Together in Peel

Summary Report on a Consultation to Develop a Community Planning Mechanism for Child and Youth Mental Health Services in Peel

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December 2016

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

Introduction

Building on work begun in previous years, and utilizing an independent consultation model, Peel Children's Centre (PCC) embarked on the engagement of key system partners towards the development a Community Mental Health Plan for Peel. This report is a summary of the key considerations and emerging themes to guide the design and implementation of a Child and Youth Mental Health Community Planning Mechanism for the Peel Service Area.

Background

Peel Children's Centre (PCC) is the Lead Agency for the Peel Service Area responsible for implementing the Moving on Mental Health (MOMH) action plan. Two complementary work plans guide the MOMH transformation agenda.

1. The **Core Services Delivery Plan (CSDP)** focuses on describing the Ministry of Children and Youth Services (MCYS)-funded core Child and Youth Mental Health services within a service area and recommending improvements to support a more effective and efficient service system. The objectives of the CSDP are to:
    - Strategically align resources for the provision of core services with Child and Youth Mental Health system goals and service area needs;
    - Put forward a course of action for improvements to service provision based on evidence and service area priorities;
    - Facilitate constructive engagement with Child and Youth Mental Health core service providers, youth and families about better meeting system and service needs within available resources;
    - Demonstrate accountability for the use of public funds by ensuring high-quality provision of core services in the service area;
    - Support effective transitions of children and youth through core services; and
    - Support an enhanced provincial understanding of the Child and Youth Mental Health system through analysis and identification of common themes and priorities.

2. The **Community Mental Health Plan (CMHP)** describes Child and Youth Mental Health services and supports delivered by other sectors. This plan reflects the valuable role that broader sectors play in the delivery and funding of Child and Youth Mental Health services, and will support the lead agency's work with its community partners to improve service delivery and pathways to, through and out of care.

   The identification of a community planning mechanism for Child and Youth Mental Health services is a critical deliverable designed to support achievement of CMHP objectives, which are to:

   - Describe the roles, responsibilities and services provided by other community providers within the service area in the provision of Child and Youth Mental Health services across the continuum;
   - Identify priorities for the lead agency's work with community service partners to address service needs/gaps and the work plan for addressing those priorities;
   - Describe the transparent pathways to, through and out of care, and the plan to continuously enhance those pathways; and
   - Support an enhanced provincial understanding of the Child and Youth Mental Health system through analysis and identification of common themes and priorities.

Building Community Engagement through Broader Sector Consultation

In 2014/15 PCC dedicated efforts to the identification of existing community planning tables, including an analysis of their mandates against the Ministry's requirement for a dedicated Child and Youth Mental Health planning mechanism. PCC concluded that while there is an abundance of opportunity to tap into existing planning tables for input, currently there is no one mechanism that meets MCYS' expectations for a mechanism dedicated to community mental health planning. This consultation with key sector partners is the next step towards building a Community Mental Health Plan (CMHP) for Peel.

Purpose of Consultation

As the lead agency, PCC has been tasked with creating a robust and sustainable community planning mechanism for Child and Youth Mental Health that is both efficient and effective. Engaging key partners/sectors is critical in helping to determine the issues, opportunities and challenges in developing a planning mechanism that will have the support and confidence of the community. These consultations are intended to inform next steps, including the establishment of community priorities, as we continue to build on Peel's CMHP.

Sectors Involved

- Education (Peel District School Board; Dufferin-Peel Catholic District School Board; Conseil scolaire Viamonde; Conseil scolaire de district catholique Centre-Sud)
- Health (Mississauga Halton LHIN; Central West LHIN; Trillium Health Partners; William Osler Health System; Halton Healthcare)
- Public Health (Region of Peel, Peel Public Health)
- Youth Justice (MCYS, Youth Justice Services Division)
- Adult Mental Health (Canadian Mental Health Association)
- Child Welfare (Peel Children's Aid Society)
- Developmental Services
- Peel Regional Police
- Newcomer/Settlement Services
- Faith Leaders

Engagement/Consultation Process

Targeted consultations were conducted from February to October 2016. A *Consultation Guide* was sent out in advance to sector/community leaders that included a background summary and questions to guide the discussion. Sectors themselves chose the consultation participants and face-to-face meetings occurred in their organizations or at a community venue. All sectors invited to participate responded willingly to the invitation.

Participants were asked for their input regarding:

- the best approach to creating a community planning mechanism;
- from their perspective, who else in the community would be critical to this process;
- initial priorities that should guide the work of the mechanism;
- the data they could contribute to creating a better understanding of the issues;
- the community-wide data necessary to further understand current service delivery; and
- the opportunities as well as the challenges to consider in developing a community planning mechanism in Peel.

The consultations held with faith leaders used a modified set of questions to elicit their unique community perspective.

Midway through the community consultations, a Broader Sector Partners meeting was held in June 2016 to share emerging themes and priorities and to seek additional feedback going forward.

Designing Peel's Community Mental Health Planning Mechanism: Summary of Key Considerations

Engage More Community Partners

Many expressed a desire to see all sectors and perspectives providing child and youth services having involvement in some way in the planning mechanism. This included ensuring that the voices and views of children, youth and parents be included. However, it was acknowledged that while aiming to achieve this, and to ensure the attainment of meaningful outcomes, the mechanism also has to be effective, transparent and workable.

To achieve a balance between community inclusivity and practicality, some participants suggested constructing the planning mechanism in a "tiered" fashion. Work to engage and seek input from as many as possible in the community would occur periodically using innovative community engagement practices such as community forums, speakers' corners, etc. At the same time, a focused planning process/mechanism/table would be constructed. Membership would be determined based on the vision established, the level of the discussions (i.e. strategic versus operational) and ultimately, the agreed-upon work plan. As one participant described it, *"Think of the engagement process like an accordion ... at times we go wide and try to involve as many as possible; at times we go narrow to bring to the table those who will do the work and ensure progress".*

Some expressed the view that we need to be prepared to customize our outreach efforts – for example, to go where the different faith communities gather and be prepared to listen and to develop a trusting relationship over time. As one participant said, *"Relationship building is key … and must be undertaken in an intentional way … and we ask that mental health leaders be prepared to listen and to develop a trusting relationship over time".*

There was consensus around adding to the discussion some additional community partners beyond those already involved. They include:

- Primary care and those who work as mental health practitioners in the community on a fee-for-service basis (perhaps through Community Health Centres/Family Health Teams);
- Adult community mental health agencies;
- Aboriginal/First Nations (e.g. Aboriginal Network);
- South Asian, Chinese and Black community organizations.

