2016/17 Core Services Delivery Plan for Children and Youth:
Instructions and Guidelines

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) for children and youth and Community Mental Health Plan (CMHP) for children and youth:

- 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 directions provided in this document apply to all lead agencies, with the exception of lead agencies that have signed the accountability agreement. These 2016-17 instructions and guidelines outline expectations for the development of the plan that will be implemented in 2017-18. The CSDP moves the lead agency's planning activities closer to the expectations at maturity. Over time, lead agencies will be responsible for making available all MCYS-funded core services and associated key processes. Reflecting this, services funded through the following detail codes must be included as part of the CSDP:

Core Services

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

Key Processes

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

The 2016-17 CSDP must be approved by the lead agency's board of directors and submitted to MCYS by March 31, 2017. There is no template required for the 2016-17 CSDP, but certain sections of these guidelines have sample templates that are provided as an optional format. The plan must however include the sections as described below. This is to ensure that all plans address the same requirements and allow 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 2016-17 CSDP.

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

Section B, the **2015/16 Core Services Summary**, reflects the CSPs' collective understanding of the current child and youth mental health (CYMH) service delivery landscape in Peel, with services available in all of the Core Service areas. The 2016/17 Core Services Summary is comparable to the 2015/16 Summary in most areas. Intensive Treatment Services at PCC and AYSP had their first full year of operations since the additional 2015/16 service investment and as such, targets and funding differ from 2015/16, when funding first flowed in Q4. Minor updates have been made to the inventory of formalized referrals, protocols, and intake/access points.

Section C provides detail of **Peel's unique population profile**. At a high level, Peel Region's child/youth population (0-18) is 336,113 or 23.7% of Peel's total population per 2014 estimates. (Results of the 2016 Census are starting to be released. Updated population figures for Peel Region and its local municipalities are included in the profile, but breakdown by age range is not yet available.) Projecting out, growth at an average annual rate of 1% is expected, so that Peel Region will be home to 370,998 children/youth by the year 2025. Within this population, Peel has the highest proportion of visible minorities of any service area in Ontario at 65.4%. The largest visible minority populations are South Asian (49.1%) and Black (18.1%). 17.6% of the Peel's children/youth are immigrants, compared to the 9.4% Ontario average. Peel Region is also home to French-speaking (1.2%) and Aboriginal (0.7%) children/youth. 31.5% of children/youth have neither English nor French as their mother tongue. The top three non-official languages are Punjabi, Urdu and Chinese. Risk factors for poor mental health include low income families (20%), lone-parent families (10%), and unemployment (8.8%). The settlement of Syrian refugees in Peel is a more recent demographic consideration that is beginning to impact need for mental health services. Peel's explosive population growth has outstripped provincial funding levels for children and youth mental health (CYMH) and other social services. Dating back to 1991, the national CPI has grown by 49.6% compared with a net growth rate of 2% for CYMH services over the same period.

Section D provides a summary of **Core Service Provider engagement activities** that occurred throughout 2016/17, with a focus on activities associated with the five identified priorities in last year's CSDP:

1. Continued implementation of the Peel Coordinated Intake Network (PCIN)
2. Implementation of a Common Assessment/Outcome tool (interRAI ChYMH) at all CSPs in the Peel Service Area
3. Implementation of a Common Clinical Database (EMHware) for Peel's four community-based CSPs
4. Continued development and implementation of a system-wide mechanism for youth engagement (YE)
5. Continued development and implementation of a system-wide mechanism for family engagement (FE)

CSPs were also engaged in defining the scope of and developing a work plan for an emerging priority: a review of Brief Services in Peel. This review is one of the identified priorities for 2017/18. Additionally, CSPs were engaged in system management activities per SDS A357, and in activities with broader sector partners as part of Peel's Community Mental Health Plan (CMHP).

The CSPs' primary French-language service (FLS) partners in Peel are the French-language school boards – Conseil scolaire de district catholique Centre-Sud; and Conseil scolaire Viamonde. The boards were engaged in 2016/17 in developing a CYMH Community Planning Mechanism for the Peel service area. PCC's third FLS partner, Équipe de santé familiale at Credit Valley Hospital, will be engaged in 2017/18 as part of the the review of Brief Services (Priority #5), since PCC offers Single Session Therapy in French at the Credit Valley site.

A foundation for partnership with Indigenous service providers in Peel is evolving and has been strengthened by the efforts of mainstream service providers (AYSP as Indigenous services CYMH lead in Peel) and Indigenous service providers (Enaahtig Healing Lodge).

Section E, the **Priority Report Summary**, maps progress against the priorities identified last year. The work to operationalize PCIN has proceeded well, with most activities completed. Four deliverables – branding the "front door" to Peel's CYMH service system; bringing PCIN staff who are not part of the System Access Team onto EMHware; implementing the Central Intake Module; and developing a youth access mechanism – remain to be completed. The common assessment tool (interRAI ChYMH) has been fully implemented. The common database (EMHware) for the four community-based CSPs has been implemented at PCC, Nexus and AYSP, with implementation at Rapport scheduled in late March and early April. The Peel Service Area has made solid progress in the development of the mechanisms for youth engagement (YE) and family engagement (FE). Peel's YE work extended into all CSPs with 12 focus groups, SWOT analyses for every CSP, and *The Art of Youth Engagement* training. For FE, highlights included initial outreach to families (several focus groups and consultations) and training sessions for 225 staff members at all level across Peel's CSPs.

Section F, **2017/18 Priorities**, build on the deliverables achieved in this past fiscal year. Five priorities have been identified:

Priority #1: Final phase, implementation of Peel Coordinated Intake Network
Priority #2: Phase 2, implementation of EMHware (focus on the hospital-based CSPs and on integration with the interRAI tools)
Priority #3: Phase 2, development and implementation of Family Engagement (FE) mechanism for Peel service area
Priority #4: Phase 2, development and implementation of Youth Engagement (YE) mechanism for Peel service area
Priority #5: Brief Services review/redesign

A further emerging priority – a review of Intensive Treatment Services – is subject to MCYS approval, as it could result in recommendations for service delivery changes. The proposed work for 2017/18 is to define the scope of the review and develop a draft work plan.

Section H highlights the Lead Agency's **French Language Service Partners.** In addition to PCC's service delivery collaboration with its FLS partners, the French-language boards were involving in developing Peel's CYMH community planning mechanism and will continue to be part of the process to complete the Community Asset Inventory of CYMH services delivered by partner sectors.

Section B: Core Services Summary

Lead agencies must complete a summary describing all MCYS-funded core child and youth mental health service delivery in the service area (see Appendix A for sample template). If information remains as it was described in 2015-16, that information may be used again here. This summary will contribute relevant rationale to support priority setting in the service area.

The core services summary must describe the current programs supporting the delivery of core child and youth mental health services, including:

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

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

CHANGES

Financial

The Province's 2015/16 Service Delivery Investment of $150,526 for the Peel service area was used to augment service in three programs:

- Intensive Treatment Services – Transitional Aged Youth TAYO (AYSP)
- Intensive Treatment Services – Dialectical Behaviour Therapy DBT (AYSP)
- Intensive Treatment Services – Intensive Child and Family 7-17 (PCC)

This investment was reported separately in section B.3 last year but has been wrapped up into the Intensive Treatment Services section of the Core Services Summary for 2016/17.

Services

The targets for the Province's 2015/16 Service Delivery Investment – 20 more children/youth served – have also been wrapped up in the Intensive Treatment Services section of the Core Services Summary.

B1: Core Services Summary

Core Service and Key Processes (based on PGR 01)	**Agency Delivering Service** (lead agency or core service provider)	**Description of Program**				**Budget** MCYS funding allocation for core service delivery	**Service Commitment Per Year** (e.g., service targets and service specifics (per the service contract))	**Method to assess service quality** (e.g., CANS, client satisfaction survey)
		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
Targeted Prevention	**Associated Youth Services of Peel**	**School-Based Mini Groups:** "Mini Groups" are topic-specific sessions developed by AYSP in consultation and collaboration with the School Boards. Material is psycho-educational in nature and aims to build caregiver knowledge, skills and resilience, while offering caregivers the opportunity to build their network of support. Topics have included Stress, Parenting in the Age of Social Media, Coping Strategies for Parents and Youth, ADHD, and Healthy Communication within Families.	Peel Region	Caregivers of school-aged children	n/a	$115,892	40 participants	Year-to-date reports Client satisfaction surveys
	Peel Children's Centre	**Targeted Prevention – subtotal for PCC**	Peel Region			$369,469	767	Year-to-date reports Client satisfaction surveys: parents/caregivers and/or youth
		Go Girls Group: Supports girls to enhance their self-esteem, social and coping strategies, and to challenge both negative media messages and peer pressure.	Peel Region	11-13	n/a			
		Girls Circle Group: Promotes self-esteem, helps girls maintain authentic connections with peers and allow for genuine self-expression through verbal sharing and creative activity.	Peel Region	14-17	n/a			
		Boys Council Group:	Peel Region	10-12	n/a			

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		Promotes valuable relationships with peers. Increases boy's emotional, social, and cultural literacy and allows them to identify healthy and unhealthy ideas about what it means to be male.						
		Mother-Daughter Circle Group: Promotes a healthy and sustaining bond between mothers and daughters during the transitional years from girlhood to young womanhood. Girls and their mothers have an opportunity to express needs and envision healthy and valued relationship experiences through creative and expressive activities.	Peel Region	11-14	n/a			
		School-Based Services Groups: The *Friends for Life* program is an evidence-based intervention, delivered in a group format, designed to prevent anxiety and depression, increase resilience, and improve life skills in students. A clinician facilitates the group discussions, skill-building and problem-solving. Groups are delivered in school for 10 weeks to students in grades 4 to 12 (ages 9 to 18).	Peel Region Halton Region (territories served by French language school boards)	4-18	n/a			
		Group Services Summer Workshops: Two-hour psycho-educational sessions designed for parents to learn more about topics related to positive parenting strategies related to a variety of CMH issues.	Peel Region	0-18	n/a			
		First Contact Group: Supports youth by increasing their awareness of substance use, its impact, and how to develop strategies to begin replacing substance use with healthier options.	Peel Region	14-17	n/a			Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

Core Service and Key Processes (based on PGR 01)	**Agency Delivering Service** (lead agency or core service provider)	**Description of Program**				**Budget** MCYS funding allocation for core service delivery	**Service Commitment Per Year** (e.g., service targets and service specifics (per the service contract))	**Method to assess service quality** (e.g., CANS, client satisfaction survey)
		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		Concurrent Disorders – parent and youth sessions: Provides psychoeducational information regarding mental health and substance use. Strategies of how to support youth struggling with issues of concurrent disorders are shared.	Peel Region	12 and up	n/a			
Brief Services	**Associated Youth Services of Peel**	**Brief Counselling** Brief Counselling is delivered within a partnership framework with Peel Children's Centre and Rapport Youth and Family Services. Brief service offers quick access to therapeutic services for youth and families to address a variety of clinical issues.	Peel Region	Up to 18th birthday		$339,990	INDSER# 360	Year-to-date reports Logic model is utilized Family Satisfaction Questionnaire Client Satisfaction Questionnaire Agency Satisfaction Questionnaire
	Associated Youth Services of Peel	**Tangerine Walk-In Counselling:** Walk-In Service where clients meet with a clinician for a single session when it is most convenient. No referral or appointment is required. Sessions are strength based and client focused, with the objective of the session being informed by the client's most pressing concern. Recommendations and a written report are provided in the session.	Peel Region	0-18		Included in budget for Brief Counselling	Included in targets for Brief Counselling	Year-to-date reports Family Satisfaction Questionnaire Client Satisfaction Questionnaire
	Nexus Youth Services	**Step One to Success (SOS):** SOS offers strength-based counselling services to youth who are experiencing a range of emotional, social and/or behavioural difficulties. All clients who are assessed by Mental Health Services for Children and Youth (Centralized Intake) as being appropriate for Nexus Youth Services' Community Counselling Program are	Peel Region	14 to 24	n/a	$41,854	INDSER# 62	Global Appraisal of Individual Needs – Short Screener (GAIN-SS) Client satisfaction survey

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		offered Single Session Therapy (SOS – Step One to Success) within one to three weeks of their request for service. It is during this initial meeting that the youth's needs along with their strengths are explored. Initial recommendations and resources are provided that may include: • suggestions and strategies that the youth can incorporate on their own utilizing their strengths; • support and assistance to access alternative service(s) that may better meet their needs; • orientation to programs and services offered at the Nexus Youth Centre; or • after completing a SOS session, youth who require further service will be offered longer-term service and placed on the waitlist. Youth who choose to be placed on the waitlist may access SOS counselling sessions on an as needed basis with the same clinician with whom they initially met while they wait for ongoing services.						
	Peel Children's Centre	**Single Session Therapy/Brief Counselling:** A clinician begins brief counselling with a single session to address the child or young person and/or his/her family's most pressing concern, explore solutions that have been attempted and identify strengths and resources to address the issue. Family members begin to understand the issues differently and this, in turn, encourages them to try new approaches and strategies to address their concern.	Peel Region	0-18	Francophone Ethnocultural	$888,382	INDSER# 854	Year-to-date reports Parent/caregiver and youth satisfaction surveys

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		Tangerine Walk-In Counselling: Walk-In Service where clients meet with a clinician for a single session when it is most convenient. No referral or appointment is required. Sessions are strength based and client focused, with the objective of the session being informed by the client's most pressing concern. Recommendations and a written report are provided in the session.	Peel Region	0-18	Francophone Ethnocultural	Included in SST/Brief Counselling funding	Included in SST/Brief Counselling targets	Year-to-date reports Parent/caregiver and youth satisfaction surveys
	Rapport Youth & Family Services	**Brief Counselling Services** Brief service offers quick access to therapeutic services for youth and families to address a variety of clinical issues. Brief service provides timely access to service and utilises client readiness as a key component. Inclusive in the brief service offerings is **Tangerine Walk-in** service that offers client the opportunity to attend a session without need for appointment or an intake, and to explore the presenting concern that is most pressing for them in the moment. Youth and families are able to attend the walk-in as many times as they deem necessary and each offering is treated separately and unique from the other.	Peel Region	0-18	Ethnocultural	$199,088	INDSER# 364	Tracking and analysis of data such as client numbers, presenting issues, length of service, improvement/ change in client presentation, and general impact on client's overall ability to function.
Counselling and therapy	**Associated Youth Services of Peel**	**Sub-totals for all AYSP Counselling & Therapy programs**				$1,291,436	INDSER# 474	Year-to-date reports InterRAI-ChYMH Family Satisfaction Questionnaire Client Satisfaction Questionnaire

