list-style-type: none"> considers information related to the volume and nature of child abuse in the Region of Peel may make recommendations with respect to the development of agency services or community services/initiatives provides a forum for discussion, planning and advocacy on child abuse related issues | Child Abuse Protocol (most recently updated in 2014) <i>Working Together to Keep Children Safe</i> (information booklet for the public and for professionals) |
| Peel Human Services & Justice Coordinating Committee | CYMH; youth justice; adult mental health; housing; developmental services; child welfare; LHIN; health; social services | Receive correspondence | Coordinate communication and service integration planning between health, criminal justice, and developmental service organizations within Peel region. | |
| Central West LHIN Service Resolution | CYMH; hospitals; youth justice; specialized; LHIN | CYMH representative | Problem-solving specific complex cases in TAY and adult mental health systems from Central West region | |
| System Coordination Joint Management Committee | CYMH; hospitals; youth justice; specialized services developmental sector; LHIN | CYMH representative | <ol style="list-style-type: none"> To oversee the Mental Health & Addictions System Co-ordination Service To monitor the achievement of the 2014-2015 implementation plan. To oversee identified gaps in service through program evaluation and quality monitoring. To communicate with other Levels and within the system to promote the service resolution model. | |
| Systems Integration Group for Mental Health and Addictions (SIGMHA) | Hospitals; specialized services; LHIN | None; committee made up of executive level | Provide oversight of LHIN funded programs in Mississauga Halton LHIN territory | |

| Process/mechanism (including frequency/timing) | Partners involved (sectors) | Role of the lead agency | Purpose | Outcome/status (e.g. planning document) |
|--|--|--|--|---|
| – Mississauga Halton LHIN) | | representation from LHIN-funded agencies | | |
| Mental Health and Addiction Core Action Group (CAG) – Central West LHIN | Hospitals; specialized services; LHIN | None; committee made up of executive level representation from LHIN-funded agencies | Works directly with Central West LHIN in moving forward actions related to the Mental Health and Addiction Services priority outlined in the LHIN's Integrated Health Services Plan. | |
| Regional Diversity Roundtable | Newcomer/refugee/settlement; school boards; hospitals; CYMH; adult mental health; family services; child welfare; housing/shelters; food banks; fire services; sports, recreation and culture; United Way; specialty services | Individuals representing human and public service organizations that are committed to inclusion, equity and diversity competence. Aim is to institutionalize equity in core values, structures, workforces, policies and services. | | |
| Peel service area's school boards (English public and separate; French public and separate): planning for mental health services that are delivered in partnership with other sectors (quarterly meetings of each board with each of the other sectors) | Separate meetings: <ul style="list-style-type: none"> • school board staff/PCC; • school board staff/AYSP; • school board staff/ Central West LHIN mental health nurses • school board staff/ Mississauga Halton LHIN mental health nurses | PCC staff attend meetings to plan School-Based Services (SBS) that PCC jointly delivers with each Board. PCC does not typically attend the boards' meetings with AYSP or the LHINs. | Plan with board staff (chief psychologists, chief social workers and/or social work leads, chief CYWs) to meet the mental health needs of students, particularly those with Level 3 or 4 needs | No formalized protocols; key outcome is to deliver SBS per MCYS funding criteria and service targets. More information is available in the Core Services Delivery Plan. |

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

Section E - Priority Identification:

Lead agencies must identify **up to three** priorities regarding pathways and relationships with system partners (see Appendix B for sample template). For identified priorities, the description must be accompanied by:

- clearly defined problem/objective;
- strong rationale supported by evidence;
- 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 system partners.