Others that were suggested include:

- Addictions services;
- Recreation services;
- Early child development services/child care;
- Researchers;
- Food banks; and
- Distress Centres.

The United Way of Peel Region; Region of Peel, Human Services; Peel Children and Youth Initiative (PCYI); Peel Children and Youth Planning Group; and Peel Planning Group were additional considerations in terms of planning bodies.

Seek Consensus on Vision, Values and Scope

A number of participants described Child and Youth Mental Health services as having grown "organically", and hence what exists now cannot really be called a "system". Some spoke of the need for a "paradigm shift" in mental health services to include more emphasis on wellness as part of a holistic vision focusing on each individual, and less emphasis on "diagnosis".

All participants spoke of the need to establish a vision of what we want the "system" to look like, and how we want it to function in Peel. Taking the time required to develop this shared vision, within the context of the MOMH agenda, was viewed as an essential first task for the planning mechanism. A variety of ways were suggested to accomplish this – from utilizing an independent facilitator to establishing a co-chair model made up of one community partner, with the other co-chair being from PCC. Most participants viewed the development of a shared understanding and well-articulated shared values/principles amongst community partners as being essential to establishing a mechanism that would deliver results.

A number of participants recommended utilizing the principles of change management to establish the mechanism, such as:

- Developing buy-in to vision and values
- Being transparent about the direction and goals
- Communicating openly about the process
- Identifying intended outcomes
- Measuring performance
- Continuously seeking input and communicating progress with the broader community.

One of the biggest challenges identified was to define the scope of this initiative. Questions were raised around whether we are talking about mental health, or are we really looking at organizing services to treat mental illness? There was agreement that however defined, clarity regarding the scope is essential not only to setting the priorities, but also to determining who ultimately should be at the planning table.

Understand Current Child and Youth Mental Health Service Landscape

Participants are not sure that the Peel community has a comprehensive and well-understood picture of the current service landscape. They expressed support for the development of a "Community Map of Services" that could be built with data that is currently available. Multiple sources of data were offered by the various sectors, as well as support. Overall there was a shared understanding that creating this "Map" is not an easy task (although many thought pieces of it exist in other reports), and that it requires particular skills to develop. Some organizations offered researchers/data technicians who could assist.

This Community Map could include, but would not be limited to, the following:

- a listing of existing services and mandates
- service referrals and patterns
- wait lists and time to service
- support services availability (e.g. housing; transportation)
- services in hard-to-reach areas
- child/youth and family reports about quality of service
- treatment outcome data
- capacity of existing services
- interpretation/translation costs
- accessibility
- child/youth visits to hospital emergency departments for mental health crisis.

This information will help to identify community needs, gaps in existing services, and barriers to service delivery. Important in our system-wide data collection is to understand not only who is accessing services, but also what groups are absent and who may require different strategies for engagement. Community-level reports from each sector were suggested as a potential starting point.

Be Inclusive of Faith and Ethnic Communities

A dominant theme throughout all of the consultations was the recognition of the unique diversity of the population of Peel and some of the limitations of current data with respect to how services are accessed by various ethnic groups. According to newcomer services, of the eighty people who arrive in Peel daily, 60% are newcomers. In addition, according to one recent study, 80% of Peel's population identifies a high affiliation with faith. There is the perception that many in the community have little or no confidence in Western medical approaches and go instead to naturopaths for health advice. Many rely on the "informal" supports offered through faith leaders and their organizations. A need for sensitivity was expressed for recent immigrants who may have been exposed to trauma, and could be wary of the potential impact to their citizenship status if they seek help for themselves or their family.

Members of the faith community expressed that they are unsure how they fit into the "system of supports", as they are not considered a part of the formal service system. From their perspective, the formal system devalues the informal supports they provide. Despite this, and despite the lack of any government funding, they support many youth and single mothers who require on-going supports and linkages to the formal system. Church/faith-based organizations are perceived to be a place of trust for many families, and are a very important part of the Peel community. Leaving the faith community outside of future planning and of the continuum of supports means forfeiting resources whose potential remains untapped.

Some suggestions to increase connectivity are to employ innovative outreach approaches, including the creation of a liaison body between the mental health system and faith leaders to be a channel/bridge between the formal mental health system and the informal system. Other examples included ethno-specific mental health caseloads; pilots that would place mental health workers in faith communities; and service navigators to assist people in accessing services. The

overall message was a need to be transparent in how we proceed and open to customized approaches to meet the needs of the diverse population we all serve.

Include Voices of Children, Youth and Families

Participants were unanimous in calling for the planning mechanism to ensure that the voices of those accessing mental health services be the "main point of departure" for this work. Grounding the work of the planning table/mechanism by ensuring that the needs of children, youth and families are "the centre from which the work proceeds" was viewed as essential. Aiding this will need to be the establishment of an on-going link to the evolving Youth Engagement and Family Engagement mechanisms. These links will create input and feedback loops to ensure we are "getting it right". Some suggested that we explore having a parallel youth planning process that would work alongside the work of this community planning mechanism. Others called for unique ways to bring youth voices into this conversation and not just the most vocal, but also the quiet voices that often are not heard. At the core of these various approaches was a belief that it is essential to have the voices of the consumers brought to the planning table for reflection.

Build on Lessons Learned

There is legacy of collaborative, multi-sectoral planning in Peel. Time should be taken to reflect on these experiences to see what lessons could be learned to inform this process. Some examples are:

- Peel Service Collaborative
- Peel Children and Youth Initiative (PCYI)
- Peel Children and Youth Planning Group (MCYS table)
- Mental Health and Addictions Leadership Advisory Council (adult side), which is trying to map services to align with the children's system and with the Social Services and Justice sectors.

Throughout this process, we need to remain aware of a rapidly changing planning environment and maintain linkages to initiatives in other sectors, such as *Patients First* (Ministry of Health and Long-Term Care), the *Special Needs Strategy* (Ministry of Children and Youth Services), and *Ontario's Well-being Strategy for Education* (Ministry of Education). Other initiatives include the development of intake processes for adult mental health being undertaken by the LHINs. Work on the development of a hub model (multiple agencies and services under one door to create a seamless experience for the child, youth and family) is also underway in Peel Region. Understanding the single case management system developed in Youth Justice may provide useful insights into system navigation and case management.

Design for Success

When asked what is needed for this planning mechanism to be successful (in addition to the themes outlined above), the following factors were considered important:

- It must be adequately resourced and include effective and transparent communication back to the sectors/community.