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
								Agency Satisfaction Questionnaire
		Challenges Program A home-based behaviour management intervention. Information and skills development are provided to caregivers experiencing parenting difficulties. Behaviour management is the focal point of this service.	Peel Region	Up to 18th birthday	n/a			
		Adolescent Team The Adolescent Team is a service developed in partnership with Peel Children's Aid, Associated Youth Services of Peel (AYSP) and Peel Children's Centre – Peel Wraparound Process. The Adolescent Team offers a variety of service options for families who are involved with Peel Children's Aid where risk factors are related to parent-adolescent conflict and the youth is at risk of removal from the home.	Peel Region	Between 12th and 16th birthdays	n/a			
		Reaching Adolescents in Need (RAIN) The RAIN Program is a short-term case management program for youth. RAIN specifically addresses the needs of youth who are under housed or homeless, disconnected from family, school, and employment and unable to effectively connect and negotiate service from other agencies.	Peel Region	Between 14th and 18th birthdays	Other: Homeless youth			
		The Parent Adolescent Counselling Program (PACP) PAC-P is a home-based, short-term intervention (up to 4 months), which aims to decrease family conflict and improve family functioning, peer	Peel Region	Between 12th and 18th birthdays	n/a			

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		relations, and school performance. It is a family-focused intervention involving all members of the family system. Sessions are goal-focused and strength-based, occurring once a week in the family home, community or youth's natural environment. Interventions are jointly developed to promote and monitor the youth's success at home, school and in the community.						
		Recognizing Individual Success and Excellence (RISE) The RISE program is a school-based, multi-faceted program which addresses the needs of children who are displaying signs of anti-social behaviour in the classroom, home and/or community. The program is approximately four months in duration. The program has several components which promote and encourage positive behaviour: One–to–One Support (child will set personal goals, practice social skills and develop effective problem solving skills), Family Support (includes contact meetings with parents/caregivers to support their child's progress) and School based collaboration (ongoing contact and meetings with the child's school to facilitate the strengthening of home school communication and problem solving).	Peel Region	Between 6th and 9th birthdays	n/a			
		Youth Beyond Barriers Program (YBB) YBB provides confidential services for youth who identify as Lesbian, Gay, Bisexual, Transgender, Transsexual, Intersex, Queer, Questioning, 2-Spirited (LGBTTIQQ2S) through a support and	Peel Region	Between 12th and 18th birthdays	LGBTIQQ2S youth			

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		education group, individual counselling, and through social media. The YBB Program also offers community capacity building around LGBTTIQQ2S inclusion and Anti-Racism/Anti-Oppression.						
	Nexus Youth Services	**Community Counselling Program (14-24):** Offers strength-based counselling services to youth experiencing a range of emotional, social and/or behavioural difficulties. The clinical needs of the youth determine the length of involvement and goals are frequently reviewed with youth to ensure that the program is responsive to their needs. The long term objective of this program is to support youth to become positively engaged with the community while successfully transitioning from adolescence to adulthood. Treatment interventions are provided in a manner that: • actively engages youth in the treatment process developing their goals in collaboration with staff; • assists youth to increase their capacity to recognize and cope with challenges they may be experiencing; • supports youth to improve their emotional functioning; • encourages youth to develop helpful coping strategies as alternatives to self-harm and/or substance use; • supports youth in developing and maintaining positive relationships with peers and adults; &	Peel Region	14 to 24	Youth	Ages 14 to 18: $154,021	Ages 14 to 18: INDSER# 28	interRAI-ChYMH Global Appraisal of Individual Needs – Short Screener (GAIN-SS) Client satisfaction surveys

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		• works with youth to improve and sustain increased success in school and/or the community.						
	Peel Children's Centre	**Sub-total, all PCC Counselling and Therapy programs**				$2,447,098	INDSER# 589	interRAI-ChYMH Client satisfaction surveys
		Counselling: When client needs exceed what can be offered in SST/Brief Counselling, Counselling is provided informed by the client's needs, readiness and treatment issues. Treatment modalities and strategies can include; attachment, developmental perspectives, solution focused, narrative and CBT. The overall goal of counselling is to improve the child/ youth and family functioning at home, in school, and in the community, by assisting children and their families to increase awareness, coping skills and access to resources.	Peel Region (Halton Region for francophone clients only)	0-18	Francophone Ethnocultural			
		Anxiety Group: A child and parent therapeutic educational group which utilizes concepts drawn from Cognitive Behavioural Therapy (CBT) to help children/youth and their parents learn coping strategies in situations that are anxiety-provoking.	Peel Region	10-13	n/a			
		Coping Power: A multi-component group-based treatment for children with aggressive and disruptive behaviour and their parents). Coping Power groups are designed for latency age children with severe	Peel Region	8-13	n/a			

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		emotional and behaviour and support the following protective factors: social competence, self-regulation and positive parental involvement.						
		Intensive Child & Family Services (ICF) 0-6 and Peel Infant-Parent Program (PIPP): An in-home, in-school, in-community treatment service that provides intensive yet flexible responses to appropriately address the needs of caregivers with infants and children who are at risk of developing serious mental health concerns. Based on the needs of the parent and child, interventions may include: trauma assessment and treatment, attachment assessment and treatment, family therapy, in-home parenting support, skill training, psychological/ psychiatric consultation, collaboration with other agencies and advocacy.	Peel Region	0-6	n/a			
		School-Based Services – Brief Intensive Intervention Program (BIIP): Provides brief in-home service for children and youth experiencing multiple, significant stressors that are impacting their ability to succeed in their school environment. School personnel from both the English and French Separate School Boards are able to directly refer students and their families for service. Students and their families will be offered up to 8 sessions of service provided within a maximum of 12 weeks.	Peel Region Halton (territories served by French language school boards)	4-18	Francophone			
		School-Based Services – Alternatives: Intensive service for children/youth who require support, but whose parents/caregivers are not initially ready to engage in more active service.	Peel Region Halton	5-14	Francophone			

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		These students have experienced significant modification of school programming/services. The combined family, school and treatment goal is to maintain the child/youth in his/her present school placement. Intervention planning includes the use of multiple modalities in order to provide for a comprehensive plan that includes both school-based and community-based support/treatment interventions.	(territories served by French language school boards)					
		Sexual Abuse Treatment Program: SATP provides specialized out-client assessment and treatment services to children, youth, and their families dealing with sexual abuse and sexually offending behaviours. The program focuses on remediating the trauma of sexual abuse or assault through the use of TF-CBT, preventing future offences and supporting family members when incest has occurred. The program also helps children who exhibit sexualized behaviours, adolescents who have committed sexual offences and families in which sexual abuse among siblings has occurred.	Peel Region	0-17	n/a			In addition to tools referenced above, the SATP program utilizes: Short Mood and Feelings Questionnaire Strengths and Difficulties Questionnaire UCLA PTSD Index Juvenile Sex Offender Assessment Protocol (J-SOAP) II (only used for youth with sexualized behaviours)
	Rapport Youth & Family Services	**Counselling and Therapy Services** The focus of these services is reduce the severity of presenting issues which includes addressing underlying emotional, behavioural, mental health and social problems that the client may be experiencing.	Peel Region	0-18	n/a	$336,553	INDSER# 720	Evaluation is accomplished through tracking and analysis of data such as client numbers, presenting issues, length of

Core Service and Key Processes (based on PGR 01)	**Agency Delivering Service** (lead agency or core service provider)	**Description of Program**				**Budget** MCYS funding allocation for core service delivery	**Service Commitment Per Year** (e.g., service targets and service specifics (per the service contract))	**Method to assess service quality** (e.g., CANS, client satisfaction survey)
		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		As such, Rapport offers **Intensive Counselling** services (once per week for a maximum of eight weeks). Clients accessing this service may have or are experiencing a high level of impairment and are ready to address the challenges (e.g., clients being discharged from hospital following acute suicidal ideation or attempt). Rapport also offers **The Change Project** for youth up to their eighteenth birthday, which focuses on social skills development to strengthen the youth's ability to function effectively in the home, school, work and/or community. This service utilises the Solution-Focused Brief Therapy Model and places emphasis on the present and future rather than the past. It is goal-focused in nature, collaborative and uses small successes as catalysts for change. Clients presenting with specific issues such as anger, conduct-related concerns and communication issues may be more suitable for this service. Rapport also offers **Group Services** for youth and their caregivers to address a variety of concerns such as depression, anxiety, parent-child relationship, mindfulness, grief and loss, anger and self-esteem.						service, improvement change in client presentation, and general impact on clients overall ability to function. interRAI-ChYMH
	Trillium Health Partners	**Outpatient services** Treatment includes individual, family and group therapy, psychiatric assessment, referral for psychological testing, medication consultation and follow-up to children and youth up to the age of 18. Collaboration with other agencies,	Peel Region Other: South Etobicoke	0-18	n/a	$451,747	INDSER# 850	Client Progress is routinely evaluated collaboratively with the child/youth and his/her family in individual session

Core Service and Key Processes (based on PGR 01)	**Agency Delivering Service** (lead agency or core service provider)	**Description of Program**				**Budget** MCYS funding allocation for core service delivery	**Service Commitment Per Year** (e.g., service targets and service specifics (per the service contract))	**Method to assess service quality** (e.g., CANS, client satisfaction survey)
		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		organizations and schools takes place as required.						interRAI-ChYMH Client and Family satisfaction surveys are administered annually Groups are evaluated by pre and post measures, formal qualitative evaluation surveys, and patient/family satisfaction surveys
	William Osler Health System	**Child and Adolescent Clinic** • Individual and Family Therapy • Anxiety Groups – CBT running concurrently for 7-12/12-17 • Mood Depression Group – CBT running for adolescents 16 years and older	North Peel and Caledon	0-18 years and families	n/a	$196,775	INDSER# 538	Clients' progress will be monitored using the MCYS Service Plan. interRAI-ChYMH Client satisfaction per MCYS forms and patient experience surveys
Family/ caregiver capacity building and support	**Associated Youth Services of Peel**	**Group Services:** COPE 12+: AYSP utilizes the COPE (Community Parent Education) model. Trained facilitators run the groups, based on their experience and expertise. Effective child/teen behavior management strategies are introduced to parents to improve their knowledge base, skill level, and problem-solving abilities. Question and answer opportunities are an important component of each group session, and parents are provided with supplemental literature.	Various community locations in Peel Region	12-16 years and their caregivers	n/a	$49,442	FSFAMSER# 30	COPE – Strengths and Difficulties Questionnaire (Pre & Post) Satisfaction Questionnaire

Core Service and Key Processes (based on PGR 01)	**Agency Delivering Service** (lead agency or core service provider)	**Description of Program**				**Budget** MCYS funding allocation for core service delivery	**Service Commitment Per Year** (e.g., service targets and service specifics (per the service contract))	**Method to assess service quality** (e.g., CANS, client satisfaction survey)
		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
	Peel Children's Centre	**Sub-total, PCC Family/Caregiver Skills Building and Support**				$509,860	FSFAMSER# 369	Year-to-date reports Youth and parent/caregiver satisfaction surveys
		ADD/ADHD Group (6-12): Psychoeducational group provides accurate information to parents on ADHD: its symptoms, causality and recommended treatment; positive parenting strategies; and recommendations for how to advocate for their child.	Peel Region	6-12	n/a			
		COPE Group: Psychoeducational group program designed for parents to learn more about topics related to positive parenting strategies and self-care.	Peel Region	7-11	n/a			
		Moms Group: Psychoeducational and support group empowers mothers who are isolated and stressed by their life circumstances.	Peel Region	0-17	n/a			
		Incredible Years: Assist parents to improve their parenting skills and learn how to manage children's behaviours with confidence and respect. Parents learn the importance of play with their child and how to increase positive behaviour and cooperation.	Peel Region	3-6	n/a			
		Making the Connection Group: Helps parents interact with their babies/toddlers in ways that promote secure attachment, communication and brain development. Program combines hands-on activities, parent reflection	Peel Region	0-2	n/a			

Core Service and Key Processes (based on PGR 01)	**Agency Delivering Service** (lead agency or core service provider)	**Description of Program**				**Budget** MCYS funding allocation for core service delivery	**Service Commitment Per Year** (e.g., service targets and service specifics (per the service contract))	**Method to assess service quality** (e.g., CANS, client satisfaction survey)
		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		and discussion as well as personalized video feedback.						
		School-Based Services Parent Groups: Psychoeducational parent groups designed to address concerns experienced by the student population including issues such as concurrent disorders, bullying, anxiety, and depression. Groups range in size and offer 4-12 sessions depending on the nature of the group and topic.	Peel Region Other: Halton Region (service districts for the two French-language school boards)	4-18	Francophone			
		Respite (Volunteer Mentor; Community Programming; Other Hours): Provides a spectrum of respite services for the families and caregivers of children who have mental health challenges that put them at risk of losing their place in their home. Respite services are part of a child's and family's broader treatment plan. In-Home: Support is provided by volunteer mentors or from a child and youth counsellor in the child's home, community-based programs, PCC residential homes (respite hours) and through child-minding contracts.	Peel Region	0-17	n/a			
	Rapport Youth & Family Services	**Family/caregiver skill building and support services** This program will support parents/caregivers to strengthen their capacity to respond to the mental health needs of their child/youth. It will provide parents the tools to adaptively respond, understand and alter their behaviours in order to support the emotional wellbeing of their children/youth.	Peel Region	Children/ youth and parents	n/a	$2,756	FSFAMSER# 316	Client's discharge summaries and group reports will also capture salient features of the client's work and progress during the course of treatment such as the client/family's perception of the

