

# Moving on Mental Health

A System That Makes Sense for Children and Youth

## Peel Region's Lead Agency Progress Report, Fall 2016

### Vision Statement:

*We envision an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.*

**Ontario's Policy Framework for  
Child and Youth Mental Health**

### Goal:

*Together, we will transform the experience of children and youth with mental health problems and their families, so that they will know what high quality mental health services are available in our community; and how to access mental health services and supports that meet their needs.*

**Moving on Mental Health**

Dear Community Partner:

The first half of 2016/17 has seen a hive of activity amongst Peel's Child and Youth Mental Health (CYMH) service organizations as we move towards the implementation of *Moving on Mental Health* (MOMH), the Ontario government's transformation of our province's CYMH service system.

### Peel Service Area Updates:

The **Core Services Delivery Plan** (CSDP) is one of two annual plans for MOMH that each Lead Agency submits annually to the Ministry of Children and Youth Services (MCYS). The CSDP contains a summary of the service area's Core Services/Key Processes, a service area population profile, a summary of Core Service Provider (CSP) engagement activities, a report on the deliverables in the previous year's CSDP, details of the service area's priorities for the year ahead, and a description of how the Lead Agency is working with its French Language Service partners.

#### CORE SERVICES DELIVERY PLAN 2015/16 – Priorities, Objectives and Updates

Service Area Priority #1	Rationale	Main Objectives
<b>Implementation of Peel Coordinated Intake Network model (PCIN)</b>	Operationalizes the re-visioning of Centralized Intake (Mental Health Services for Children and Youth) in Peel. The PCIN model is supported by all CSPs and aligns with MOMH requirements for Coordinated Access/Intake.	<ul style="list-style-type: none"><li>• Implement a standardized, evidence-based intake tool (interRAI Screener)</li><li>• Implement a community referral process</li><li>• Adjust intake process, standards, procedures and protocols</li><li>• Simplify access</li><li>• Brand PCIN</li><li>• Implement the PCIN Central Intake Module of EMHware (new common clinical database)</li></ul>

**Progress to date:**

Coordinated Access/Intake in Peel will have the same intake information collected and entered across Peel’s CSPs into the same data system. The process will include a common intake (the interRAI Screener and a set of standardized intake questions) and program transfers within the CYMH service system, such that no other intake will be required.

Implementation of the interRAI Screener is progressing well. 30 staff have been trained and activities have included competency testing and a “Train the Trainer” event. A guide has been developed to support the integration of the Screener into the intake process. The Screener is expected to go live later this fiscal year.

Peel’s CYMH system map has been revised, most pathways into/through Core Services have been defined, and new protocols/agreements to support those pathways are being developed. Discussions have begun regarding transfers within the CYMH service system. The third-party community referral process is being piloted.

Implementation of the PCIN Central Intake Module of the new common clinical database has also begun, with the standardized intake questions being built into the module. It is expected that the module will go live in the last quarter of this fiscal year.

Following a Request for Proposals (RFP), Peel Children’s Centre as Lead Agency contracted with Fingerprint Communications to develop a visual identity, or brand, for PCIN as the “front door” that will be visible, memorable and meaningful for youth and families who need to find it in order to access CYMH services. A focus group was held with CSPs in September and more than 100 community partners were asked to complete a survey asking about their experiences with Peel’s CYMH system. This survey and other focus groups/workshops will lead to the development of PCIN’s brand profile.

Future efforts will include the development of a youth access strategy, in conjunction with the Youth Engagement efforts reported under CSDP Service Area Priority #4.

Service Area Priority #2	Rationale	Main objectives
<p><b>Implementation of a common assessment/ outcome tool (the interRAI ChYMH) at all CSPs in the Peel service area</b></p>	<p>Will provide clinical data consistency across the Peel service area to support planning, service delivery/ program alignment and performance management, enabling Peel’s CSPs to demonstrate that our CYMH services meet the mental health needs of the children and youth we serve</p>	<ul style="list-style-type: none"> <li>• InterRAI ChYMH training and testing</li> <li>• Community of practice for staff who use the ChYMH</li> <li>• Plan for implementing the ChYMH</li> <li>• Map the process for completing the Screener and the ChYMH</li> <li>• Integrate the ChYMH with the clinical database</li> </ul>