- If approached as a "table of peers", there is a greater chance for real engagement by all involved, which is deemed necessary for the development of shared strategies.
- When asked about the best representative(s) for their sector, most participants said it depends on the determination of the scope of the work to be done.
- Consideration should be given to:
    - respecting the competing priorities/pressures on everyone's time
    - ensuring involvement is "value-added"
    - continuing work between meetings to keep things moving (including, perhaps, working groups for particular priorities)
    - conducting an Equity Analysis to ensure that the diversity of Peel is well understood and is reflected in the work going forward.

Developing and sustaining a community planning mechanism was acknowledged to be complex and multilayered. Organizations will need to demonstrate their commitment to this important endeavor by ensuring staff are given time to participate. One suggestion was for the development of a "Charter" that organizations and individuals involved would sign as a commitment to the process.

Building on a "tiered approach", one suggestion was for a transparent, linked design that would include a number of elements:

- A networking element that facilitates all stakeholders coming together to share information initially and then, as the planning process continues, annually or semi-annually
- A planning table/mechanism consisting of sector partners and core Child and Youth Mental Health service providers in order to include all tiers of support and intervention
- Consideration of the information gathered at the "networking" events by the planning table/mechanism
- Regular communication to all members of the network detailing the progress being made and reflecting the work of the planning table/mechanism
- Small working groups as necessary, calling on different members of the network to address specific and time-limited tasks so as to achieve the work that needs to be done.

Finally – and extremely importantly – was a call for the diversity of Peel to be reflected throughout the process: not only at the planning table, but also with respect to how the priorities are chosen, and how services are designed and utilized. Ultimately our goal must be to capture and reflect all of Peel – including those who are marginalized.

Get Going … But Take It Slow

The feedback with respect to time frames and getting started was mixed. On the one hand, some feel strongly that we need to build trust and knowledge about each other, and take the time needed to listen deeply and reflect. *"If we are able to honour one another's experiences through face-to-face conversations, a deepening of trust will emerge which will be necessary moving forward"*. As the lead agency, PCC will need to demonstrate that this is an authentic process and will need to reflect this "deep listening" in how it chooses to proceed.

Another perspective was that PCC should "just get on with it" as expressed in this statement, *"Please don't boil the ocean",* asking PCC to lead by bringing forward a set of priorities to which community partners can respond. Another stated, *"It is okay for PCC to bring some priorities to the table, as we need to get started and not delay moving on this".*

Despite these differing perspectives, there was consensus that to be successful, the planning mechanism will need to demonstrate flexibility and ability to respond to emerging demands (for example, an emerging need is the ability to respond to the mental health needs of recent refugees). All agreed that we are undertaking this planning in an environment that is changing very quickly, and we need to be able to adapt as we go.

Achieving Buy-in and Support to Move Forward

Achieving "buy-in" from community partners and the broader community is viewed as essential to moving this initiative forward. PCC will be challenged to meet the expectations of all involved. However, solid support was expressed for PCC as the Lead Agency and community partners are committed to this initiative being successful. Comments such as, *"There is support to make this work in Peel"* and *"PCC has our support"*, were expressed. There was recognition that this is a massive undertaking and it is viewed as worth doing. Others stated, *"There needs to be an independent process to take this forward*" and *"We like how this has begun and appreciate that it not just a set of boxes to be ticked off, and can see it is intended to be an authentic process with a real sense of engagement"*. Finally, *"The community needs to be supportive of PCC and be forgiving when PCC stumbles".*

Some advice to PCC was also expressed: act from a place of transparency and integrity; communicate widely; demonstrate that children, youth and parents are at the centre; ensure that there is encouragement/space for innovation; and finally, reflect the community we serve. Engaging the community and our service partners will require some courageous discussions, unique approaches, and willingness for service providers to reflect on their own practices.

Also shared was, *"Don't be afraid to share the 'the good, the bad and the ugly' with the community … as this is not PCC's alone to solve … The community needs to own this journey as well"* and, *"This is a massive undertaking, however it's worth doing".*

PCC was advised to demonstrate that partners are valued and that the process is authentically a "shared" one. This consultation demonstrated not only a willingness by community partners to move forward in partnership with PCC, but also they expressed a shared belief that this is the right thing to do – for kids and for families in Peel.

Moving Forward … Acting on the Opportunity

Overwhelmingly, community partners saw that we have an opportunity before us to better the lives of children, youth and families in Peel. They described Peel as having many strengths to build on – a well-connected array of community players who, over time, have demonstrated a willingness and ability to work together for the good of the community. There was strong expression of a willingness to participate and a view that "… *the opportunity is larger than the fear of the challenges"*.

There was a general understanding that building a system will take time. There is a need to listen deeply to one another, involve the users of the services, and develop trust amongst the partners. For every task undertaken, we need to ask ourselves, *"How can we bring the right people to the table with the expertise we need in the areas of our priorities to assist us in effecting the transformation needed*?" Developing realistic timelines, given the magnitude of the changes being contemplated, will be critical to this being a sustained effort.

Operationalizing Peel's Community Mental Health Planning Mechanism: Summary of Emerging Priorities

(1) Understanding Roles, Responsibilities, Services and Capacity of All Sectors/Partners

A number of participants expressed concern about the lack of understanding of the roles various sectors play in the services that currently exist to support children, youth and families. Also expressed was the need to develop a "shared language" across service providers when talking about mental health.

To begin addressing these concerns, participants identified a need to create opportunities for cross-sectoral education. This would accomplish a number of things: help facilitate better linkages across services to improve coordination; expand practitioner understanding of how to access services; and work to reduce the client experience of service disconnect and fragmentation.

Many expressed a need for integrated, inter-disciplinary models and for more inter-agency opportunities for service. As one participant put it, *"People only know what they know … and we need to take the time to educate one another. We all need to be curious (not judgmental) and to seek to understand the context everyone is working in"*. Fundamentally, *"How do we shake up the system without resorting to blaming one another?"* We need to develop a culture that facilitates and honours the sharing of our collective resources (and gaps) and to create a space where sharing our inefficiencies and challenges can be done without fear that this information will be used for ill purposes. In the end, as one participant said, *"It is the people who work in the system, the relationships that are formed, and their commitment to service that make the service system work".*

Those partners in the "informal system" expressed the need for more mental health literacy training, including "workshops of understanding" to increase cultural competency. Through shared learning opportunities, we will develop a shared understanding, increase capacity, and build a network to foster greater collaboration.

(2) Access to Services and Increased Clarity Regarding Pathways

Access and pathways to service were reported as varied across Peel, since services operate differently in different parts of the region. Even when an appropriate service is identified, referrals are seen to be somewhat "trial and error" and don't operate with a clear process and

protocol for accessing service. Waitlists reportedly have become the norm, and while waitlists tell us about the unmet needs, they don't tell us who is being left out but still requiring service.