Core Service and Key Processes (based on PGR 01)	**Agency Delivering Service** (lead agency or core service provider)	**Description of Program**				**Budget** MCYS funding allocation for core service delivery	**Service Commitment Per Year** (e.g., service targets and service specifics (per the service contract))	**Method to assess service quality** (e.g., CANS, client satisfaction survey)
		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
								treatment outcome; the post service questionnaire will focus on outcomes such as change in adaptive functioning, client concerns or recommendations and treatment goal attainment.
	Trillium Health Partners	• **OCD Parent Group** 2 sessions, twenty families • **DBT Skills (Dialectical Behaviour Therapy Skills Group for Parents)** is offered to all parents of adolescents attending the DBT skills group which runs throughout the year • **Clinician and psychiatrist meetings with parents and other family members** for initial assessments and for ongoing skill building and support as needed throughout treatment	Peel Region Other: South Etobicoke	Children/ youth and parents	n/a	$83,841	FSFAMSER# 65	Pre- and post-questionnaires are administered for the Parenting Group Satisfaction surveys are completed by parents annually
Specialized consultation and assessment	**Peel Children's Centre**	**Sub-total, PCC Specialized consultation and assessment**				$1,062,171	CLIENTCON# 255 EDSESSAS# 4 INDSER# 230 PROGCONA# 38	Clinical tools as dictated by the needs of the client
		Psychological Services: Provides assessment, consultation and intervention to clients participating in any of PCC's clinical programs and services. These services facilitate understanding, treatment or	Peel Region	0-17	n/a			

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		discharge planning by helping to clarify clients' perception, cognition, emotions, behaviour and interpersonal strengths/needs. Consultation to treatment planning is provided as part of the multidisciplinary team process. May help provide training and program development support.						
		Psychiatric Services: Provides assessment, consultation and diagnosis to clients who are receiving service in MCYS funded programs in Peel Region. These services facilitate understanding, treatment or discharge planning by providing specialized diagnoses of mental health disorders. Consultation to treatment planning is provided as part of the multidisciplinary team process. May help provide training and program development support.	Peel Region	0-17	n/a			
		Concurrent Disorders: Increases the use of EBP integrated treatment interventions with youth experiencing combined mental health and substance use concerns, incorporating a harm reduction approach. The program provides training, case-specific consultations, and issue specific consultations to a wide variety of individuals/service providers who work with Peel youth.	Peel Region	Up to 17	n/a			Global Appraisal of Individual Needs – Short Screener (GAIN-SS)
	Trillium Health Partners	**Diagnostic clarification and treatment recommendations** Children and youth who are registered to the clinic may be referred to the psychologist on staff for consultation/assessment regarding diagnostic clarification, as requested by the clinical team.	Peel Region Other: South Etobicoke	Up to 18	n/a	$275,195	CLIENTCON# 35 EDSESSAS# 4 INDSER# 20 PROGCONAS# 8	Patient/Family Satisfaction Surveys

Core Service and Key Processes (based on PGR 01)	**Agency Delivering Service** (lead agency or core service provider)	**Description of Program**				**Budget** MCYS funding allocation for core service delivery	**Service Commitment Per Year** (e.g., service targets and service specifics (per the service contract))	**Method to assess service quality** (e.g., CANS, client satisfaction survey)
		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		The Psychologist on staff is also available for consultation by the clinical team for treatment recommendations.						
	William Osler Health System	**Allied Health Services** Psychiatric and Psychological Consultations, Assessments and Treatment	North Peel and Caledon Other: Dufferin County	0-18 and parents	n/a	$36,000	CLIENTCON# 0 EDSESSAS# 0 INDSER# 12 PROGCONAS# 0	Target # of psychological assessments per year. Qualitative outcome measured by parent and child feedback re: reported helpfulness of assessment, increased understanding of strengths and challenges, and informing treatment goals and direction.
Crisis Services	**Peel Children's Centre**	**Crisis Response Service:** Provides an immediate crisis response (24-hours-a-day, 7-days-a-week) to children and youth experiencing significant mental health issues. The Crisis Response Service is designed to stabilize the individual or family situation, and to offer a bridging response to required longer-term services. A live-voice telephone response is provided for every call, with a follow-up mobile crisis response to provide on-site crisis intervention in home, in school or other community location on an as needed basis.	Peel Region	0-18	n/a	$865,200	INDSER# 700	Year-to-date reports Youth and parent/caregiver satisfaction surveys
Intensive Services	**Associated Youth Services of Peel**	**Sub-totals for AYSP, Intensive Services**				$1,982,643	DAYREC# 0 DTSER# 0 INDSER# 385	PECFAS InterRAI-ChYMH Client Satisfaction Questionnaires and

Core Service and Key Processes (based on PGR 01)	**Agency Delivering Service** (lead agency or core service provider)	**Description of Program**				**Budget** MCYS funding allocation for core service delivery	**Service Commitment Per Year** (e.g., service targets and service specifics (per the service contract))	**Method to assess service quality** (e.g., CANS, client satisfaction survey)
		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
							RESSER# 0	Agency Satisfaction Questionnaires Logic model process has been implemented to frame each intervention and to determine the evaluation questions and tools.
		Multisystemic Therapy Program (MST) Short-term, intensive, in-home, family focused intervention (3-5 months). MST addresses the multiple factors that contribute to anti-social behaviour in youth, thereby reducing the need for out of home placements. MST adopts a social-ecological approach to understanding and treating anti-social behaviour in youth, including such systems as the family, school, peers and the community. It is a home-based treatment that uses a family preservation model of service delivery to improve family relations, peer relations and school performance. Families/caregivers have access to the MST Team 24 hours via an on-call system.	Peel Region	Between 12th and 18th birthdays	Youth with anti-social behaviour			Program Implementation Review 6 month client follow up TAMS, SAMS, CAMS
		Family Connections The main goal of Family Connections is to assist families at a time when they are experiencing a crisis and an out-of-home placement is being considered for a youth or child. The program helps families become effective at managing current and future crises, to strengthen families'	Peel Region	Up to 18th birthday	n/a			

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		informal and formal supports, and to keep children and youth at home with their families.						
		Dialectical Behaviour Therapy (DBT) DBT is an evidence based treatment that combines mindfulness with cognitive behavioural therapy. It is utilized with individuals who struggle with life-threatening behaviours (e.g. self-injurious behaviour, suicidal thoughts, threats and/or attempts), have difficulty managing their emotions, and difficulty managing interpersonal relationships. DBT is an intensive therapy model that can range in treatment length from 6 to 12 months and includes weekly individual therapy sessions, weekly group skills training, 24-hour a day phone coaching for youth and their caregivers, and family counselling as needed. Skills training sessions for youth and their families involve learning mindfulness skills, emotion regulation skills, interpersonal effectiveness skills and distress tolerance skills.	Peel Region	Between 15th and 18th birthdays	Other: youth with life-threatening behaviours			DERS BSL – 23 Pre & Post measures AUDIT DAST – 20 RFL – A SBQ - R
		Transitional Aged Youth Outreach (TAYO) TAYO is a case management and counselling program for youth, who are experiencing on-going mental health challenges and are likely to transition into adult services. The program offers a community-based service providing a consistent level of support to youth during this transition.	Peel Region	Between 16th and 18th birthdays	n/a			
		Working Together With Families (WTWF), 0-6 Program	Peel Region	Up to the 7th birthday	n/a			

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		The WTWF, 0-6 Program is an intensive, home based, family-focused intervention for families and children from birth to their 7th birthday. It is based on a family preservation service delivery model. Therapists work together with parents to identify family strengths and needs and develop goals to guide the change process.						
	Peel Children's Centre	**Sub-total,** PCC's intensive services				$5,922,612	DAYREC# 6570 DTSER# 69 INDSER# 220 RESSER# 32	interRAI-ChYMH Strengths and Difficulties Questionnaire (SDQ) Juvenile Sex Offender Assessment Protocol II (for ECHO residential program only) Client satisfaction surveys
		Intensive Child & Family Services (ICF) 7-17: ICF 7-17 provides children/youth and their families, who are experiencing multiple and significant stressors access to a continuum of intensive yet flexible in-home, in-school and in-community responses. Using a strength-based, family-centred approach to service delivery, the service varies the assessment and treatment modalities, including psychology and psychiatry, to meet client needs.	Peel Region	7-17	n/a			
		CONNECT: CONNECT is a therapeutic, recreational program that provides intensive services to children/youth with mental health needs that are at risk of losing	Peel Region	7-15	n/a			

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		their home or school placement, or have been in CAS care or another residential setting and are being reintegrated into the family home. This program is adjunctive to Intensive Services and is intended to help children/youth with intensive intervention and support in every aspect of their life (i.e. school, home, after-school, community). CONNECT involves 3 main activities: a parent and child group, individual counselling and an after school program.						
		Day Treatment Services: Day Treatment (Section 23) is a school-based program provided in a specialized classroom setting. It targets children/youth and their family who are dealing with multiple issues that have significantly impaired the child's/youth's functioning in school, as identified by local school boards. Multiple treatment options develop comprehensive, individualized treatment plans for each child/youth/ family. The referral process is conjoint involving the family and the current school system. PCC operates two Day Treatment classrooms at its Caledon Campus (ages 13-18). Day Treatment classrooms in regular schools include: Glenhaven (ages 11-14); Glenforest (ages 14-18); Kindree Primary (ages 4-7); Kindree Junior (ages 8-11); and St. Kevin (ages 8-12).	Peel Region	4-17	n/a			
		Residential Services: Provides a safe, accepting and supportive environment that offers out-of-home treatment for children and youth who are experiencing serious	Peel Region Dufferin County: Dufferin Child	7-17	n/a			

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		impairment in their emotions, behaviours and/or relationships. Residential treatment is viewed as a temporary opportunity for families to re-energize and work together towards new solutions in preparation for the child's/youth's return to the community. PCC operates 4 staff-operated residences: two in Brampton – Elgin for adolescents (ages 14-17) and Morgan House for latency-aged children (ages 7-11), and two residences in Caledon for adolescents – Caledon South (ages 11-15) and ECHO (ages 13-17). In addition, 2 parent-operated homes offers two long-term mental health settings for children/youth (ages 7-17) who require support and guidance within a home environment. The parent-operated facilities are Hope House in Mississauga and Century House in Caledon.	and Family Services has access to 2 beds across residential system, based on availability					
		Respite (Out of Home): The Respite program provides a spectrum of respite services for the families and caregivers of children who have mental health problems that impair their functioning in the home environment. Respite services are part of a child's and family's broader treatment plan. Out of Home respite options include: Residential respite in our PCC homes; Parent-Operated Foster homes; and overnight community camps.	Peel Region	0-17	n/a			
		Respite (In Home, Paid 1:1, Caledon House and Morgan House hours) The Respite program provides a spectrum of respite services for the families and caregivers of children who have mental health problems that	Peel Region	0-17	n/a			

Core Service and Key Processes (based on PGR 01)	**Agency Delivering Service** (lead agency or core service provider)	**Description of Program**				**Budget** MCYS funding allocation for core service delivery	**Service Commitment Per Year** (e.g., service targets and service specifics (per the service contract))	**Method to assess service quality** (e.g., CANS, client satisfaction survey)
		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		impair their functioning in the home environment. Respite services are part of a child's and family's broader treatment plan. In-Home: Support is provided by volunteers, volunteer mentors, or from a child and youth counsellor in the child's home, community-based programs such as recreational programs, PCC residential programs at Caledon South and/or Morgan House (respite hours), and through child-minding contracts.						
		STEPS Residential Enhancement Fund: A community based fund administered by PCC that is primarily intended to facilitate community-based residential placement for children and youth with significant mental health needs. The fund provides support for: • 1:1 child and youth worker staffing assigned to the child/youth for a specific period of time, in support of the treatment plan, to stabilize behaviours. • Multidisciplinary assessments (e.g., psycho-educational assessment) and/or purchased psychiatric/psychological assessments or other specialized assessments which may expedite the assessment of needs to ensure an informed and appropriate course of treatment. • Other supports deemed to enhance the placement of a child or youth with significant mental health needs.	Peel Region	7-17	n/a			
		Flexible Services Fund (0-17) A community fund administered by Peel Children's Centre. The funds are for 1:1 treatment-focused support to meet the clinical	Peel Region	0-17	n/a			

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		needs of children and youth receiving children's mental health services at Peel agencies funded by MCYS, i.e. Associated Youth Services of Peel, Nexus Youth Services, William Osler, Peel Children's Centre, Rapport, Trillium and Kinark and are intended to augment client's active treatment/service plan and support the ongoing identified clinical goals.						
	William Osler Health System	**Behavioural consultation and treatment:** In home, in school and in office	North Peel and Caledon	0-18	n/a	$93,082	DAYREC# 0 DTSER# 0 INDSER# 67 RESSER# 0	The MCYS-mandated forms will be utilized along with a standardized pre- and post- treatment measure (i.e. Eyeberg)
Case Management/ Service Coordination	**Associated Youth Services of Peel**	For the following programs: • Tangerine Walk-In Counselling • Challenges Program • Peel Adolescent Program • Reaching Adolescents in Need (RAIN) • Parent Adolescent Counselling Program (PACP) • Recognizing Individual Success and Excellence (RISE) • Youth Beyond Barriers (YBB) • COPE (Community Parent Education) • The Incredible Years Program • Multisystemic Therapy (MST) • Family Connections • Dialectical Behaviour Therapy (DBT) • Transitional Aged Youth Outreach (TAYO) Program • Working Together With Families (WTWF)	Peel Region	0-18	n/a	$1,033,747	INDSER# 1,400	Year-to-Date Reports

Core Service and Key Processes (based on PGR 01)	**Agency Delivering Service** (lead agency or core service provider)	**Description of Program**				**Budget** MCYS funding allocation for core service delivery	**Service Commitment Per Year** (e.g., service targets and service specifics (per the service contract))	**Method to assess service quality** (e.g., CANS, client satisfaction survey)
		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
		• School-Based Mini Groups						
	Nexus Youth Services	**Community Counselling Program (14-24):** Supports youth to become positively engaged with the community while successfully transitioning from adolescence to adulthood.	Peel Region	14-18 UW funded up to 24 yrs	n/a	$13,393	INDSER# 19	Year-to-date reports
	Peel Children's Centre	• Wraparound CMH • Intensive Supports & Resource Coordination (ISRCP) • Counselling/Therapy (70% est.) • Intensive Services (75% est.)	Peel Region	0-18	n/a	$2,154,816	INDSER# 657	Year-to-date reports
	Rapport Youth & Family Services	The Service Coordination Service includes service planning, where in collaboration with each child/youth and family, an individualized plan is developed that identifies the specific need(s) of the client, along with service goals and who has responsibility for such services. Also inclusive of Service Coordination is Case Management/Service Coordination. The need for Transition Planning and Preparation is addressed.	Peel Region	0-18	n/a	$65,045	INDSER# 299	Year-to-date reports
	Trillium Health Partners	Each child or youth, and his/her family will have an **individualized plan of care** developed by the Inter-professional team, which takes into account the client's strengths, needs and resources and identifies achievable goals. This process begins at Intake and continues throughout the course of treatment to the point of discharge and is done collaboratively with the client and his/her family when this is possible.	Peel Region Other: South Etobicoke	Children/ youth and parents	n/a	$101,241	INDSER# 638	Patient and family satisfaction surveys interRAI Screener