**Progress to date:**

In 2015, all CSPs in Peel decided to adopt the interRAI Child and Youth suite of standardized, evidence-based tools. An interRAI Implementation Team – with membership from CPRI, Lead Agency staff and all CSPs – was struck to lead implementation in Peel. Training on the interRAI ChYMH (for clinical assessment and outcome-monitoring) began later in 2015, with more than 200 staff having been trained to date. Competency testing began earlier this year and concluded in April. To ensure sustainability and consistency with respect to use of the interRAI tools, the Implementation Team developed a “train the trainer” session in February 2016. Ten staff were trained and formed Peel’s interRAI Training Team. This team also supports existing users.

InterRAI implementation activities so far in fiscal 2016/17 have included:

- The ChYMH went live in June 2016. Staff have begun to imbed the use and results of CHYMH into clinical practice and to integrate ChYMH reports into client/family communications.

- Three days of ChYMH training for new staff occurred this fall, with more training scheduled in January.
- The Implementation and Training teams continue to meet and support interRAI implementation, with a focus on the tool's integration into staff's clinical work.
- InterRAI literacy training was provided for psychiatrists at Trillium Health Partners and for 50 Child and Youth Counsellors (CYCs.) Additional interRAI literacy training for other stakeholders is being developed.
- CPRI has created three Regional Communities of Practice (COPs) for ChYMH Trainers, Assessors and Operations. Peel Children's Centre hosted the meetings of Central Region's three COPs in October.

Service Area Priority #3	Rationale	Main objectives
<b>Implementation of a common clinical database (EMHware) for Peel's four community-based CSPs</b>	Will provide the means to store, protect and facilitate the analysis of clinical data so Peel CSPs can meet MOMH objectives for planning, service delivery/program alignment, and performance management	<ul style="list-style-type: none"> <li>• Design and coding</li> <li>• Technical development</li> <li>• Completion of custom programming</li> <li>• Testing and launching</li> </ul>

**Progress to date:**

There has been intensive behind-the-scenes work over the past several months, including EMHware's technical preparation and CSPs' preparations to transfer data from existing databases into this new common database. Training on EMHware is beginning shortly at Peel Children's Centre, which will move onto EMHware in January 2017. The other three community-based CSPs (Associated Youth Services of Peel, Nexus Youth Services, and Rapport Youth & Family Services) will train their staff and move onto EMHware by fiscal year-end.

Future efforts will include discussions with Peel's two hospital-based CSPs (Trillium Health Partners and William Osler Health System) about building data bridges to incorporate the hospitals' CYMH clinical data.

Service Area Priority #4	Rationale	Main objectives
<b>Development and implementation of a system-wide mechanism for Youth Engagement (YE)</b>	Aligns with MOMH expectations for YE. YE has emerged as a guiding service principle amongst all CSPs in Peel, building on the experience of Nexus Youth Services, which has integrated YE into its service design, delivery and evaluation.	<ul style="list-style-type: none"> <li>• Develop a plan to lay the groundwork for YE in the Peel service area</li> <li>• Improve opportunities for communication and collaboration between Peel's CSPs</li> <li>• Develop a system-wide mechanism for YE to be used in the Peel service area</li> </ul>

**Progress to date:**

YE activities so far this fiscal year have included:

- Engagement of five Youth Research Volunteers (YRVs), who facilitated 12 focus groups across Peel, including one with the CSP table
- In partnership with the YRV's, Peel's YE Coordinator developed an environmental scan report which was shared with stakeholders and helped to inform upcoming training on "The Art of Youth Engagement" to be hosted by the Ontario Centre of Excellence for Child and Youth Mental Health
- Each CSP received an informal analysis summarizing themes that emerged in focus group discussions with their staff and youth clients
- One CSP has introduced a YE Committee
- A YE training plan has been developed, with training to start in the new year.

Peel's YE Coordinator, Nancy Hood, recently accepted a new career opportunity that will build on her YE expertise. We thank Nancy for her outstanding YE achievements and wish her the very best. A new YE Coordinator, Omar Goodgame, was recently recruited through a process that engaged the YE Working Group. We welcome Omar and look forward to working with him and our youth to continue advancing YE in Peel.