This lack of a clear pathway to timely service can result in unintended consequences as situations escalate – e.g. the development of adversarial relationships between parents and the education system; or children coming into the care of the CAS due to parental exhaustion and frustration. Reports of multiple assessments, however appropriate they are, don't always lead to follow-up treatment or the sharing of information (within privacy laws) to the referring person or agency, thus diminishing the impact of a shared approach.

Many expressed a desire for families to have direct and easy access to the services they need. One participant called for the building of "visible front doors" in the community to facilitate access to multi-disciplinary services.

(3) Protocol for Better Information-Sharing

Some queried whether the current understanding/practice with respect to information-sharing across sectors is creating unnecessary barriers to coordination. One suggestion was to develop joint protocols to permit the linking of inter-agency information (within the legal rules of confidentiality), thereby enabling us to coordinate our efforts better. Questions were raised with respect to what the "real" barriers to information-sharing are versus those that are only "perceived" barriers. Even where signed consents exist, information is not always shared and services too often work in isolation from one another.

(4) Navigation Support

A perceived lack of case management and service navigation in the children's system emerged as a common theme. A number of providers spoke of the need for navigation support for families with children who have been discharged from hospital and are waiting for services in the community. Participants spoke of positive experiences with navigators in the adult system. However, some cautioned that while adult services have more navigators, they are perceived as having fewer services "to navigate to" than the children's system. A balance between services and navigation supports is important. Overall, navigation support is seen as something from which everyone – service partners, youth and parents – would benefit.

(5) Seamless Transitions between Youth and Adult Mental Health Services

The transition years of adolescence (16-24 years) are when many major psychiatric issues emerge, yet it was reported by many to be the time when the least supports are available, and when services are the least likely to be experienced as a "system". The age ranges that are inherent in our programs and services are creating unintended barriers, e.g. if you get on a waitlist for service at 16 years of age and wait until you are almost 18 years of age, then you go to the bottom of the waitlist for services in the over-18 category of services. Participants reported that there does not appear to be a clear process for transitioning between the Child and Youth Mental Health and Adult Mental Health systems.

The call was for the development of a seamless system. Participants reported that currently, planning in both systems is done in isolation from one another, and there are no formal protocols for “hand-offs” from the child/youth system to the adult system.

(6) 24/7 Crisis Support

A number of participants raised the need for more 24/7 crisis support at the community level as a way to divert from unnecessary hospitalizations and to prevent unnecessary admissions into the care of the CAS.

(7) Developmental Services/Dual Diagnosis Programs

There was a strong consensus that a disconnect exists between developmental services and Child and Youth Mental Health services (e.g. a diagnosis of autism is an exclusion for mental health programs). A number of participants raised concerns about programs that are exclusionary rather than inclusionary, leaving parents unclear about where to go for support.

(8) Relationship between Community Mental Health and Hospital-Based Services

Questions were raised about the pathways between hospital-based services and community health services and supports. Resoundingly, hospitals are recognized as important players on the continuum of supports available to children and youth. Those working in the hospitals are committed to ensuring a system for children, youth and parents that is responsive to their needs. Like their community partners, hospitals want to be recognized as part of the continuum. Some of the challenges identified by hospitals are: the traditional catchment areas they were once responsible for are no longer in place; multiple Ministries are involved in mental health funding and planning; communication across the multiple funders and service systems is lacking; and the setting of priorities for the hospital and community-based systems is not always synchronized.

Hospital emergency rooms have experienced a steady volume increase (as high as 50% in the last five years overall), with particular concern around the volume of adolescents seeking services. At the same time, other services, such as family therapy and the time allocated for case management, have experienced a decrease in capacity. Hospitals also echoed the need for better navigation and case management services to assist in managing risks for those waiting to access services in the community, as well as outreach services for adolescents.

There is a need for better education across the system around the role hospitals can best play in the continuum of supports, as well as better linkages and ongoing communication. Fundamentally, hospitals and community-based services identified the same stressors and challenges, and importantly, both expressed a desire to improve the connectivity and responsiveness of the services they jointly provide.

Mid-point Check-in with Community Partners:

On **June 27, 2016** a meeting was held with approximately 100 community sector partners to share feedback from the community consultations to date. *(Community Planning Feedback* can be found in Appendix 3.*)* The purpose of the meeting was to:

- Share the feedback received thus far.
- Communicate emerging themes, including areas of consensus and difference.
- Seek guidance on suggested starting points for the work of the planning mechanism.
- Seek feedback on the design of the mechanism, the *Moving on Mental Health* vision, and a draft set of values and guiding principles.

Feedback:

A draft of the Vision, Values and Principles to guide the work of the "mechanism" was shared and participants provided feedback.

(a) Vision:

Almost all of the participants in the consultation suggested that the work should begin with a "Vision" that could be shared by everyone moving forward. The goal outlined in *Moving on Mental Health* is a good place to start. It is:

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

Input from broader sector/community partners was sought by asking the following:

- *Is this vision sufficient to guide the work of the Peel Child and Youth Mental Health community planning mechanism?*
- *Are there elements unique to Peel that could be incorporated into our vision?*

Feedback suggested that we incorporate into the Vision recognition of Peel's diversity; the inclusion of families; focus on clarity regarding pathways to service; recognition of the "life-span" issues and transitions; and the need for inclusive language.

(Revised) Draft Vision for Peel:

> *Working together as a community, Peel will transform the experience of children and youth with mental health challenges so they and their families can access a continuum of high quality, responsive, equitable and inclusive mental health services and supports.*

(b) Values and Guiding Principles:

Community Sector partners provided input to a draft set of values and principles to guide a planning mechanism. They were asked to reflect on the following questions:

- *Are these values sufficient to ground the work of the planning mechanism going forward? If not, what others should be included?*
- *Do these guiding principles provide enough direction to act as a useful template for ensuring that our work is congruent with our vision and values?*

(Revised) Values and Guiding Principles:

To help ensure the confidence of the Peel community in the planning mechanism, a number of **values** were expressed as important. They include:

- Act from a place of **transparency and integrity.**
- Integrate the **voices of children, youth, parents, families, caregivers and supports.**
- Reflect the **diversity of the community through an inclusive approach.**
- Situate mental health within a **holistic framework of wellness that includes prevention.**

Some **guiding principles** also emerged to steer the work of the mechanism. They include:

- **Ensure inclusiveness, collaboration and integration** in the participants, work and processes (e.g. include informal and formal services/supports).
- **Communicate** widely, effectively and transparently.
- **Strengthen partnerships and linkages** to create efficiencies in the work of the Core Service Partners table, Child and Youth Community Mental Health Planning Mechanism, and Family Engagement and Youth Engagement mechanisms.
- **Utilize data to** tell the ever-evolving Peel "story" of utilization, referral patterns and outcomes to inform system planning.
- **Support innovation** in outreach, clinical practice and service delivery, and utilize strength-based approaches.
- **Evaluate results** and be accountable to one another and to the community we serve.