Core Service and Key Processes (based on PGR 01)	**Agency Delivering Service** (lead agency or core service provider)	**Description of Program**				**Budget** MCYS funding allocation for core service delivery	**Service Commitment Per Year** (e.g., service targets and service specifics (per the service contract))	**Method to assess service quality** (e.g., CANS, client satisfaction survey)
		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
	William Osler Health System	William Osler Health System Intake Screener Peel Coordinated Intake Network (PCIN)				$16,104	INDSER# 34	Case linking and client satisfaction questionnaires
Access Intake Service Planning	**Associated Youth Services of Peel**	**Peel Coordinated Intake Network** AYSP is a member of the Peel Coordinated Intake Network (PCIN)	Peel Region	0-18		$295,993	MHUCYS# 1,400	Implementation of a common screening tool for use by all core services providers is underway (interRAI-Screener)
	Peel Children's Centre	**Peel Coordinated Intake Network** PCC operates the access team of the Peel Coordinated Intake Network (PCIN)	Peel Region	0-24		$400,000	MHUCYS# 3,400	A standardized intake interview is currently being used which includes the interRAI-Screener
	Nexus Youth Services	**Peel Coordinated Intake Network** Nexus is a member of the Peel Coordinated Intake Network (PCIN)	Peel Region	0-24		$12,097	MHUCYS# 78	A standardized intake interview is currently being used which includes the interRAI-Screener
	Rapport Youth & Family Services	Rapport will collect information from all clients pertaining to presenting concerns, level of need at the time of referral, strengths and resources, available supports as well as other collateral information such as age, date of birth, and address. **Access Intake Planning** will also obtain informed consent from client and will provide client with wait time information as well as provide information regarding available supports within the community. Some access through **Peel Coordinated Intake Network** (PCIN).	Peel Region	0-18		$50,884	MHUCYS# 720	Implementation of a common screening tool for use by all core services providers is underway (ie., interRAI Screener)

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		Brief description	**Geographic coverage in service area**	**Age group served**	**Target population if applicable** (e.g., Aboriginal, Francophone, South Asian)			
	Trillium Health Partners	Access to Trillium's Child and Adolescent Mental Health Services is largely through **Peel Coordinated Intake Network** (PCIN). Referrals are also accepted through Trillium's **Emergency Department** and **from Child and Adolescent hospital in-patient units.** In order to strengthen the capacity of physicians and paediatricians affiliated with Trillium to manage mental illness, **direct referrals** to the program are also accepted.	Peel Region Other: South Etobicoke	Children/ youth and parents	n/a	$210,824	MHUCYS# 850	interRAI Screener
	William Osler Health System	Direct access via WOHS **Child and Adolescent Clinic**	North Peel and Caledon	0-18	n/a	$199,813	MHUCYS# 651	Implementation of a common screening tool for use by all core services providers is underway (interRAI Screener)

B.2: Core Services Summary

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

Organizations/ partners	**Relationship** (e.g. MOU, Contract)	**Description**	**Intended purpose** (e.g. core service delivery, referrals, program, pathway)
Peel Children's Centre and Regional Municipality of Peel	Joint Services Agreement	Agreement for delivery of Peel Infant-Parent Program (mapped under Counselling/Therapy Services)	Staffing/program delivery and access/referrals via the Peel Inclusion Resource Services (PIRS) Intake and Referral process
Peel Children's Centre and Dufferin-Peel Catholic District School Board	MOU	Day Treatment Program (Section 23 classrooms) – separate and mutual responsibilities of PCC and DPCDSB	Includes staffing, program delivery and pathways through service (admission, treatment planning, progress review, demission/discharged planning)
Peel Children's Centre and Peel District School Board	MOU	Day Treatment Program (section 23 classrooms) – separate and mutual responsibilities and PCC and Peel DSB	Includes staffing, program delivery and pathways through service (admission, treatment planning, progress review, demission/discharge planning)
Peel Children's Centre and William Osler Health System (WOHS), Mental Health and Addictions Program	MOU	Supports for children and youth presenting in Emergency or being discharged from WOHS's CHAD unit	Defines the services to be provided by PCC's Crisis Response Service to WOHS, the staff participants at WOHS and PCC, and their respective responsibilities
Associated Youth Services of Peel, Peel Children's Centre and Rapport Youth & Family Services	Partnership Agreement	Tangerine Walk-In Counselling – processes and delivery	States that Tangerine is run as a "franchise" with each service provider using the exact-same model of service at their respective locations and collaborating on joint responsibilities
Associated Youth Services of Peel, Nexus Youth Services, Peel Children's Centre, Rapport Youth & Family Services, Trillium Health Partners, William Osler Health System	System Case Transfer Protocol	Mental Health Services for Children and Youth (Centralized Intake)	Facilitates the process of transferring clients from one organization's services to another's, without necessitating another intake. Applies a common set of criteria to determin service prioritization.
Associated Youth Services of Peel, Nexus Youth Services, Peel Children's Centre, Rapport Youth & Family Services, Trillium Health Partners, William Osler Health System; and some specific, targeted organizations that refer to Peel's CSPs	Common forms	Third Party Referrals – Referral Form and Consent to Disclose Information to PCIN form	Facilitate access/intake to core CYMH services in Peel; standardize third-party referral process across PCIN; reduce/mitigate risk. This system feature is being introduced gradually. A broader implementation with such sectors as school boards, child welfare etc. will come later.
Associated Youth Services of Peel, Nexus Youth Services, Peel Children's Centre, Rapport Youth & Family Services, Trillium Health Partners, William Osler Health System Peel Coordinated Intake Network, operated by PCC; and Trillium Health Partners, Child and Adolescent Mental Health Services	Terms of reference (currently under review as part of PCIN priority) No formal agreement currently exists between PCIN and Trillium, but recommendation for the development of an MOU	Mental Health Services for Children and Youth (Centralized Intake) Currently Mental Health Services for Children and Youth (Centralized Intake) processes Trillium physician referrals. Process will become formalized as part of operationalization of Peel's Coordinated Intake Network (priority #1)	The former terms of reference are out of date but being updated as part of the PCIN project (see Part C, Priority Activity #1) Streamlining screening processes for children/youth who are referred for child and youth mental health services; and facilitating efficient access to C/Y mental health services, thus ensuring client is connected to right service to meet mental health needs. Primary

	that includes physician referral process for Trillium as part of PCIN		care physicians are informed of the centralized intake process and the outcome of referrals.
Associated Youth Services of Peel, Peel Children's Aid, Peel Children's Centre	Partnership Agreement	Adolescent Team (CCB funding)	Includes staffing, program delivery and pathways through service (triage/information session, intake, progress review, discharge planning)
Nexus Youth Services and Peel Children's Centre	MOU	Agreement for the provision of French Language Services, as required	Facilitates the process of transferring clients from Nexus Youth Services to PCC as the Region's French Language Service Lead

Section C: Population Profile Summary

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

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

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

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

Specific demographic factors:

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

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

Changing demographic trends:

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

Unique characteristics in the Peel Service Area:

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

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

Trends and data regarding utilization of services (where available)

- N/A at this time.

Any further information and data available

- Statistics Canada has begun to release the **2016 Census** data, the first available data sets being population and dwelling counts. The population of Peel has grown to 1,381,739 compared to 1,350,097 in the 2011 census, a growth rate of 6.5%. Overall population growth is slowing in Peel Region compared to the 2006 to 2011 period, when the growth rate was 11.8%. The distribution of population within the Region is: Mississauga 52.2%; Brampton 43.0%; and Caledon 4.8%.

- Within Peel Region in 2011-16, Brampton's population continued to experience the fastest growth rate at 13.3%, followed by Caledon at 11.8% and Mississauga at 1.1%. While it might appear that Mississauga is reaching its development limits, new high-density developments that are in the planning stages for Mississauga's City Centre core would indicate that Mississauga's population will continue to grow in the years ahead.

- Because the 2016 Census breakdown of population by age group is not yet available, the child and youth population analysis above continues to be based on 2011 Census data combined with estimates obtained through the Peel Data Centre.

Section D: Engagement Activities

Lead agencies must complete a summary describing their engagement efforts in the 2016-17 fiscal year. The engagement summary should include:

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

CORE SERVICE PROVIDER ENGAGEMENT

PCC has regularly engaged Peel's six Core Service Providers (CSPs) – Associated Youth Services of Peel, Nexus Youth Services, PCC, Rapport Youth & Family Services, Trillium Health Partners and William Osler Health System – in implementing the priorities of the 2015/16 CSDP. CSPs have also been engaged in fulfilling PCC's system management requirements under SDS A357 and in discussing CYMH systemic issues, e.g. our response to the mental health needs of Syrian refugees.

System-wide engagement (not specific to the 2015/16 CSDP priorities)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
CSP table PCC's System Management team; EDs & Directors/Managers of CSPs; MCYS Program Supervisor; PCIN consultant; guests, e.g. YE and FE coordinators	At least quarterly	Plan for MOMH implementation. Agendas vary; have included: • MOMH updates (local, regional, provincial); Q&A and discussion • SDS A357 shared priorities • Research on Peel CSP staff's receptivity to system change • CYMH services to refugees • CMHP progress/next steps • Priorities for 2017/18 CSDP	• Met 5 times in 2016/17: April, June, Sept, Dec, February • See below for specifics on delivery of 2016/17 priorities and planning for 2017/18 priorities	• Scheduling to accommodate all six CSPs • Competing demands on partners' time, e.g. accreditation; organizational changes (moves; staff turnover)
Review/updating of Core Services Summary for CSDP Each CSP updated its section of the CS Summary	Once (Q4)	• Required for CSDP	• Updated section received from each agency • Provided greater clarity around service targets and budgets and will inform implementation of MOMH roles & responsibilities	

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Community Mental Health Planning Mechanism With broader sector partners	Annually for the full mechanism (with all partners); as needed for working groups	Engage all service providers in core CYMH and broader sectors to plan for and co-create a more accessible, seamless, effective and efficient mental health service system for children, youth and families in Peel	• One meeting in June 2016 attended by approximately 100 partners; shared progress on development of planning mechanism and elicited input on Shared Vison, Values and Guiding Principles, Mechanism Design, and further consultations • Shared the report, ***Together in Peel,*** in Jan 2017	• Competing priorities for time and resources (staffing and funding)
Research project, "Adopting New Practices to Support System Change" Staff at six CSPs; Researcher also briefed senior CSP staff	One survey of staff in 2016 One meeting with CSP table (Sept)	Determine how receptive the Peel CYMYH system is to system change, and how aligned frontline and management staff are in their receptivity to change; project began in fiscal 2015/16	• 114 staff participated in the survey, a 46% response rate (very good) • System readiness for change is within average for social services in most areas; generally positive attitude towards evidence-based practices	• Understanding differences between leaders and frontline on various scales • Unable to release results by agency for 4 smaller CSPs (Nexus, Osler, Rapport, Trillium) because the results could identify staff
Lead Agency Progress Reports; related communications Distributed to CSPs (for their broader distribution within each CSP) and to related CMHP sectors	Quarterly	Provide regular updates and consistent messaging on MOMH progress locally (Peel's CSDP, CMHP and SDS A357), regionally and provincially; in English and French	• 3 updates: summary in PCC's 2015/16 annual report (June); full Progress Report on CSDP/ CMHP deliverables (Fall 2016); higher-level e-blast to broadcast distribution in Jan. 2017 • Also see interRAI newsletters	• Changes to LA model and MCYS' delay in making the changes public delayed the summer/fall report • Translation costs/turnaround time for French updates • No provincial brand

Priority #1: Implementation of Peel Coordinated Intake Network (PCIN)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
PCIN Implementation Committee Members from all CSPs; PCIN Consultant	Quarterly	Oversee the implementation of PCIN so that families, youth and referral sources can clearly identify	• Major deliverables of Priority #1 completed; implementation committee working on issues resolution for interRAI Screener and integration with EMHware	

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
		the "front door" to CYMH services in the Peel Service Area	• Implementation will continue in 2017/18 for three remaining deliverables	
Pilot of 3rd Party Referrals with AYSP staff and Peel Crisis Capacity Network (PCCN)	Ongoing in Q1, then completed	Pilot new 3rd party referral form/process for PCIN; began in latter part of 2015/16	• Pilot completed in 2016 • Third party referrals being gradually implemented	
Training on interRAI Screener All staff in PCIN	2 training sessions held	Ensure that all PCIN staff in the Peel Service Area staff are trained on the interRAI Screener	30 PCIN intake staff (from all CSPs) trained on the Screener	
Competency testing on interRAI Screener All staff in PCIN	Follows training sessions	Ensure that all PCIN staff are competent to use the interRAI Screener	All those trained on Screener have passed Competency training	•
"Train the Trainer" for interRAI Screener A small cross-CSP team of staff who use the Screener	Annually or as needed	Help sustain Screener training for new intake staff who come into the PCIN partner organizations	• Staff trained in June 2016 from PCC Access/Intake team (2), AYSP (1) and Osler (1)	• Staff turnover (one maternity leave; one departure); only two trainers remain. New leaders need to be trained.
PCIN Information HUB For all PCIN staff	Ongoing online feature	Information-sharing	Contains up-to-date information on programs and wait lists/times; in future, may include portals for sharing of client information	
PCIN update – briefing For directors, managers, supervisors and intake staff of network partners, plus PCC's Crisis Response staff	One time (Q4)	Achieve a common understanding of PCIN amongst network partners and other key players, including updates on work completed to date and next steps leading into 2017/18	• Meeting attended by 43 staff from across CSPs • Agenda included PCIN system operational features, 3rd party referrals, PCIN system case transfers and communications	
PCIN brand research – survey	One survey in Q3 (Oct-Nov)	Research towards branding of PCIN as the "front door" to the CYMH service system in Peel	• Sent to 135 staff across all CSPs and key sector partners (e.g. school boards); 44 responses	• Survey fatigue (from competing initiatives) may

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
CSPs' and key partner sectors' staff			• Analysis of survey results will inform branding	have contributed to response rate
PCIN branch research – focus groups CSPs' clients (youth and families) and staff; general public in Peel	1 group in Q2; 6 groups in Q4	Research towards branding of PCIN as the "front door" to the CYMH service system in Peel	• 1 with CSP table Sept. • 2 with existing CSP clients/ caregivers in Feb. • 2 with youth (one for CSP clients; one general public) in Mar. • 2 with caregivers (one for CSP families; one public) in Mar. • Overall advice: empathetic, simple brand + communications plan to guide public to front door and through intake process	• Competing focus groups in other change initiatives (e.g. Family Engagement) created need to stagger groups so we did not make too many requests of clients and their families

Priority #2: Implementation of a Common Assessment/Outcome tool (InterRAI ChYMH) at all CSPs in the Peel service area

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
InterRAI Implementation Team 25 members: CPRI staff; Lead Agency staff; managerial/supervisory and frontline clinical staff from all CSPs	Monthly during fall/ winter/spring	Oversee implementation of the interRAI suite of CYMH clinical tools by all CSPs in the Peel Service Area in order to develop a shared understanding of Peel's CYMH clients; inform treatment planning; and generate data to meet MCYS' requirements	• Successful collaborative management of interRAI implementation across Peel	
InterRAI ChYMH staff training Appropriate clinical staff from all 6 CSPs	Quarterly	Train appropriate clinical staff in all CSPs on the new common Screening and Assessment tool for the Peel Service Area	• 2016/17 training in June/July, Sept./Oct, Nov, Feb • 40 new staff trained in 2016/17; 200+ clinical staff across all 6 CSPs a have been trained on the ChYMH	Sustainability and cost when most ongoing training is done at CPRI in London. Creating a "train the trainer" team (below) is part of the CSPs' efforts to address this issue.