Community priorities could focus on the following areas (note that this is not an exhaustive list):

- transitions between the youth and adult sectors;
- formalizing referral/pathway relationships with community partners;
- establishing effective mechanisms for community planning.

| Name of Priority #1: Complete summary of CYMH services/programs delivered in the service area through system partners | | |
|--|--|----------------------------|
| Rationale: This summary is a requirement of the CMHP and Peel's summary is not yet complete. Some service partners have been provided templates that have not yet been returned to PCC, while others have shared information at a different level that needs to be aligned with the Core Services & Key Processes of MOMH. | | |
| Objective – describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets were possible (e.g. waitlists, protocol developed): | | |
| Deliverable(s) | Task(s) | Estimated Timelines |
| Reach out to remaining service partners | <ul style="list-style-type: none"> • Update contacts where staff have departed • Schedule and hold meetings to review service information that is being requested • Distribute templates to be completed (templates were developed in 2015/16) • Follow up with partners as needed | Q1-Q2 |
| Complete Sector Partner Services Summary | <ul style="list-style-type: none"> • Work with CYMH Community Planning Mechanism to obtain remaining data (see Priority #2) • Clarify data received and add it to existing chart | Q3 |

| | | |
|---|---|-------|
| Draft a preliminary map of community CYMH services | <ul style="list-style-type: none"> • Organize services within a mapped framework • Work with Community Planning Mechanism to verify accuracy of the map | Q3-Q4 |
| Finalize summary/map and share with broader community | <ul style="list-style-type: none"> • Finalize summary and map • Broadcast distribution via Community Planning Mechanism and sector partners • Post summary/map on PCC’s website (Lead Agency page) | Q4 |

| |
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| <p>Name of Priority #2: Complete the development of a CYMH Community Planning Mechanism for the Peel Service Area</p> |
| <p>Rationale:</p> <p>As noted in Section D, PCC assessed Peel’s many planning tables/mechanisms in 2015 and concluded that none was appropriate to become the CYMH Community Planning Mechanism for the Peel Service Area. We were concerned about how best to move forward, realizing that broad sector involvement is critical to planning for a local CYMH system and improving service delivery and pathways to, through and out of CYMH services. However, we also recognized that staff across the children- and youth-serving sectors were “spread thin” in their work with Peel’s multiple tables.</p> <p>PCC decided that that best way to receive unbiased and forthright advice from our sector partners on the development of a Community Planning Mechanism was to have a third party conduct a thoughtful and comprehensive consultation. As such, we retained Jane Fitzgerald to lead this process and worked with her to develop a question guide. The consultative process is ongoing (Jane has met with 2/3 of the sectors and is continuing her work in the early weeks of 2016/17.) When the consultation has been completed, PCC will write a report and share it with the key informants and the broader community. While this report has not been written yet, input from the consultations to date includes:</p> <ul style="list-style-type: none"> • Partners recognize that this is a massive undertaking that will take time, but one that is worth doing for kids and families in Peel. There is also appreciation that this is an authentic process with a real sense of engagement, not just “a set of boxes to be ticked off.” • Comments included, “this is not PCC’s alone to solve ... the community needs to own this journey as well.” • We have received advice to construct the planning mechanism in a tiered fashion “like an accordion ... at times we go wide and try to involve as many as possible; at times we narrow to bring to the table those who will do the work and ensure progress.” • We need to engage children, youth and families in planning. Their needs must be the centre from which the work proceeds. • The diversity of the Peel community needs to be well understood and reflected in the work going forward. • We were advised to communicate widely and not be afraid to share “the good, the bad and the ugly.” • Some parties want PCC to “get going” with others advising us to “take it slow.” Despite this mixed advice, there is consensus that we are planning in an environment that is changing quickly so the mechanism needs to demonstrate flexibility to respond to emerging demands. |
| <p>Objective – describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets were possible (e.g. waitlists, protocol developed):</p> |