(c) Design of the "Mechanism":

During the consultations and at the Broader Sector Partners meeting in June, many spoke of the need for the planning mechanism to be designed in a way that respects the pressures on everyone's time and is flexible to adapt to changing circumstances. Additionally, those people participating in the mechanism need not only to reflect the community, but also to add value with respect to the specific work to be done.

Based on the feedback received, the recommended approach to a Child and Youth Mental Health Planning Mechanism in Peel would include the following elements:

- The **mechanism must be able to expand and contract** as required. One participant suggested that **we think of it as an accordion** – i.e. when specific work is required, time-limited working groups would be brought together to complete a task; and when feedback on progress or new directions is sought, the mechanism would expand to include the broader sector partners and community members.
- **Open and transparent communication** is essential to the trust that must be built.
- The "Planning Mechanism" would by definition be **inclusive**, but to accomplish the "let's get on with it" tasks, **representative working groups would undertake the work.**

(d) Operating Assumptions:

A number of operating assumptions are foundational to moving forward with the mechanism described above. Operating from a position of trust and shared values, they include:

- The mechanism will **build on work** already accomplished (i.e. we are not starting from "zero").
- We will **enhance the relationships** we have established in our community and **reach out to involve others.**
- The work to be done and its **scope will direct who needs to be involved.**
- As required by the work, **broader community input** beyond those in the planning mechanism will be sought at times.
- Our **collective capacity and resources** will determine the pace of work.
- **"No individual action without a collective plan"** should be our guide.

Recommendations to Peel Children's Centre:

As a result of the 2016 community consultations and the Broader Sector Partners meeting, there is consensus that **all share responsibility for transforming services to meet the mental health needs of children, youth and families**. Also acknowledged is that no one sector or community interest is equipped to meet all of the challenges that this transformation will entail without focused and concerted efforts together. Acting on this willingness to move forward together, and with full consideration of the information gathered during the consultation process and the feedback received at the June 2016 Broader Sector Partners meeting, the following are the recommended next steps:

1) Broadly distribute this *Together in Peel* report to community partners.
2) Launch the Peel Child and Youth Mental Health Community Planning Mechanism by first establishing a diverse and representative working group to create a "Community Map" of informal and formal Child and Youth Mental Health services and supports.
3) Plan for the next Broader Sector Partners meeting in Spring 2017 to share the results of the Community Mapping process and to confirm priorities and task group(s).
4) Create an ongoing communication plan to ensure that community partners are kept informed of progress of the *"Transforming Mental Health"* activities in Peel.

Concluding Thoughts:

There is reason for optimism around what can be accomplished together. Peel has a rich and unique history of collaborative work upon which to build. What was heard resoundingly throughout the consultation was a desire by all involved to “encourage, foster and enhance the continuum of services to meet the mental health needs of children, youth and families in Peel”. No one sector claimed credit for having all of the pieces necessary to transform the system, but all expressed a shared commitment to being a part of the process. This willingness to come together once again for the “kids of Peel”, and to work side by side in a transparent and shared approach to meeting the community’s diverse needs, is the first step in developing a Community Mental Health Plan for Peel.

APPENDIX 1 – Consultation Question Guide

1. What key sectors need to be involved in developing and maintaining a robust and ongoing planning mechanism in Peel for Child and Youth Mental Health services?

2. What design elements should be considered as we look to build our Peel Child and Youth Mental Health planning mechanism so that it will have the support and confidence of community partners?

3. Who in your sector (of which your organization is a local member) is best equipped to speak to the needs of those children, youth and families serviced by your sector who may require mental health services in Peel?

4. What data does your organization and/or sector currently collect that can demonstrate these needs?

5. What community level data will be required to further understand current service delivery in order to identify and move on concrete priorities that can be actionable through a community planning mechanism?

6. What do your sector and your organization see as pressure points at this time? What priorities are most important to work together on first?

7. Creating a Child and Youth Mental Health community planning mechanism in Peel offers opportunities for our service area. From your vantage point, what do you see as the opportunities this process has the potential to yield for Peel?

8. What do you see as the challenges this community planning mechanism may encounter; and what mitigating strategies can you suggest be built into the design?

APPENDIX 2 – Sector Participants

Conseil scolaire de district catholique Centre-Sud

Participant: Micheline Rabet, Gestionnaire des services en travail social

Conseil scolaire Viamonde

Participants: Jacqueline Levasseur, Directrice des services aux élèves; Natacha Castor, Superviseure clinique de travail social; Kathleen Patterson, Leader en santé mentale; Josée Landriault, Direction, École secondaire Jeunes sans frontières; Naima Boufor, Direction adjointe, École secondaire Jeunes sans frontières; Thi Bê Lê, Travailleuse sociale; Melissa Saumur, Travailleuse sociale

Dufferin-Peel Catholic District School Board

Participants: Shirley Kendrick, Superintendent, Special Education and Support Services; Eric Fischer, Assistant Superintendent, Special Education and Support Services (regrets: Dr. Susan Sweet, Mental Health Liaison)

Peel District School Board

Participants: Pertia Minott, Superintendent responsible for the Mental Health Strategy; Jack Kamrad, Chief Psychologist; Jim Van Buskirk, Chief Social Worker; Maureen MacKay, Coordinator, Student Well-Being; Kathy Geczi, Senior Social Worker

Central West LHIN

Participant: Suzanne Robinson, Director, Health System Integration

Mississauga Halton LHIN

Participants: Liane Fernandes, Senior Health Director, Health System Development and Community Engagement; Heather Kundapur, Senior Lead, Health System Performance (regrets: Ed Castro, Senior Lead, Health System Development)

Halton Healthcare

Participant: Monica Bettazoni, Program Director, Mental Health, Halton Diabetes Self-Management, and Central Intake Programs