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
InterRAI ChYMH competency testing For clinical staff trained on the InterRAI tools	Quarterly (follows interRAI ChYMH training)	Ensure that all Peel Service Area staff who have been trained on the interRAI ChYMH are competent to use the tools	All staff trained on the interRAI tools will be competent, or will undertake remediation to gain competency	• High pass threshold (80% or 82%), but each staff has up to 3 tries. Pass rates have been good (>90%)
InterRAI Training Team 10 staff from across the Peel CSPs	Monthly initially; then bi-monthly	To support staff at all CSPs in Peel with interRAI ChYMH training, competency testing and implementation into clinical practice	• Team met 7 times in 2016/17 • Team work with CPRI to support 4 rounds of training • One trainer from PCC works with one trainer from another CSP for each training session	
InterRAI Literacy Training CSP staff who are not users of the ChYMH but need to understand how it relates to their work	As appropriate; at least semi-annually	Help CYMH staff in Peel who do not use the ChYMH in their work gain literacy to understand how the tool is used and its benefits in assessment and treatment	Literacy training sessions: • Psychiatrists at Trillium: May • PCC's psychologists, Crisis, Wraparound, Groups, System Planning/Accountability: June • Residential/day treatment CYWs: Aug and Sept	
InterRAI ChYMH Working Group 2 facilitators from Lead Agency; 13 frontline clinicians from 6 CSPs	Focused, time-limited group; met in Jan. 2017	Review all interRAI ChYMH items; determine where each item maps (CAP, scale or both); identify issues in order to support clinicians' understanding and use of ChYMH	Half-day meeting; 4 sub-groups completed the review of all items; Lead Agency prepared and shared Summary of Findings with CSPs	
InterRAI Community of Practice #1 Trainers in Central Region, including Peel	Quarterly	Encourage cross-agency, cross-service-area support and sharing of ideas, and to support longer term sustainability	• Trainers' CoP met in Oct and Dec • CoP meetings hosted by PCC	
InterRAI Community of Practice #2 Assessors in Central Region, including Peel	Quarterly	Encourage cross-agency, cross-service-area support and sharing of ideas, and to support longer term sustainability	• Assessors' CoP met in Oct and Dec • CoP meetings hosted by PCC	
InterRAI Community of Practice #3	Quarterly	Encourage cross-agency, cross-service-area support and sharing of	• Operational CoP met in Oct and Jan. 2017 • CoP meetings hosted by PCC	

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Operational staff in Central Region, including Peel		ideas, and to support longer term sustainability		
***Implementing InterRAI in Peel* newsletter** Distributed via InterRAI Implementation Committee to intake and clinical staff in six CSPs	Semi-annually	Provide updates and consistent messaging on the implementation of the interRAI tools	Two updates (May and Nov.)	• Lack of branding • Competing demands on staff time
Webinar – "InterRAI Child and Youth Suite of Tools" Staff across CSPs	Once	Share information and ideas on Assessment, Family Engagement and Data	Staff across CSPs participated in webinar on Dec. 7, 2016	

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

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
CSP Planning Table Management from all six CSPs	Quarterly	Plan, share information, resolve issues, build service area-wide collaboration	Agreement to move all community-based CSPs onto EMHware; discussions with hospital-based clinics re data bridges	• Implementation issues detailed in Section E • Extraction of data from or bridge to hospitals' databases
EMHware training For all clinical staff of 4 community-based CSPs; also PCIN staff	Ongoing in Q4 until all staff trained To continue in 2017/18	Ensure that all clinical staff of CSPs know how to enter and extract data to/from new clinical database	• 265 staff trained at PCC, Nexus, AYSP • Training will continue into 2017/18 for Rapport staff and for newly hired staff	
Implementation discussions amongst senior staff	Throughout Q3 and Q4	Prepare for and problem-solve transition onto EMHware, e.g. costing, contracts, data preparation and transfer, staff training, post-	• PCC, Nexus and AYSP onto EMHware in 2016/17; Rapport to following shortly (April 2017) • When integrated with CSPs' use of a common clinical assessment	

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
PCC's Chief Officer, System Planning and Accountability, and senior staff of 4 community-based CSPs		transition trouble-shooting, longer-term data strategy	tool (interRAI ChYMH), will result in reliable CYMH data for the Peel service area, including a unique client count across the service system, and facilitate understanding of who the system serves and how	
Technical staff work across/between CSPs EMHware staff and technical staff involved in implementation at 4 community-based CSPs	Throughout Q3 and Q4	Prepare for and problem-solve transition onto EMHware, e.g. data preparation and transfer; post-transition trouble-shooting	• New partnerships across staff at community-based CSPs • New problem-solving capacity	• Technical issues detailed in Section E • Different work processes for staff who used to work independently who are now part of a multi-agency team

Priority #4: Develop a system-wide mechanism for youth engagement (YE)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Working Group (members from all CSPs)	Varies; meets several times/year	Identify, create and sustain opportunities for YE across the Peel Service Area	• Facilitated 12 focus groups (8 with CSPs, one with CSP leaders, 3 with youth engaged in CSP programs) • Engaged 4 youth in role of Youth Research volunteers • Completed SWOT analysis for each CSP • Completed Community Assessment Report for Peel service area • Developed/implemented YE training	Worked without YE Coordinator for most of Q3 following the staff's departure. Supported by staff from Nexus and AYSP while a new YE Coordinator was recruited.
Meeting with Peel's CSP planning table CSPs' members on the planning table (24 people)	Semi-annually (April 2016; Feb. 2017)	• Engage senior leaders of CSPs on implementing YE as an evidence-informed practice • Facilitate collaboration across service area in developing a "made in Peel" YE mechanism	• With Youth Researcher volunteers, YE Coordinator conducted a focus group with CSPs in April 2016 on benefits/risks of YE and what YE could look like in Peel • Updates and discussion of plans at both April and February meeting	Second meeting with CSP leaders delayed by departure of YE Coordinator and recruitment of new YE Coordinator

YE Workshops for a broad range of staff of all CSPs on concept of YE	In planning stage	Develop a common/shared understanding across the Peel Service Area on the concept of YE	• Workshop plan created • Supporting materials developed	Workshops delayed until early in new fiscal year due to competing demands for CSPs' time
"Art of Youth Engagement" YE Training In partnership with Centre of Excellence and The New Mentality For youth and relevant staff of all CSPs	One training event in Feb. 2017	• Youth – increase awareness, break down stigma, increase opportunities for YE in CSP organizations • Staff – build therapeutic alliances and collaboration; increase YE opportunities across CSPs	• 72 participants from across the six CSPs (27 youth; 45 adults) • Sample feedback: Youth – "It was so beyond my expectations, I have no words for the experience …" Staff – "We need to do something like this again and more often."	

Priority #5: Develop a system-wide mechanism for family engagement (FE)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Collaboration with Centre of Excellence (COE) and Parents for Children's Mental Health (PCMH) FE Coordinator (FEC), COE staff and PCMH FE Specialist	Monthly meetings	• Use best practices and existing resources/knowledge/experience to advance FE in Peel • Create new FE partnerships via PCMH • Contribute to province-wide progress in advancing FE in the CYMH sector	• COE and PCMH partnered with FE Coordinator to provide a series of FE training sessions for CSP staff and co-facilitating focus groups/ consultations with family members • FEC participated in, and contributed to, Community of Practice on Feb 27 with other coordinators from across Ontario, COE and PCMH.	Spending the financial support from CoE within the 2016/17 fiscal year given the multiple demands on CSPs' staff and client families' time
Meeting with Peel's CSP planning table	3 meetings in 2016/17 (Apr, Dec, Feb)	• Develop shared understanding amongst senior staff of FE • Ensure CSPs co-create FE plan • Advance FE initiative across CSPs in Peel service area	• April: focused on developing a shared understanding of FE • Dec: updates including upcoming common training across CSPs • Feb: Progress to date, plan for 2017/ 18, emerging thoughts on "made in Peel" FE mechanism	
Key informant interviews With FEC and leadership	8 interviews conducted by FEC between June-Oct	• Establish buy-in with leadership from each CSP • Explore and inventory existing FE practices, readiness for FE	• FEC heard commitment from each of the CSPs regarding FE initiative	• Some delay in interviewing due to staff changeover at one CSP

representatives from each of the CSPs to explore existing FE practices and opportunities for future FE initiatives		and opportunities for future FE initiatives.	• Responses were analyzed thematically and results will be documented in Environmental Scan	• Time restrictions in capacity to analyze responses and to complete the Environmental Scan, as FEC position is part-time. There are competing demands as FEC is also a part-time Clinician.
Focus groups with families/caregivers Co-facilitated by FE Coordinator and PCMH's FE Specialist	4 focus groups held, Dec to Feb	• Engage families who have used CSP services to develop better understanding of how CSPs can engage families and what families need/want	• 20 family members across all CSPs participated • Content of consultations being analyzed thematically and will be documented in Environmental Scan • Summary report will be provided to all family members who participated • As a result of outreach for these focus groups, a database was initiated of family members with interest in future FE activities	• FEC's limited time to analyze and document this information in the Environmental Scan. • With the success of early consultations, there was increased interest in focus groups for various projects and therefore a risk of fatigue if the same family members continued to be called upon. Scheduling also had to be adjusted to avoid such fatigue.
CSP staff training In partnership with COE and PCMH Open to all CSP staff	7 three-hour sessions in Jan. 2017	• Develop shared understanding across CSP staff of FE • Set stage for next steps in developing Peel FE mechanism	• Attended by 225 staff from all CSPs including representatives from leadership, administration and clinical service delivery. • Summary report will be provided to all staff who attended • Resulted in expressed interest in imminent representation by families in both system-wide and organizational committees • Recognition that implementing FE in a meaningful way requires significant organizational change, potentially impacting the way CYMH work is done at all levels in all organizations.	• FEC's limited time to analyze and document this information in the Environmental Scan. • The interest and enthusiasm of participants in having family members be part of committees and working groups has resulted in increased demand on FEC and in a mechanism essentially becoming actualized prior to planning along with family members.

Survey of staff who participated in FE training Sent to all participating staff	One survey: Feb. 2017	• Continuous quality improvement for FE trainers and FE Coordinator • Will inform future plans for FE amongst CSPs	• Reminders sent to staff who attended training to complete survey • 170/225 staff completed survey. Excellent response rate (75%) • Feedback being analyzed in Q4 and will inform future training. A Summary report will be provided upon completion of analysis. • Purchase of Atlas Ti, Prezi and Survey Monkey to support analysis of information and presentation of findings	• FEC's limited time to analyze and document this information in the Environmental Scan • Learning curve for use of Atlas Ti to be determined along with time and support required from the Performance Measurement and Improvement department
Key informant interviews With PCMH FE Specialist; for family members unable to attend FE consultations	3 family members were invited to contact PCMH FE Specialist	Enabled outreach to key CSP staff who could not attend the FE training to ensure that they are part of the FE initiative	• To provide an opportunity to those family members who were interested but could not attend the focus groups due to scheduling difficulties to still provide their input regarding family engagement in Peel	
Focus groups with CSP staff	2 focus groups held in Mar	• Follow-up to FE training • Capture staff perspectives on opportunities for FE in Peel's CYMH sector	• 12 staff members representing 3 different CSPs attended. • Plan to offer at least 2 more opportunities for more staff to attend in Q1 2017/18 • Information will be analyzed thematically and documented in the Environmental Scan • Summary report will be provided for all staff who attended	• FEC's limited time to analyze and document this information in the Environmental Scan
Committee to consider FE mechanism for Peel FE Coordinator with key CSP staff and client family members	TBD; being formed in Q4 into 2017/18	Co-create an FE mechanism that works for families and the CSPs that engage with them	• TBD	• Priority must be to recruit and prepare family members to become part of FE working group in order to ensure a family-engaged process from the beginning

2016/17 Emerging Priority – Brief Services Revisioning

CSP Planning Table Discussions amongst CSP partners and project consultant	Discussed at 3 CSP meetings: Sept, Dec, Feb	• Brief Services Review was identified as an emerging priority in 15/16 CSDP to align Brief Services with PGR 1 and resolve issues in current programming and pathways • CSP table determined scope of review, participants and timelines	• Identified programs to be reviewed (Tangerine at AYSP, PCC and Rapport; PCC's SST; Nexus' SOS) • Brainstormed issues in current programs and possible early "wins" • Determined that a project team is needed and identified members of project team	
Project Team Consultant working with representatives from all CSPs that provide Brief Services PCMH's regional lead was part of discussion at March meeting	Two meetings in Q4 (Feb and Mar)	• Define scope of project • Define who should be involved, and how • Develop work plan for 2017/18 review of Brief Services	Work to date has included: • Drafting project definition • Identifying risk and discussing mitigation strategies • Involvement of Regional FE coordinator (Central Region) on the work team to help shape FE process • Determining role of client families in the review, including engagement process (TBD: same for youth) • Developing work plan	
Discussions with staff and clients of Brief Services	TBD	Ensure that those who provide and use Brief Services help to co-create the revisioned Brief Services in the Peel service area	TBD	