Service Area Priority #5	Rationale	Main objectives
<b>Development and implementation of a system-wide mechanism for Family Engagement (FE)</b>	Aligns with MOMH expectations for FE. Existing agency-specific FE is being re-conceptualized from a community perspective so future benefits can accrue across the Peel service area.	<ul style="list-style-type: none"> <li>• Develop a plan to lay the groundwork for coordinated FE in Peel</li> <li>• Develop a system-wide mechanism for FE to be used in the Peel service area</li> </ul>

**Progress to date:**

- Peel's FE Coordinator, Stephanie Bush, presented to the CSPs in April 2016. She has met with senior staff at all CSPs to discuss focus-group and working-group collaboration and their participation in FE activities.
- An environmental scan and inventory of FE practices are underway.
- An evaluation framework is being developed.
- Consultations with caregivers have been held and another two sessions are occurring shortly. Participants include families from all of Peel's CSPs.
- Working with the Ontario Centre of Excellence and with Parents for Children's Mental Health, an FE training plan has been developed. Seven community-wide workshops for CSP staff, at all levels and in both clinical and non-clinical roles, are scheduled for January 2017. The goal is to develop a shared understanding of FE in Peel and to identify champions who will help to move the initiative forward.

Service Area Priority #6	Rationale	Main objective
<b>Review of Brief Services in the Peel Service Area</b>	To achieve full alignment with MCYS' Program Guidelines and Requirements, and to optimize service delivery/program alignment across the Peel CSPs who deliver Brief Services	<ul style="list-style-type: none"> <li>• Determine the scope of the review</li> <li>• Determine processes and establish a working group</li> <li>• Develop a work plan</li> </ul>

This is an emerging initiative. A work plan will be ready by the end of the fiscal year, with the review occurring in fiscal 2017/18.

MOMH also requires Lead Agencies to submit an annual **Community Mental Health Plan (CMHP)** that summarizes community engagement efforts, provides an overview of sector partners' services, assesses community planning mechanisms towards meeting Lead Agencies' community planning requirements, identifies priorities regarding pathways and relationships with system partners, and describes how we work with our French Language Service partners.

Whereas the CSDP focuses on priorities for the CYMH system funded by MCYS, the CMHP focuses on working with others sectors (e.g. school boards; healthcare providers) that also provide mental health services for children, youth and their families. The two plans work together to achieve the Vision and Goals of MOMH.

COMMUNITY MENTAL HEALTH PLAN 2015/16 – Priorities, Objectives and Updates		
Service Area Priority #1	Rationale	Main Objective(s)
<p><b>Complete the summary of CYMH services/programs delivered in the Peel service area through system partners</b></p>	<p>Aligns with the MOMH requirement for the CMHP to contain a Sector Partner Services Summary</p>	<ul style="list-style-type: none"> <li>• Reach out to remaining partners</li> <li>• Complete the Sector Partner Services Summary</li> <li>• Draft a preliminary map of services</li> <li>• Finalize the summary/map and share it with the broader community</li> </ul>
<p><b>Progress to date:</b></p> <p>This mapping of services will be completed by a working group of the new CYMH Community Planning Mechanism for Peel (see below). The working group will consult with a range of child/youth-serving sectors to obtain the remaining data needed, organize the services within a mapped framework, and verify the accuracy of the summary and map. The Lead Agency will share the summary/map with the full Community Planning Mechanism and with all who contributed to the work.</p>		
Service Area Priority #2	Rationale	Main Objective(s)
<p><b>Complete the development of a CYMH Community Planning Mechanism for the Peel service area</b></p>	<p>Aligns with MOMH expectations for the creation of a Community Planning Mechanism specific to CYMH. In 2015/16, the Lead Agency assessed Peel's many planning tables/mechanisms and concluded that none met the requirements of MOMH.</p>	<ul style="list-style-type: none"> <li>• Conclude consultations and report on the findings</li> <li>• Draft a conceptual framework for the Community Planning Mechanism</li> <li>• Seek community feedback on the findings of the consultations and share the conceptual framework</li> <li>• Establish a working group</li> <li>• Consider the mechanism's resource needs</li> <li>• Expand implementation</li> </ul>
<p><b>Progress to date:</b></p> <p>Early in 2016, the Lead Agency contracted with a consultant to conduct a consultation with a range of sector partners, obtaining their forthright advice on a community planning mechanism specific to CYMH. In June the Lead Agency convened a meeting of close to 100 sector partners to provide an opportunity for the consultant to share the advice she had received and to seek partners' input on the design of the mechanism and remaining sectors/partners to consult.</p> <p>The consultation concluded in the fall. A summary report on the consultations is being finalized, as is the conceptual framework for a CYMH Community Planning Mechanism for the Peel service area. The report and conceptual framework will be shared with the Peel community shortly.</p> <p>Early in 2017, the Lead Agency will establish a working group within the CYMH Community Planning Mechanism. As recommended by a sector partner, the mechanism will be tiered "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." As noted above, the initial task of the working group will be to complete the first CMHP priority: a comprehensive summary and map of CYMH services provided across the various child- and youth-serving sectors in Peel.</p>		