Trillium Health Partners

Participants: Dr. Jonathan Beard, Psychiatrist; Dr. Sury Naidoo, Psychiatrist; Dr. Louis Peltz, Psychiatrist; Dr. Karen Petruccelli, Psychiatrist; Terri Marques, Social Worker/Manager; Pamela Freitas, Clinical Team Leader, Ambulatory Mental Health Services; Cheryl Murphy, Clinical Team Leader, Child and Adolescent Mental Health; Aisha Applewhaite, Social Worker; Angie Collie, Social Worker; Tracey Doyle, Social Worker; Helen Elraheb, Social Worker; Janet Marmur, Social Worker; David Maxwell,

Social Worker; Carole Sander, Social Worker; Marlo Paraboo, CYC Intake; Megan Norris, MSW student

William Osler Health System

Participants: Darryl Yates, Clinical Director; Patricia Grabb, Manager, Mental Health Services

Peel Public Health, Region of Peel

Participants: Anne Fenwick, Director of Mental Health (0-6); Dawn Langtry, Director, Strategic Policy, Planning and Initiatives; Claudine Bennett, Acting Manager, Strategic Policy, Planning and Initiatives

Canadian Mental Health Association (CMHA) Peel Dufferin

Participants: Karen O'Connor, Senior Director, Clinical Service and Strategic Planning; Nicole Christie, Manager, Access Programs; Kim Paumier, Service Coordinator, 16-24 year olds, Mental Health and Addictions; Michelle Lewis, Service Resolution Worker (Adults)

Peel Children's Aid Society (CAS)

Participants: Nicole Bonnie, Senior Service Manager, Community Engagement; Mary Beth Moellenkamp, Senior Service Manager; Bryan Shone, Senior Service Manager, Permanency (regrets: Rav Bains, Executive Director)

Youth Justice Services, Ministry of Children and Youth Services

Participants: Bob Garstang, Regional Manager, Youth Justice Services; Tanya Speedie, Probation Officer (assigned to Child and Youth Mental Health); Michael Maguire, Probation Manager, Brampton; Gail Robinson, Probation Manager, Mississauga

Peel Regional Police

Participant: Constable Claudia Wells, Mental Health Coordinator

Developmental Services

Participants: Adrienne Boyes, ErinoakKids; Terri Britton-Kennedy, Central West Specialized Developmental Services; Valerie Gibson, The Salvation Army Shelter; Nancy Gilchrist, Developmental Services Ontario; Elizabeth Hawley, Child Development Resource Connection Peel (CDRCP); Barbara Horvath, Peel Planning Group facilitator; Tara Hyatt, Central West Specialized Developmental Services; Alison Jenkins, MCSS; Gail Jones, Kerry's Place Autism Services; Michelle Lewis, CMHA Peel; Rubina McDonald, Peel Behavioural Services, Trillium Health Partners; Lorna Montgomery, Infant and Child Development Services Peel and Service Resolution Peel, Trillium Health Partners; John Roloson, Service Resolution Peel, Trillium Health Partners; Allison Yeatman, Peel Crisis Capacity Network

Newcomer Services

Participants: Aamna Ashraf, United Way of Peel Region/Peel Newcomer Strategy Group; André Lyn, United Way of Peel Region; Mahua Das, Newcomer Centre of Peel (NCP); Effat Ghassemi, NCP

Faith Leaders

Participants: Katie Cleland, The Dam Youth Drop-In; Jim Craig, member of the Portico Church, Mississauga; Reverend Daniel Dihele, Senior Pastor, The Oaks of Righteousness; Dianne Falkinson, Mississauga Community and Family Services, Salvation Army; Baldev Mutta, Punjabi Community Health Services; Anne Pugh, Mississauga Community and Family Services, Salvation Army; Rick Wukasch, Care Team Pastor, The Meeting House Church

APPENDIX 3 – Community Planning Feedback

Introduction

On June 27, 2016 a community meeting took place with representation from the child and youth serving sectors (including education, health care, youth justice, developmental services, and child and youth mental health services), as well as diverse communities and faith communities. During this meeting, Jane Fitzgerald, a consultant working with the Peel Service Area on Child and Youth Mental Health (CYMH) Community Planning Mechanisms, had an opportunity to report on her current findings and solicit feedback from attendees at the meeting. Attendees were divided into 12 small working groups and given the opportunity to answer the following questions that corresponded with a presentation on the Community Mental Health Plan and *Moving on Mental Health*: (1) Are there elements unique to Peel that should be incorporated into the vision outlined in *Moving on Mental Health*? (2) Are the values and guiding principles outlined sufficient to guide the way in which we will work together to realize the vision? Is anything missing? What else should be included? (3) Does the "Accordion model" allow us to "get on with the work" of the Community Mental Health Plan as required by the Ministry of Children and Youth Services (MCYS)? (4) In addition to a list of community partners that have been consulted, are there additional key sectors and/or community members who should be engaged as part of this consultation process?

Findings

The feedback from the working groups has been thematically analyzed according to each question and is presented in this report. In cases where multiple groups reflect the same response, the number of group responses is recorded in brackets.

Question One: Moving on Mental Health Vision

Are there elements unique to Peel that should be incorporated into the following vision outlined in Moving on Mental Health: "Together, we will transform the experience of children and youth with mental health problems so that they know what high quality mental health services are available in our community; and how to access mental health services and support that meet their needs."

Responses

Recommended concepts to incorporate into the Vision Statement

- "Family." (6)
    - Recognize the concept of family in an extended, collectivist-nature understanding. For example, the idea of "family and village."
    - The current vision is a very closed statement. Open it up to include family, or community/informal support.

- Diversity. (4)
    - Recognize the diversity of Peel Region.
    - Peel Region is a growing community and a large region.
- Integration and working together in collaboration. (3)
    - Include "together as a community" and capture how Peel region is uniquely collaborative.
- Continuum of services and supports, including interim supports during wait time. (2)
- System accessibility. (2)
- A goal of increasing mental health literacy in the general population to ensure a basic understanding. This may involve a community development approach, especially with diverse communities, to get a common language/understanding.
- Additional information about mental health, wellness and social determinants of wellbeing.
- Include inclusiveness and responsiveness.
- Include meeting needs both mentally and culturally.
- Equitable and diverse services.
- Cultural appropriateness.
- Services that are timely and of high quality.
- Engagement.
- Family-centred.
- Flexibility/adaptability of service.

Concerns and recommendations regarding the approach reflected in the Vision Statement

- Remove the word "problems." (2)
    - "Problem" is not a strengths-based word. Perhaps "challenges" or "issues."
- The vision statement identifies an "us" vs. "them" approach (i.e. "We will transform… they/their").
    - Impression of professionals coming to rescue/treat vulnerable, needy people.
    - Change wording of "transform."
- Current wording sounds negative.
- Inclusion of a preventative/responsive approach rather than a reactive approach.
- Focus on wellness rather than the sickness piece.