System Management (SDS A357)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Discussions at CSP meetings Senior staff of all CSPs	Quarterly	Ensure that CSPs are aware of Lead Agency's System Management (SM) requirements, which inform MOMH priorities for the Peel service area	• SM updates and/or discussions at most CSP meetings • Updates in fall/winter focussed on uncertainty re MOMH roles and responsibilities (R&R) going forward	MCYS' delay in defining its changes to R&R curtailed discussions on SM due to uncertainty re future R&R

Written updates For broader Peel community, including CSPs and their staff	Aim for quarterly	High level updates to keep the community informed about service-area progress on MOMH initiatives and priorities	• High level information on MOMH, including SM, in PCC's annual report	MCYS' delay in releasing its planned changes to R&R delayed fall Lead Agency Progress Report

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

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Consultations with French-language school boards for CMHP Oh behalf of Lead Agency, consultant met with all boards in preparation of CMHP	One-time meetings with 4 boards	• Seek advice on CYMH planning mechanism for the Peel service area	• Obtained input from French-language boards; those who participated included mental health leads, social workers and school principals • Feedback reflected in the report, *Together in Peel*, which made recommendations on community planning mechanism and next steps	• Translation (consultant and supporting Lead Agency staff are not fluently bilingual)
Consultation with community partners for CMHP Consultant plus faith leaders, providers of services to diverse communities; two hospitals	4 meetings: 1 each with faith leaders, newcomer services, Trillium and Osler	• Seek advice on CYMH planning mechanism for the Peel service area • Continued from consultations held in 2016/17 with broader sectors that deliver some CYMH services	• Beginning of input from faith and diverse communities • Feedback reflected in the report, *Together in Peel*, which made recommendations on community planning mechanism and next steps • Additional consultation continuing into 2017/18	• Broad range of faiths and diverse communities means that it is hard to streamline consultations; additional consultations needed in 2017/18 and ongoing
Discussions within PCC about French language services MOMH Team & PCC (as provider of French CYMH services)	Ongoing discussions	• Assess current FLS outreach and services, including service needs/gaps	• When MCYS provided new funding for Core Services, PCC identified the need for additional French language services within Intensive Treatment Services. One new FLS clinician is being recruited.	• Recruiting qualified French-speaking candidates
Collaborative work – mainstream and Indigenous service providers	Ongoing discussions	• Build the foundation for a partnership with Indigenous service providers in Peel	• Indigenous Youth Mental Health Workers positions are operational (employed by Enaahtig; situated at AYSP)	•

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
(AYSP as CSP lead for Indigenous services; Enaahtig Healing Lodge and Learning Centre)		• Enhance the capacity of Peel's youth-serving organizations to support Indigenous youth • Enhance the understanding of Indigenous Youth Works about the children's services system	• Exchange of information about services and supports for Indigenous youth has occurred • Collaborative dialogue is occurring at the Youth-At-Risk Committee of broader sector partners in Peel	
Discussion with AYSP and MCYS re Indigenous services and outreach Lead Agency, AYSP and MCYS	Beginning at year-end (Feb/Mar)	• Gain understanding of relationship with Indigenous service providers, opportunities for outreach as part of MOMH, and any challenges	• Beginning of future work	• The Lead Agency is not a designated service-provider for indigenous youth so an exploratory stage is necessary with AYSP and MCYS

Section E: Priority Report Summary:

Phase One lead agencies must complete a progress report summary **for each** of the priorities identified in their 2015-16 CSDP (see Appendix B for sample template). The progress report summary must include:

- the status of the identified priority, including what progress has been made against the deliverables described in the 2015-16 CSDP and what measures were used to determine progress on the deliverables;
- the partners that were involved in addressing the priority and their role in doing so; and
- any challenges/concerns that affected the plan to implement the priorities, and how these challenges were addressed.

PCC's 2015/16 CSDP identified the following key priorities:

1. Continued implementation of the Peel Coordinated Intake Network (PCIN)
2. Implementation of a Common Assessment/Outcome tool (interRAI ChYMH) at all CSPs in the Peel Service Area
3. Implementation of a Common Clinical Database (EMHware) for Peel's four community-based CSPs
4. Continued development and implementation of a system-wide mechanism for youth engagement (YE)
5. Continued development and implementation of a system-wide mechanism for family engagement (FE)

The CSDP also identified an emerging priority: a review of Brief Services in the Peel service area.

The work to operationalize **PCIN** has progressed very well, with three deliverables – branding of the front door to Peel's CYMH service system; implementation of the Central Intake Module; and development of a youth access mechanism – remaining for completion in 2017/18.

The implementation of the **interRAI ChYMH** across all CSPs has been completed.

The first stage of implementing **EMHware** in the four community-based CSPs is close to being complete. Three of the four agencies have transferred their clinical data onto EMHware and their staff are using the new database. The fourth agency, Rapport, is coming onto the database in late March/early April. The database initiative is moving into a second phase that includes: refinement of the database; either the transfer of data from or a data bridge to the two hospitals' clinical information systems; and integration with the interRAI suite of tools.

Work to develop a system-wide mechanism for **YE** in 2016/17 experienced a brief setback with the departure of the YE Coordinator to pursue a career opportunity, and the recruitment of a new YE Coordinator. Not having a YE Coordinator for two months and the subsequent orientation period resulted in minor timing differences for some 2016/17 deliverables. However, Peel's YE work was already more advanced than in most service areas. In Phase 2, Peel will move towards creating a service area-wide mechanism in 2017/18.

The work towards developing a system-wide mechanism for **FE** made major progress in 2016/17, including FE training for staff across all the CSPs; focus groups with families/caregivers and staff from across the CSPs; and a work plan that will see FE move into its second phase – the development of the FE mechanism for the Peel service area – in 2017/18.

For the review of **Brief Services**, the project scope has been determined and a work plan has been developed, with the actual review to occur in 2017/18.

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

Project Description

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

PCC continued to work collaboratively with all core service providers on the implementation of PCIN in support of coordinated access/intake for the CYMH core service system in the Peel Service Area. This revisioning project has been ongoing for six years and is aligned with *Moving on Mental Health* expectations for coordinated access/intake processes. PCC contracted with a consultant (Helen Mullen-Stark) to support this project. The key deliverables identified for 2015/16 were:

- Implement standardized, evidence-based intake tool (interRAI Screener)
- Implement community referral process
- Adjust intake process, standards, procedures and protocols
- Simplify access
- Implement PCIN Central Intake Module.

Next steps for 2017/18 are: complete the branding of PCIN; implement the PCIN Central Intake Module; and develop a youth access mechanism.

Progress Against Key Milestones

Deliverable (as identified in the 2015/16 CSDP)	*Date of completion*	*Demonstrable Progress*	*Next Steps*
Implement standardized, evidence-based intake tool (interRAI Screener)	• Competency testing: Q1 for existing staff (continues quarterly for new staff) • Train the Trainer session: Q1 • Go Live date: December 5/16 for PCC's System Access and Intake Specialists; Q4 into Q1 of 2017/18 at other CSPs • Incorporation of Screener into Intake process: Q3/4 then ongoing • Alignment with intake information collected: Q3.4 then ongoing • Communities of Practice: Q3	✓ Completed competency testing for all staff who complete intakes in the service system ✓ Trained new intake staff ✓ Held "Train the Trainer" session for interRAI Screener training/support ✓ Went live with Screener ✓ Incorporated Screener into intake process ✓ Aligned intake information currently collected as part of the Intake form with Screener in order to reduce duplicate recording ✓ Established interRAI Communities of Practice	• Continue to train/test new intake staff • Continue problem-solving related to the interface of the Screener/intake process and the new EMHware clinical database • Integration of interRAI with EMHware is on hold

Implement community referral process	• Pilot of Third Party Referral/Consent forms: Q1 • Modification of documents based on feedback: Q3 • Third party documents finalized: Q4 • Communication with partners: Q4	✓ Completed pilot of Third Party Referral/Consent forms ✓ Modified documents/process based on pilot feedback ✓ Finalized Third Party documents and process ✓ Developed communications strategy to roll out forms to key community referral sources	• Continue to implement with primary referral sources (e.g. education; child welfare) • Expand to additional referral sources
Adjust intake process, standards, procedures and protocols	• Review of eligibility criteria: Q3 • Review of practices to clarify privacy requirements: Q3 • Case transfer protocol supervisors/ designates identified: Q3 • Diversity scripts developed: Q3 • Case transfer form updated: Q4 • Case transfer protocol updated: Draft protocol completed in Q4 • Draft changes shared with CSPs: Q4	✓ Reviewed and revised eligibility criteria for all services provided by PCIN partners ✓ Reviewed information-sharing practices/protocols and clarify privacy requirements ✓ Case transfer protocol supervisors/designates identified ✓ Diversity consideration scripts developed for 6 questions ✓ Case transfer form updated ✓ PCIN System Case Transfer Protocol updated ✓ Changes shared with CSP partners	• Finalize and implement case transfer protocol/ procedures • Develop process for those who exit and re-enter CYMH system • Develop waitlist management protocols/ procedures • Revise Intake standards/ procedures
Simplify access	• Ongoing discussions across PCIN	✓ Developing strategies to simplify access	• Develop youth access strategy/processes incorporating YE feedback • Youth access mechanism - pilot and implement
Brand PCIN	• Brand research: Q4 • Work plan for Phases 2 to 4 approved: Q4 • Preliminary brand concept – materials for focus groups (mood boards, naming exercise, moderator's guide): Q4	✓ Phase 1, Brand Research, completed (planning and pre-reading; focus group guide; focus groups with staff, families, youth and public; report to LA) ✓ Work plan developed and approved to complete branding (Phases 2 to 4) ✓ Preliminary brand development begun (initial drafting; testing via focus groups and interviews)	• Complete brand development • Brand rollout (workshops; implementation) • Communication strategy and tools (e.g. website)
Implement PCIN Central Intake Module (new common intake database)	• Module has not been implemented yet. On hold until all 4 agencies are on EMHware	✓ Develop plan for moving to EMHware Central Intake Module ✓ Problems identified in integrating customized (for Ontario) interRAI items into EMHware, which was developed based on the international version of the interRAI suite	• Implement Central Intake Module • Integration of InterRAI-ChYMH into EMHware on hold

Achievements over this period	
What activities did you complete as you worked towards addressing this identified priority? All anticipated activities have been completed per the above chart except: • Branding of PCIN as the front door to the service system (begun but continues into fiscal 2017/18) • Implementation of Central Intake Module (delayed due to the continued roll out of EMHware to 4 core service partners) • Integration of Ontario's customized versions of the interRAI tools into EMHware • Youth access mechanism (this work will intersect with the identified Youth Engagement priority in 2017/18).	
Challenges and Issues	
Issue that arose	***Issue mitigation***
Delays occurred in the branding process (e.g. survey and focus groups) due to competing demands on Communications staff time and the need to stagger activities involving clients and clinical staff who were being asked to participate in multiple surveys and/or focus groups for several initiatives	• Some timelines were extended • More clients were recruited from across CSPs for focus groups so as to have a larger pool from which to draw
PCIN was unable to proceed with the Central Intake Module due to timing of getting all 4 community-based agencies onto EMHware. Inability to integrate Ontario's customized versions of the interRAI tools into EMHware due to version and licensing issues.	• Work continues with EMHware to integrate the database with the interRAI suite of tools and to move from a research-grade database onto a professional-grade database. • In the interim, staff can enter the data into the interRAI database and reports from InterRAI database are being uploaded into EMHware via scanned PDF documents so that they are part of the clinical record.
Competing demands on PCIN senior staff's time and on the youth involved in the service area's Youth Engagement (YE) initiative, as well as the need to recruit a new YE Coordinator, delayed progress on the development of a youth access mechanism.	• Development of a youth access mechanism is a deliverable going forward.

Priority Identified	**Implementation of a Common Assessment/Outcome tool at all CSPs in the Peel Service Area**	
Partners involved	PCC (Lead Agency) and Peel's Core Service Providers: Associated Youth Services of Peel; Nexus Youth Services; Peel Children's Centre; Rapport Youth & Family Services; Trillium Health Partners; and William Osler Health System	
Status this period 		***Red** – considerable slippage and a significant risk that the completion date will not be met* ***Amber** – a possibility of some slippage but the issues are being dealt with* ***Green** – on track and should be completed by the target date*

Project Description

In 2015/16, all Core Service Providers (CSPs) in the Peel Service Area decided to adopt the interRAI Child and Youth Screener (for determining initial needs at access/intake) and the interRAI ChYMH (for clinical assessment and measuring clinical outcomes). The training team at CPRI worked with the Peel interRAI Implementation Committee to plan a training program for staff across the six CSPs on both tools. 200 clinical staff across all six CSPs were trained on the ChYMH. Training was completed on schedule in 2015/16.

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

After the research, decision-making, planning and training phases were completed, Peel CSPs moved to full implementation of the ChYMH in 2016/17.

With all CSPs now using ChYMH and as EMHware becomes fully implemented across the CSPs (including data bridges with the two hospitals), the Peel service area will benefit from having consistent clinical data including the unique number of clients in Peel's CYMH service system and where/how they are being served, enabling CSPs to understand our client population and better plan for meeting the Peel service area's CYMH needs.