### Provincial Updates:

Provincial-level work to advance the MOMH transformation agenda has consumed much time and effort in recent months. Humphrey Mitchell, CEO of Peel Children's Centre, co-chairs the CYMH Lead Agency Consortium, sits at the MCYS/Lead Agency Partnership Table, and is a member of the Consortium's working groups on Funding Allocation and Governance & Operations. Dr. Kathy Sdao-Jarvie and Ceri Harnden are members of the Consortium's Data and Functional Communications working groups, respectively.

As noted in the recently released *2016 Annual Report* of the Auditor General of Ontario, MCYS has modified the future role of Lead Agencies such that MCYS will retain financial and contractual oversight of CSPs. MCYS is working with Lead Agencies to develop appropriate accountability agreements before they assume their full responsibilities. These agreements will clearly articulate and support Lead Agencies in their roles and responsibilities, including planning for the delivery of Core Services and supporting continuous quality improvement.

Other provincial efforts in this fiscal year have focussed on:

- Development of a new **funding allocation model** working with the consulting firm, MNP. Consultations with CSPs across Ontario occurred in recent months. Child and youth population will be the key driver of a new model, combined with socio-economic indicators, diversity and rurality. These drivers must be supported by reliable, consistent data that exist for every service area in Ontario. The new funding allocation model is expected to roll out in fiscal 2017/18, taking effect on April 1, 2018.
- **Legislation and regulations** to amend the *Child and Family Services Act*. A bill is expected to be introduced at Queen's Park shortly that will include the changes required for the full implementation of MOMH.
- Development of a new CYMH **Business Intelligence (BI) solution** to receive and analyze information from CSPs across Ontario.
- Fulfilling the first objective of the Lead Agency Consortium's Strategic Plan – **Initiating the Consortium and its Governance**. This includes decision-making, operating structure and information flow.
- Supporting the mental-health needs of **Syrian refugees**. MCYS has developed a five-point Syrian Refugee Settlement Support Plan: (1) establish single points of contact at each regional office to work with settlement agencies; (2) identify and connect children, youth and families to CSPs; (3) expand youth outreach programs; (4) establish a Specialized Refugee Children's Response Team; and (5) establish a mental health assessment team. CPRI is leading this fifth area of support, engaging Lead Agencies to establish how CPRI can best partner with Lead Agencies to support CSPs and refugee children and youth experiencing significant mental health issues.

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To all our community partners, thank you for your interest in and support of Peel's *Moving on Mental Health* transformation agenda. We are excited about the potential for system transformation to enable simpler, more visible access to a system of high quality services for children and youth in Peel who are facing mental health challenges. We also remain committed to our role in building a provincial system that recognizes and supports child and youth mental health.

As Lead Agency and on behalf of our CSP partners, Peel Children's Centre is committed to providing timely, useful information about MOMH progress in the Peel community. We hope you find this update helpful. If you have suggestions or questions, please contact us at [PeelMOMH@peelcc.org](mailto:PeelMOMH@peelcc.org). Information is also available on the MCYS website: [www.ontario.ca/movingonmentalhealth](http://www.ontario.ca/movingonmentalhealth).