Recommendations to improve clarity in the Vision Statement

- Need clarity around the age limit. (2)
    - Is the age limit from 0 – 18 years, 0 – 21 years, or 0 – 24 years old?
- Who is "Together"? Needs to be defined.

Recommended revision to the Vision Statement

- "Together Peel will transform the experience of children, youth, families and their supports so that people can access quality, responsive, equitable and inclusive mental health services in the Peel communities."
- "We will work to encourage, foster and enhance the continuum of services to meet the needs/wants of youth and family (in all dimensions of diversity)."
- Change wording from "how to access" to "can access."

Other thoughts regarding amendments to the Vision Statement

- Need to ensure dissemination of information across diverse populations – not just direct/literal translations, but ensuring that the true message is carried across. (2)
- Consider all aspects of diversity: culture, religion, language, socio-economic status, geography, race, gender, sexual orientation, family structure, and newcomer status. (2)
- The shared provincial vision is more about process rather than action. The Peel vision could focus more on service (action). Overall under vision, values and guiding principles, there should be a common understanding. As a system, we need to define understanding in terms of access, service and quality.
- Recognize that there are limited qualified professionals – child and youth psychiatry needs collaboration.
- Capture that the door is always open (not using wording of "no door is the wrong door").

Question Two: Values and Guiding Principles

Are the values and guiding principles sufficient to guide the way in which we will work together to realize the vision? Is anything missing? What else should be included? The values and guiding principles that were presented have been ***bolded*** and the recommendations for improvement from the working groups are listed below.

Values

Act from a place of ***transparency and integrity.***

- Unpack "transparency" – what do we mean by it? (2)
- Define integrity.
- Add inclusive and responsive.

Ensure the ***voices of children, youth and parents*** *are included.*

- Modify "parents" to "families/caregivers/supports." (6)
- Change "ensure" to "integrate."
- Deliberate family and youth engagement throughout all stages of process.

*Reflect the **diversity of the community.***

- Values around diversity should be more clearly defined and ensure that diversity encompasses all dimensions and "diversity within diversity" e.g. LGBTQ, gender, ability, cognition, etc. (4)
- "Reflect the anti-oppressive, anti-racist framework for the community in all aspects of diversity, e.g. race, economics, religion, ability, orientation, gender." (2)
- Define the strategy for a diversity approach, i.e. anti-oppression vs. inclusive approach.
- Ensure an equity-based approach to follow the reflection of diversity (e.g. so that male-dominated faith group leaders would still include women's voices and their concerns).

*Situate mental health within a **holistic framework of wellness.***

- Add strengths-based approach. (3)
- Add trauma-informed approach. (2)
- Define what holistic framework means – is it early intervention and prevention (especially with autism)?
- Add "continuum" of mental health services.

Guiding Principles

***Inclusiveness** in the participants, work and processes.*

- Add integration and collaboration.

***Ensure linkages** exist between the work of the Core Service Providers table, the Community Mental Health Planning mechanism, and Youth Engagement and Family Engagement mechanisms.*

- Don't use acronyms.

***Utilize data** to "tell the Peel Story."*

- Add "and inform system planning, analyzing."
- Define the data.
- How are we collecting data? Who are we not reaching?
- What data are being used?
- Is the tool being used only with the lead agencies or with other agencies too?

***Support innovation** in outreach, practice and service delivery.*

- Foster innovation in outreach, evaluation, practice and service.

***Communicate** widely and transparently.*

- Effectively communicate.
- Add "frequently."

Evaluate results *and be accountable to one another and to the community we serve.*

- Evaluate results and employ a continuous quality improvement framework. (2)
- Evaluate who is not being served. (2)
- Include evaluating the process, i.e. "evaluate results (and processes)."
- Include ongoing evaluation to ensure relevancy.

Additional concepts to include in the values and/or guiding principles

- Equity. (4)
  - Ensure value, health equity and cultural equity.
- Accountability. (2)
- Inclusion of "code of ethics," such as ethically responsive/sound services and use of evidence-informed practices. (2)
- Quality improvement.
- Cultural competence.
- Ensure a principle around accessibility (language as well as education/reading level, capacity of cognition, hard of hearing, various dimensions).
- Incorporate the spectrum of services from formal to informal networks.
- Continuity of care for clients, from childhood leading into adulthood.
- Leverage existing efforts in building and supporting partnerships.
- Include a glossary of the definitions (e.g. transparency, diversity, integrity, holistic framework of wellness) for one another and for the community we serve.
- Concept of knowledge translation/transfer to the community. Incorporate a cyclical process of knowledge translation, feedback and change.
- Capture the uniquely collaborative Peel community.
- Communication – amongst service providers serving the same client. Shared consent needs to be seamless and holistic through transitions, e.g. aging out of service (Brampton Caledon Community Living).
- Include the social determinants of health and prevention.

Additional considerations regarding the values and/or guiding principles

- If this is a Peel plan, is it owned by the community?
  - Does this start with the school boards?
  - Broader access to community.
  - Not just included but the community as a whole feels ownership of this transformation?
- Provide a central access number with clear direction for families.
- How does being culturally responsive become transferred into service?
- Consider the different levels of acceptance.
- Share what isn't working on a regular basis to seek collective wisdom.

- Go further with empowerment, lived experiences, engagement and active involvement from service users.
- Organizations need to be flexible in their mandates and client-centred.
- The Peel story is an evolving one; we must be able to be responsive to the changes in our population.

Question Three: The Accordion Model

The accordion model is a metaphor to describe that when specific work is required, time-limited working groups would be brought together to complete a task. When feedback on progress/new directions is being discussed, the mechanism would expand to include the broader sector partners and community partners. Key considerations include:

- *Be respectful of pressures on everyone's time.*
- *Build on existing work and leverage existing planning tables, as appropriate to accomplish the required work.*
- *The work to be done and its scope will direct who needs to be involved.*
- *Participants will be reflective of the community and selected based on their 'value added' to the work to be done.*
- *Our collective capacity and resources will determine the pace of work.*

Does the "Accordion model" allow us to "get on with the work" of the Community Mental Health Plan as required by MCYS?

Responses

The findings from the group feedback indicate that the accordion model provides an appropriate method for completing work within the Community Mental Health Plan, as it allows for groups to focus and define work on specific tasks/goals to ensure that things advance. In addition, working groups provided recommendations to incorporate into the key considerations of the model to ensure that there is accountability and representation.