Progress Against Key Milestones

Deliverable (as identified in the 2015/16 CSDP)	*Date of completion*	*Demonstrable Progress*	*Next Steps*
ChYMH training and testing	• Competency testing: Q1 for those trained in 2015/16 • Training/testing of new staff: ongoing • interRAI literacy training for psychiatrists: Q1 • interRAI literacy training for PCC's Psychology, Crisis, Groups, Wraparound, Management and Performance Measurement staff: Q2 • interRAI literacy training for CYWs in residential/day treatment: Q2	✓ Completed competency testing (Coding and Outcomes Reports) of staff who had been trained ✓ Trained and tested new staff and those who missed initial training ✓ CPRI provided overview for psychiatrists at Trillium Health Partners ✓ Developed and implemented training plan for psychology staff, as well as CYW staff in residence and day treatment services	• Ongoing training/testing for new staff • Additional literacy sessions (e.g. remaining psychiatrists; night CYW staff in residences) • Replace staff on training team as the need arises (e.g. staff leaves) • Continued strategizing on sustainable in-house training, e.g. use of videos

		✓ Developed and implemented training plan for Management and Performance Measurement staff	
Community of practice for staff who use ChYMH	• Newsletters: Q1, Q3 • Cross-CSP training team: ongoing; met 7 times in 2016/17 • Communities of practice initiated: Q3; ongoing.	✓ Semi-annual newsletter distributed ✓ Peel's interRAI Training Team (staff from across CSPs who attended "Train the Trainer") are supporting colleagues across CSPs ✓ Communities of practice established at Regional level for: Trainers; Assessors; Operational staff	• Communities of Practice will evolve to serve implementation needs. Meetings will likely be quarterly. • Newsletters - at least semi-annually • Other topic-specific communications as needs arise
Plan for implementation of ChYMH	• ChYMH went live on June 6, 2016 • Clinical staff integrating tools into their work and fully utilizing the tool's clinical utility: ongoing • Implementation team: ongoing • Working group established: Q1 • Review completed of all items in ChYMH: Q4 • Summary report distributed: Q4	✓ InterRAI Implementation Committee developed plan and interRAI went live ✓ interRAI reports are being placed on client files and utilized in clinical treatment and outcome monitoring ✓ Working Group was established and reviewed all items in ChYMH in order to assess their utility and trouble-shoot any issues ✓ Review of ChYMH items was communicated to CSPs via a Summary report	• Implementation Team will continue to resolve issues that arise with the tool and its use, e.g. increased time spent to complete new tool (this should decrease with use and time) and the impact on service delivery • Develop ways to share implementation learnings, e.g. document-sharing platform; webinars
Map process for completing Screener and ChYMH	• Working group established: Q1 • High-level mapping completed: Q1	✓ Established Working Group with representatives from each agency ✓ Developed high-level process map that took into account program transfers	• Refine process map to take into account program transfers within and across agencies, striving for consistency
Integrate ChYMH with clinical database	• Integration was temporarily suspended due to issue with EMHware not accommodating Ontario-specific items in interRAI • PDF version of reports for EMHware: Q4 and ongoing	✓ interRAI reports are being converted to PDF to upload into EMHware	• EMHware to continue problem-solving with Lead Agency, interRAI team at CPRI and interRAI International • Integration of InterRAI into EMHware is on hold until version and licensing issues can be resolved.

Achievements over this period	
What activities did you complete as you worked towards addressing this identified priority? All activities were completed per the above chart except the integration of the ChYMH with the new clinical database (EMHware); see the explanation below. The continuing work on interRAI/EMHware integration is captured in Section F, Priority #2, EMHware implementation – Phase 2. 2017/18 will see continued post-implementation refinement of the ChYMH, with a focus on improving the integration of the ChYMH into clinical practice. However, this item will no longer be a priority in the CSDP.	
Challenges and Issues	
Issue that arose	***Issue mitigation***
The Ontario versions of the interRAI tools (both ChYMH and Screener) contain customized items and algorithms that are not part of the international versions of the tools. However, EMHware was designed around the international versions. As EMHware was implemented, EMHware staff and the Lead Agency implementation team discovered that they could not proceed with integration of the Ontario interRAI tools and EMHware.	Integration of InterRAI into EMHware is on hold. In the meantime, interRAI reports are being converted to PDF format and brought into EMHware from the PDF documents. Currently InterRAI suite of tools is housed on a research-grade database at Waterloo, which has the capacity to generate the interRAI reports. This is a temporary solution until a professional grade database can be developed and the integration issues can be resolved.
Staff are finding that it takes longer to complete the ChYMH than their previous assessment tools, as they are still on a learning curve and assessment is more comprehensive. Assessment process need to be re-examined. Some CYMH programs have altered how they deliver service (at least temporarily) until staff gain greater facility in the use of the tool.	A working group was struck to review every item of the interRAI ChYMH, confirm the item's clinical utility, and trouble-shoot issues that had arisen in the implementation of the ChYMH. Their analysis was captured in a summary report and shared with all CSPs. The working group has developed goals for the year ahead to help improve the clinical integration of the ChYMH into clinical practice, including how to streamline the documentation burden at assessment to align documentation with interRAI.

Priority Identified	**Implementation of a Common Clinical Database for Peel's four community-based CSPs**	
Partners involved	PCC (Lead Agency) and Peel's Core Service Providers: Associated Youth Services of Peel; Nexus Youth Services; Peel Children's Centre; Rapport Youth & Family Services; Trillium Health Partners; and William Osler Health System	
Status this period G	R A G	***Red*** *– considerable slippage and a significant risk that the completion date will not be met* ***Amber*** *– a possibility of some slippage but the issues are being dealt with* ***Green*** *– on track and should be completed by the target date*

Project Description

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

Initially the selection of an electronic clinical information system to support the Peel Coordinated Intake Network (PCIN) was a deliverable under Priority #1 (implementation of PCIN) in the 2015/16 CSDP. However, looking ahead to when the Lead Agency would be required to report on clinical information at both the agency and Service Area levels, it became clear that a common clinical information system for the four community-based CSPs (AYSP, Nexus, PCC and Rapport) would facilitate planning, service alignment and reporting beyond its value for Coordinated Access/Intake. As such, it made sense to break out the implementation of a common database as a priority separate from the implementation of PCIN.

By March 31, 2016, following an RFP and careful review and evaluation, the decision had been made to acquire EMHware as the common clinical information system. The software was purchased, licensing was arranged and implementation began, with the goal of having the four community-based CSPs transfer their clinical data onto EMHware by the end of fiscal 2016/17. PCC, Nexus and AYSP have completed their data transfers and Rapport's is in progress, to be completed in April 2017.

Data from the Child and Adolescent Mental Health clinics at Trillium and William Osler are part of large, complex clinical information systems. Integration of clinical data from the hospitals' clinics with data from the community-based CSPs is being explored (Trillium is considering coming onto EMHware; William Osler's clinic has recently undergone a major staff change and as such, it is unclear at this point what next steps will be.) As such, the hospital clinics were not part of the implementation process in 2016/17 but remained connected to the work.

Moving forward, Phase 2 of the implementation of EMHware in 2017/18 will include continued problem-solving of implementation issues; work towards integrating EMHware with the interRAI ChYMH and Screener; moving the current research-grade database (housed at the University of Waterloo) onto a professional database; and beginning work with the two hospital clinics either to come onto EMHware or to arrange data bridges.

Progress Against Key Milestones

Deliverable (as identified in the 2015/16 CSDP)	*Date of completion*	*Demonstrable Progress*	*Next Steps*
Preparation	• Custom/unique requirements: Q3 • Shared data: Q4	✓ Custom/Unique Requirements determined	• Look at potential for common forms across the CSPS (e.g. Consent)

		✓ Shared Data identified (what can be seen across the CSP partner agencies, e.g. clients' program histories	
Customization and Development	• Layout and sitemap of GUI: Q3 • CIS features enhanced or removed: Q3 • CSP discussions, LA approval and vendor acceptance: Q3 • Vendor testing: Q3	✓ Completed Layout and sitemap of Graphical User Interface (GUI) ✓ Determined what Clinical Information System (CIS) features to enhance or remove ✓ Discussions with CSPs; Lead Agency approved; vendor accepted ✓ Testing done by vendor	
Design and Coding	• Customization: Q3 • Prototypes: Q3 • Agency approval, design and CIS overlay: Q3	✓ Created required customization in native CIS if applicable (drop-down menus and lists) ✓ Designed prototypes ✓ Agency approval for design and CIS overlay	
Technical Development	Q3	✓ Alpha CIS site was launched on the vendor's hosted environment	
Completion of Custom Programming	• Programming for drop-down menus/lists: Q3 • Alpha site launch: Q3	✓ Vendor finishes custom requests and alpha site launch (note – did not move to a beta version)	
Testing and Launching	• Programming for drop-down menus/lists: Q3 • Data transfers: PCC and Nexus Q3; AYSP Q4; Rapport Q4 possibly into Q1 of 17/18) • Staff training: PCC, NYS and AYSP in Q4; Rapport early in Q1, 17/18 • Go live: Jan 2017 for PCC and Nexus; Mar 2017 for AYSP; Apr 2017 projected for Rapport	✓ Data transferred from each CSP to EMHware ✓ CIS transferred to dedicated host site ✓ Training and "go live" (note – did not need to test for bugs/modify before going live as forecast in 2015/16 CSDP)	

Achievements over this period

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

EMHware designed, developed, tested and launched the new common clinical database and three of the four community-based CSPs (PCC, Nexus, AYSP) had completed their data transfers, trained their clinical staff, and begun using EMHware, by year-end. Rapport had begun its preparations for data transfer in March but will not have completed its transition onto EMHware until April 2017.

There was a good deal of shared problem-solving and decision-making (e.g. When clients transfer to a program at a partner CSP, what clinical data about clients' past treatment should staff at the partner CSP be able to see on EMHware? Decision – the clients' program history only.)

Challenges and Issues	
Issue that arose	***Issue mitigation***
Each agency reviewed the forms from its previous clinical information system but the decision was made not to proceed with customized forms on EMHware as the task proved to be too complex for the initial stage of implementation, given the wide-ranging differences across agencies' forms.	In 2017/18, the partner agencies will look at the potential for common forms, e.g. Consent, Agreements to Participate in Services, Report templates.
EMHware and the Lead Agency decided not to proceed to a beta version/release, as there was insufficient time if the agencies were to complete their moves onto EMHware by fiscal year-end.	PCC's data transfer and subsequent problem-solving served as a pilot before the other agencies' data were transferred onto EMHware.
The data transfers took each agency off its clinical information system for one week. Staff needed to record on paper only for the week when the data transfer was being done.	Clinical recording from the paper records occurred after the data transfer. There were benefits to this situation as the data entry provided a good opportunity for staff to practice what they had learned in their EMHware training.
The integration of EMHware with the interRAI suite of tools did not occur, as EMHware was designed around the international versions of the interRAI tools. The Ontario versions of both the ChYMH and Screener include many customized items/algorithms developed. They are significantly different from the international versions that integration with EMHware could not proceed.	The partners involved in the development of the Ontario version of the interRAI tools (interRAI Ontario, CPRI and Western University) will need to work with CIS vendors to find a solution. As an interim measure, clinical staff are converting their interRAI reports into PDF format, which allows them to upload the reports into EMHware.

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

Project Description

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

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

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

As such, the fourth priority activity for the Peel service area is to build upon and expand existing YE efforts in the development and eventual implementation of a system-wide mechanism for YE.

Progress Against Key Milestones

Deliverable (as identified in the 2015/16 CSDP)	***Date of completion***	***Demonstrable Progress***	***Next Steps***
Develop plan to lay groundwork for youth engagement (YE) in the Peel service area	• Focus Groups Completed: Q1	✓ 5 Youth Researcher Volunteers (YRVs) were engaged in the facilitation of 12 focus groups across CSPs in the Peel service area	

Lay groundwork for YE in the Peel service area (continued)	• SWOT Analyses: Q2 • New YE Committee at a CSP: Q2 • Completion and dissemination of Environmental Scan report and SWOT analysis for each CSP (Q3) • Hiring of new YE Coordinator: Q3 • Evaluation Framework: Q4 • YEWG and CSP plans: Q4	✓ Each CSP received an informal SWOT analysis summarizing the themes that emerged in the focus group discussions with their staff/ youth – a resource meant to serve as a conversation tool to assist CSPs in beginning to develop/strengthen their internal YE practices ✓ One CSP struck a YE Committee ✓ In partnership with YRVs, PCC's YE Coordinator developed an Environmental Scan report which was shared with stakeholders and helped to inform *The Art of Youth Engagement* training ✓ New YE Coordinator hired through a YE process in which youth participated in the interviews and informed the hiring decision ✓ Evaluation Framework developed ✓ Youth Engagement Working Group (YEWG) and CSP plans developed for YE in 2017/18	• Peel's Youth Engagement Working Group (YEWG) will partner with the Centre and The New Mentality to deliver a comprehensive training that will bridge theory and practice while providing an opportunity for collaborative planning between youth and service providers • Environmental Scan report and Art of YE training will help to provide foundation and vision for moving YE forward in Peel • The YEWG, youth, and any other identified YE champions will come together and take part in a strategic planning session – purpose is to outline goals for YE • Once the outlined goals are established, YEWG will work with PCC's evaluation team to establish a logic model and theory of change
Improve opportunities for communication and collaboration between Peel's CSPs	• Service area YE training: Q4 • Art of Youth Engagement workshop: Q4 • Presentations to CSP table: Q4	✓ YE training was delivered to over 70 staff from CSP and youth ✓ Delivery of *The Art of Youth Engagement* training hosted by the Ontario Centre of Excellence. Workshop trained 28 youth and 46 and service providers. ✓ Presentation to CSP table on YEWG accomplishments and plans for CSP	• Post YE training session for the YEWG with The New Mentality to support creation of values YE training. Opportunity to explore values with CP/Youth will emerge from the training. • Draft YE Goals for Peel

Develop system-wide mechanism for YE to be used in the Peel Service Area	Continuing into 2017/18	✓ Details to be informed by findings from 2016/17 activities and included in 2017/18 Priorities	See details under the YE priority in Section F

Achievements over this period

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

- Facilitation of 12 focus groups (8 with CSPs, 1 with CSP leaders, and 3 with youth actively engaged in CSP projects/programs)
- Successfully engaged five youth in the role of Youth Researcher Volunteers (YRVs), who took part in focus group facilitation and analysis of qualitative data. Community assessment report completed and shared with the community.
- Development of independent SWOT analysis for each CSP
- Development of YE training to explore opportunities for strengthening YE in Peel
- Ten meetings with the Ontario Centre of Excellence whereby knowledge brokers provided support and resources to facilitate collaboration and knowledge exchange regarding YE principles
- Delivered *The Art of Youth Engagement* training in partnership with the Ontario Centre of Excellence and The New Mentality. Trained over 70 youth and service providers.
- Recruitment of new YE Coordinator using a YE process. Youth participated in the interviews and informed the hiring decision.