| Deliverable(s) | Task(s) | Estimated Timelines |
|---|---|-----------------------------------|
| Conclude consultations with remaining sectors and draft report on findings | <ul style="list-style-type: none"> • Issue invitations with question guide • Schedule and hold meetings • Compile findings, analyze sector partners' feedback and write report • Distribute report to key informants for feedback and to verify accuracy | Underway; will conclude in Q1 |
| Draft a conceptual framework for CYMH Community Planning Mechanism for Peel Service Area | <ul style="list-style-type: none"> • Based on findings of consultations, draft mandate, scope, vision, sectors/membership and framework/design • Framework to include Youth Engagement (YE) and Family Engagement (FE) • Framework to reflect and include the diversity of the Peel community | Q1 |
| Seek community feedback on findings of the consultations and share draft conceptual framework | <ul style="list-style-type: none"> • Set meeting date and reserve venue • Update sector distribution lists • Invite a broad range of community sectors • Host meeting to share draft and obtain sector partners' feedback • Post report and draft framework on PCC website (Lead Agency page) | Late in Q1 |
| Establish Core Working Group for CYMH Community Planning Mechanism | <p>Working Group tasks could include:</p> <ul style="list-style-type: none"> • Draft Terms of Reference • Work with YE and FE Coordinators to establish YE and FE mechanisms • Support PCC to obtain information needed for Priority #1 (summary/map of CYMH services offered by community sectors) • Support consultations around CSDP proposal to review Brief Services in Peel • Inform development of CMHP for 2017/18 | Q2-Q4 |
| Consider resources needed for Community Planning Mechanism to be successful | <ul style="list-style-type: none"> • Determine staff support needed and budget • Meet with program supervisor as part of discussions around capacity-building funding | Q4 discussions for 2017/18 budget |
| Expand implementation of CYMH Community Planning Mechanism | <p>Mechanism could include:</p> <ul style="list-style-type: none"> • Core working group (i.e. hub) • Sub-groups (i.e. spokes) • Broader community table | Q3-Q4 |

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| Conduct equity analysis to ensure that the diversity of Peel is adequately reflected in the design of the mechanism | <ul style="list-style-type: none"> • Scope the project; proceed to RFP if required • Retain consultant to conduct analysis | 2017/18 |
| Revise Community Planning Mechanism in light of emerging priorities | <ul style="list-style-type: none"> • As necessary, adjust operations and terms of reference of Community Planning Mechanism based on initial experience and 2017/18 CMHP priorities | 2017/18 and ongoing |

Section F – 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 CMHP. 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 Core Services delivery 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, CSP 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 (CSDP), and in mapping CYMH services for Peel's Community Mental Health Plan.

Going forward, there will be further discussions with 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.

At a broader community sector level, PCC is a member of the Comité francophone familles de Peel, whose Vision is (translation into English): "Francophone families of Peel, in all their diversity, are at the centre of a thriving francophone community. Francophone families are empowered and benefit from accessible high quality French language services, where every door is the right door." This committee developed terms of reference in 2013 and defined its membership, which is broad based and includes:

Voting:

- CDRCP / Community Information Partners Peel / OEYC
- Centre de services de santé Peel et Halton
- Centre Francophone de Toronto, now represented by "Service Pidef Peel-Halton"
- Conseil scolaire de district catholique Centre-Sud
- Conseil scolaire Viamonde
- Élargir l'espace francophone
- Le Cercle de l'Amitié
- Le Collège du Savoir
- Oasis Centre des Femmes
- Peel Children's Aid Society
- Peel Children's Centre
- Reflet Salvéo
- Region of Peel: Human Service, Public Health and Police
- Central West Local Health Integration Network (LHIN)

Non-voting:

- Ministry of Children and Youth Services

The committee's projects include: creation of a strategic plan; creation of a French database; and work on le lien français, an annual event celebrating francophone culture and heritage. Community service-providers provide information on French-language services at le lien.

There is potential to work with this committee to engage the broader francophone community (both service providers and families) in the development of the CYMH Community Planning Mechanism for the Peel Service Area.

ANY CHALLENGES REGARDING ENGAGEMENT WITH FRENCH LANGUAGE PROVIDERS AND STAKEHOLDERS

The greatest challenge in 2015/16 was a change of staff at all three French-language partners. PCC's three key contacts at Équipe de santé familiale, Conseil scolaire de district catholique Centre-Sud, and Conseil scolaire Viamonde all left their positions over the past year. Recruitment of their replacements is ongoing.

For the development of the CYMH Community Planning Mechanism for the Peel Service Area, a challenge will be the lack of French-speaking staff amongst those tasked with the exploration, planning and implementation stages of this key deliverable.

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 new 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 G – Approvals

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

Appendix A: Sample template for Section C

| System partner delivering service | Description of service (include where the service falls on the continuum) | Details of service | | | Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector) |
|-----------------------------------|---|---------------------|-----------|--|---|
| | | Geographic coverage | Age range | Specific population (e.g. Francophone, Aboriginal) | |
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Appendix B: Sample template for Section D

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