Recommendations to support the Accordion Model for the Community Mental Health Planning Mechanism

- Ensure values and guiding principles are infused into the mechanism so that it reflects various aspects of the values, for example, "diversity." (2)
- Ensure a clearly defined scope for the bigger table and for the smaller "working groups"; ensure the value and purpose is clear. (3)
    - When "narrow," need to have clear direction and leadership accountability, and when it goes "wide," need to consider what the vision and priorities look like.
    - No independent action without a collective plan.

- Terms of reference would be essential.
    - Define who gets to come to the table, for what purpose, when and how often.
- Consideration of outside resourcing for facilitation of the mechanism to ensure momentum and to reach tangible goals.
- Understand that although there are pressures on everyone's time – this is important work and we will make the time.
- No independent action without a collective plan.
- Need a clearer understanding of what "mechanism" means.
- One concern regarding the accordion model is that it could promote "project" thinking if the table only comes together when there is a "need" to form a working group (i.e. new funding) rather than promoting system thinking.
- Revise key consideration to "Those who need to be involved will direct the work to be done and its scope."

Recommendations regarding the planning table

- Provide clarity on who is represented and not represented at the table. (5)
    - Who determines what "value" is?
- Application of the model needs to incorporate targeted outreach to communities whose views are missing. (2)
- Strong focus on the need to leverage existing resources and tables. (2)
    - Focus on searching out what may be working in other areas first (provincially) and then "tweak" to the needs of Peel.
    - Leveraging other tables would also help to ensure that the collective capacity is maximized.
- Inclusive of other sectors who engage children and families. (2)
- Need to maintain community involvement.
- What questions are being asked to invoke answers that are open, inclusive and collaborative?

Recommendations regarding accountability

- Incorporate evaluation to measure the success of the Community Mental Health Plan. (3)
    - Define tangible outcomes (e.g. what will be done to develop a structure?).
- Accountability/oversight of mechanism via steering committee with broad representation.
- There needs to be a way to ensure that representation is not just tokenism.
- Develop a system for anonymous evaluation of services from adults and youth.
- How do we keep everyone informed?

Considerations for work on the Community Mental Health Plan

- Develop a mechanism to share "best practices" and tools and lessons learned from other regions in Ontario that are undergoing this process. (2)

- Implementation science, as was used by CAMH (Centre for Addiction and Mental Health) for the Peel Service Collaborative, may be a helpful framework. (2)
- Review other key performance indicators and factor in the cost of the model, while keeping Peel in mind.
- Focus on cross-sectoral capacity-building (e.g. offer training to agencies that offer informal support, such as mental health first aid training).
- Need to do more of an internal reflection on our services (industry) to make system decisions.
- How to refer and work/support each other's communities through creating a link between communities in the province (e.g. the leads of all the other communities).
    - Creating supports for youth going to post-secondary institutions in other cities.
    - Providing opportunities for people working in other cities to access supports in that city.

Question Four: Key Stakeholders and Community Members

In addition to a list of community partners that have been consulted, are there additional key sectors and/or community members who should be engaged as part of this consultation process?

Responses

The responses for this question have been organized into the following table. The table provides a list of unique sectors, organizations and community members; however, many of them were noted multiple times.

Sector / Service Areas	Organizations and/or Community Members
Adult Services	
Clients	Current and previous service users (lessons learned).
Community Groups	Parent support groups, Peel Parenting Action Group, and family support groups.
Community-Based Organizations	Big Brothers/Big Sisters, Boys and Girls Club, neighbourhood centres, and Peel Children and Youth Initiative (Heather Krause).
Crisis Services	Crisis outreach support teams and distress centres.
Developmental Services	Community Living and ErinoakKids.
Early Years Sector	Early Years Services and Centres, Success by Six, Healthy Babies Healthy Children, and licenced daycare providers.
Education	Post-secondary institutions, private schools, homeschooling network, school councils, frontline teachers, and family education.
Employment	Ontario Disability Support Program (ODSP) and Ontario Works.
Ethnic and Cultural Communities	Engage diverse ethnic communities (Chinese, South Asian, Caribbean, etc.), African community services (United Achievers Club, Black Community Committee, Black Community Advisory Network, Dr. Kwanze McKenzie), Indigenous Community (Peel Aboriginal Network, Aboriginal Resource Centre, Credit River Métis Counsel).

Faith Communities	Engage diverse faith communities (Hindu, Jewish, Islam, etc.), expand faith leaders group, and include mainline temples and churches, multi-faith community table.
Family Services	Community Association for Families for Inclusion (Patricia Franks), Catholic Family Services of Peel and Dufferin, and Family Services of Peel.
Funders	Region of Peel and United Way.
Health Services (Incl. community-based and public health)	211, alternative therapists, Community Care Access Centres (Mental Health and Addiction nurses), family physicians, family health teams, Health Links, walk-in clinics, prenatal care and post-partum care.
Health-Related Associations	Autism Ontario, Down Syndrome Association, Bob Rumball Association for the Deaf, Family Association for Mental Health Everywhere, Friends/Advocates for Schizophrenics, Ontario Mood Disorder Association, and Peel, Halton and Dufferin Acquired Brain Injury Services.
Housing Services and Shelters	Supportive housing in Peel, Peel Youth Village, Angela's Place, ReGeneration, Our Place Peel, Peel Youth Village, and other shelters for youth, family or women.
Justice Services	African Canadian Legal Clinic, Elizabeth Fry Association, and John Howard Society.
LGBTQ	LGBTQ communities, Youth Beyond Barriers, and student trustees.
Mental Health and Addictions	Addiction services, Peel Addictions, Assessment and Referral Centre (PAARC), Central West Narcotics Strategy Coordinator (Kerry Dearborn), Centre for Addiction and Mental Health (CAMH), Canadian Mental Health Association (CMHA) Peel and Halton, Peel Service Collaborative, and Radius Child and Youth Services.
Municipalities	Councillors, community development, regional community services (e.g. Caledon Community Services), libraries, and departments of parks and recreation. It is important to recognize differences in philosophies, practices and needs within each community.
Police	Broader scope of police services, including personnel involved with sexual assault victims and human trafficking. Also, officers assigned to schools and communications department. Include Ontario Provincial Police (OPP), probation and parole.
Population	Peel children, youth and caregivers. Not just previous or current service users.
Recreation	Sport teams, coaches, YMCA, YWCA.
Settlement Agencies	Indus (Previously India Rainbow) Community Services and Catholic Cross-Cultural Services.
Victim Services	Safe Centre of Peel, victim services, Violence Against Women sector, and domestic violence groups.
Youth Drop-In Centres and Youth Groups	Rapport, The DAM, Erin Mills Youth Centre, Global 180 and other community youth groups and drop-ins.