Challenges and Issues

Issue that arose	*Issue mitigation*
• The YE Coordinator resigned at the end of Q2, which slowed down the momentum of YE activities.	• The YE Coordinator position was posted and a new Youth Engagement Coordinator was hired near the end of Q3.
• The 5 youth recruited as YRVs ended their roles in YE activities at the end of Q2 when the YE Coordinator resigned, as the project they had been working on was complete. Following the YRVs' departure, no youth were actively involved in the Youth Engagement Working Group (YEWG).	• Recruitment of youth began during *The Art of Youth Engagement* training in Q4, where youth were given an opportunity to express that they are interested in further youth engagement activities. Plans established to re-engage youth in the YEWG in the new fiscal year.
• There was a high demand for youth to participate in focus groups during Q2 and Q3; however, it became difficult to find youth interested in these type of activities when there were no active youth remaining on the YEWG.	• Re-examined the number of requests coming in for youth to participate in focus groups and prioritized which groups would actively recruit youth. Service providers recognized the need to better communicate across the system about the various requests and look for different opportunities for youth to participate in other activities beyond focus groups.

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

Project Description

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

The Core Service Providers (CSPs) in the Peel Service Area already engage families in many ways, e.g. skills-building and support groups; involvement of parents/caregivers in developing treatment plans and (where appropriate) as members of treatment teams; parent/caregiver feedback on service experience/quality; outreach at community events; raising public awareness of mental health and available services via traditional and social media; advisory committees; involvement in clinical research projects and focus groups; etc.

Similar to our Youth Engagement strategy, there is an opportunity to broaden our historic agency-specific context and conceptualize family engagement (FE) from a community perspective so that future efforts are aligned and leveraged beyond the borders of individual agencies. The annual distribution for several years of information cards about Mental Health Services for Children and Youth (Centralized Intake; predecessor to PCIN) to families via schools in the Peel District School Board and Dufferin-Peel Catholic District School Board, and through healthcare and social-service providers, is one example of the benefits that can accrue to the community when a more system-wide approach is taken.

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

Progress Against Key Milestones

Deliverable (as identified in the 2015/16 CSDP)	*Date of completion*	*Demonstrable Progress*	*Next Steps*
Develop plan to lay groundwork for coordinated family engagement (FE) in the Peel service area	• Work plan: Q1 • 8 Key informant interviews with leadership from six CSDPs: Q2 and Q3.	✓ Developed Work Plan for FE project during 2016/17 year ✓ Worked with the CoE's Knowledge Broker as well as the FE Specialist from Parents for Children's Mental Health (PCMH) to prepare key informant interviews and to co-	• Environmental Scan to be completed in Q1 2017/18. It will include content based on all key informant interviews, consultations and focus groups completed throughout 2016/17. • Form an FE working group for the Peel Service Area, including terms of

	• Co-facilitated (with PCMH's FE Specialist) 4 focus groups with family members: Q3 and Q4 • 2 focus groups with CSP staff: Q4. • 7 three-hour training sessions with staff of all six CSDPs: Q4. • Work plan based on change management framework: Q4	facilitate focus groups (consultations) with family members for the purpose of identifying existing FE activities and analyzing capacity for expanded FE, to be documented in Environmental Scan. This process also included staff engagement through training and focus groups. ✓ In partnership with CoE and PCMH, planned and delivered 7 three-hour training sessions, bringing together staff from each CSP to learn about FE and to build a shared understanding among CSPs. 225 staff in leadership, administration and clinical service delivery positions attended. ✓ FEC completed a 4-month course on Change Management and mapped Work Plan to change management framework.	reference and membership, and hold initial meeting(s). • Continued outreach to family members and establishment of a database of interested family members for future FE-related activities. • Specifically develop a process of outreach to invite family members to become part of system-level working groups, committees, etc. • With the CoE, PCMH, core service agencies, and family members, begin to develop a plan for enhanced core service capacity around FE.
Develop system-wide mechanism for FE to be used in the Peel Service Area	Continuing into 2017/18.	✓ Details to be informed by findings from 2016/17 activities and included in 2017/18 Priorities	See details under the FE priority in Section F

Achievements over this period

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

- Engaged senior leadership in FE activities through updates provided at CSP leadership meetings.
- Completed 8 Key Informant Interviews with leadership representatives from all six CSPs.
- Initiated outreach to family members in Peel Region for the purpose of FE-related activities (focus groups, consultations).
- In collaboration with PCC's Performance, Measurement and Improvement Department, planned and facilitated a focus group with family members reviewing the surveys and process of obtaining client and family feedback regarding services received at PCC.
- Along with PCMH's FE Specialist, co-facilitated 4 FE consultations with family members, focussing on how they would like to be engaged in the child and youth mental health system in Peel.
- In collaboration with CoE and PCMH, planned and facilitated seven three-hour training sessions for 225 staff members of Peel's CSPs.
- Facilitated 2 staff focus groups about opportunities of FE in Peel.

Challenges and Issues	
Issue that arose	***Issue mitigation***
The FE working group has not yet been initiated due to multiple demands on certain partner representatives and a need for specific outreach for family members to ensure availability, commitment and capacity for all members to participate in a meaningful way.	PCMH is providing support in terms of developing an outreach strategy to find family members who can meaningfully participate on the FE working group.

Service Priority Identified in E.2 in 2015/16 CSDP

Priority Identified	**A review of existing Brief Services to improve access and increase efficiency (exploration phase)**	
Partners involved	PCC (Lead Agency) and Peel's Core Service Providers who currently have programs mapped to Brief Services: Associated Youth Services of Peel; Nexus Youth Services; Peel Children's Centre and Rapport Youth & Family Services	
Status this period G	R A G	***Red*** *– considerable slippage and a significant risk that the completion date will not be met* ***Amber*** *– a possibility of some slippage but the issues are being dealt with* ***Green*** *– on track and should be completed by the target date*

Project Description

A review of existing Brief Services as a CSDP priority arose from a suggestion made during Peel CSPs' discussion of potential CYMH system improvements as part of the process for making recommendations to MCYS on Peel's allocation of the province's new CYMH investment in winter 2015/16. Additional discussion in the context of finding system efficiencies occurred at Peel's CSP table in preparation for the 2015/16 CSDP. Among the key issues identified for the review were:

- Service partners in Tangerine Walk-in Counselling (AYSP, PCC, Rapport) were experiencing service delivery challenges under Peel's existing walk-in model
- Some mapped "Brief Services" in Peel do not fully align with the definition of Brief Services in PGR 1
- There are some obvious inefficiencies in Brief Services, e.g. the requirement for a full intake before Single Session Therapy (SST) at PCC.

As such, the decision was made to identify a review of brief services as an emerging priority in the 2015/16 service plan, subject to approval by MCYS' program supervisor. In Q3 of 2017/18, Peel CSPs discussed the scope of the project and issues that should be considered. PCC contracted with Helen Mullen-Stark to support the review. In Q4, a Project Team comprised of the consultant and representatives from the CSPs' that provide Brief Service was struck. The Project Team met twice, creating a draft project definition, confirming risk management issues and mitigation strategies, and considering the inclusion of family representatives on the project team as part of the agencies' commitment to family engagement.

The bulk of the review will occur in 2017/18, with the aim of having recommendations for MCYS' consideration by fiscal year-end for implementation in 2018/19.

Progress Against Key Milestones

Deliverable (as identified in the 2015/16 CSDP)	*Date of completion*	*Demonstrable Progress*	*Next Steps*
Obtain MCYS approval to proceed	Q1	✓ Discussed with Program Supervisor and CSPs as part of service planning review and approval	• Seek MCYS approval for recommendations coming out of the Brief Services review
Begin engagement process with service partners	• Q3 with CSPs • Q4 with FE Coordinator and Project Team	✓ Discussed with CSP partners ✓ Consulted with FE Coordinator and Parents for Children's Mental Health (PCMH)	• Project team to determine engagement processes (e.g. recruitment, defining role, parameters) • Engage with other partners (e.g. YE coordinator and youth clients;

		✓ Project team (see below) also discussed family engagement	education sector) who will be impacted by changes to Brief Services delivery
Strike a project team	Q4	✓ Discussed membership with CSPs ✓ Agencies selected representatives ✓ Project team met ✓ Brought in FE Coordinator and (PCMH) for recommendations on family representation on team	• Team membership will expand to include family members and (later in process) youth members
Define scope of review	Q4	✓ Contracted with consultant ✓ Discussed scope with CSP partners ✓ Consultant developed draft project description including: o purpose o proposed outcomes (short, medium and long terms) o deliverables o project stakeholders o project team o project assumptions, constraints and risks o dependent projects o project approach o key project activities ✓ Project description reviewed with Lead Agency and Project Team	
Develop work plan to conduct review in 2017/18	Q4	✓ Project team and consultant drafted project plan	• Project plan to be discussed at first meeting of CSP table in 2017/18 • Review to proceed in 2017/18 (see Section F, Priority #5)

Achievements over this period

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

The scope of the review was discussed, a consultant was retained to support the work, a project team was struck and a project plan was developed.

Challenges and Issues

Issue that arose	*Issue mitigation*
Inadequate time for Lead Agency staff to facilitate this work given the many other Moving on Mental Health initiatives making demands on their time	A consultant was hired (Helen Mullen-Stark, who already has a solid understanding of the issues in the delivery of Brief Services in Peel, given her work supporting the development and launch of Tangerine Walk-In Counselling and Brief Counselling.

Section F: 2017/18 Priorities

Lead agencies must identify **three** priorities for 2017-18 (see Appendix C for sample template). These priorities should focus on the delivery and planning of core services (priorities involving working with broader sector partners will be captured in the 2016-17 Community Mental Health Plan). These priorities may build on the ones identified for 2016-17. Priorities could focus on the following areas (note that this is not an exhaustive list):

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

For identified priorities, the description must be accompanied by:

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

Name of Priority #1: Final phase, Implementation of Peel Coordinated Intake Network
Rationale: This priority continues from the previous year's CSDP. The same rationale applies. PCC will continue to work collaboratively with all CSPs on the remaining deliverables for the implementation of PCIN in support of coordinated access to the CYMH core service system in the Peel Service Area. This revisioning project has been ongoing for six years and is aligned with *Moving on Mental Health* expectations for coordinated access/intake processes, as summarized in the project history below. The revisioning of Centralized Intake (Mental Health Services for Children and Youth) began in 2012 when, following an infusion of new funding, MCYS and Peel's CYMH service providers determined that a revisioning was timely and would help to ensure that Peel's Centralized Intake process was meeting the needs of children, youth and families in the most efficient and effective manner. The revisioning partners struck Steering and Implementation Committees and began work to determine the key decisions required to move forward on developing a design and implementation plan. In 2013, the Steering Committee reviewed the project to ensure that its goals were aligned with MCYS' system transformation agenda. Additionally, a new Implementation Design Sub-Committee, led by Dr. Kathy Sdao-Jarvie, was charged with process design, the establishment of clear clinical pathways, the development of the intake questions and data elements to be collected, and the technology to support the concept of a new network called Peel Coordinated Intake Network (PCIN). The sub-committee examined the many current pathways to core services in Peel, finding that approximately half of the services were accessed directly rather than through Centralized Intake. The sub-committee then paused its work to await MCYS' draft Service Framework so as to ensure that Peel's revisioning was in line with MCYS' direction.

Following the Service Framework release in September 2014, consultations began with youth on how best to design the network access mechanism to accommodate their needs. The Implementation Design Sub-Committee also agreed to work together to problem-solve any issues that arose prior to the implementation of the new network model, ensuring alignment with the new vision and guiding principles for PCIN. William Osler Health System's Child and Adolescent Clinic was added to Centralized Intake's promotional materials so that all MCYS-funded child and youth mental health service providers in Peel were represented, moving the project one step closer to operationalizing the new PCIN model.

In fiscal 2014/15, consultations with youth were completed. The Implementation Design Sub-Committee found that a multi-pronged approach beyond the current "one number to call" is required to ensure youth access to services, and that youth need to be involved in the design. The sub-committee also completed an initial draft of the standardized intake protocol; drafted and confirmed the documentation for third-party referrals; began working on the details of pathways into, through and out of care; and revised the existing transfer protocol across the CSPs.

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

In the 2014/15 CSDP, this priority included two deliverables that broke out as discrete priorities for 2015/16:

1. Common assessment/outcome tool (the interRAI ChYMH). As this is a different tool than the interRAI Screener that has been implemented for PCIN, it became a separate priority.
2. A common clinical database. While the technological database solution that will support PCIN (i.e. Central Intake Module) remains as part of the PCIN priority, a common CIS solution for all other clinical information was a more complex project, as each organization's data required segregation for clinical purposes and integration for reporting purposes. The procured CIS solution (EMHware) houses all CYMH clinical information for each of the four community-based agencies (Associated Youth Services, Nexus Youth Services, Peel Children's Centre and Rapport Youth & Family Services).

In 2017/18, four deliverables remain to complete the implementation of PCIN:

1. Finish branding PCIN as the front door to the CYMH service system (continuation of the branding work begun in 2016/17)
2. Bring PCIN staff who are not part of the System Access Team onto EMHware
3. Implement the Central Intake Module for PCIN
4. Develop a youth access mechanism (building on youth consultations described in the history above, and intersecting with the YE priority.

Leading into fiscal 2018/19, the CSDP's work on coordinated access/intake is expected to intersect with the CMHP's third priority, "Identify and document access pathways between/across the MCYS-funded Core Services sector and the Healthcare and Education sectors." This cross-sectoral work aims to clarify and simplify CYMH pathways towards the MOMH goal of all Ontario children and youth with mental health problems and their families knowing how to access the services and supports that meet their needs.

Objective – describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets where possible (e.g. waitlists, protocol developed):		
Deliverable(s)	**Task(s)**	**Estimated Timelines**
Finish branding PCIN as the front door to the CYMH service system Lead Agency, Fingerprint Communications, PCIN partners, clients from across CSPs (youth and families/caregivers), broader sector partners (e.g. hospitals; school boards) and general public	**Phase 2:** • Complete creative concept development and testing (refinement, brand tools workshop, visual ID development) • Update PCIN partners (via CSP table) and broader sector partners (via the Community Planning mechanism, electronic updates etc.) **Phase 3:** • brand elements production (e.g. paper products; basic website) • internal stakeholder launch including hospital clinics (to reach referring physicians) and school boards (to reach children, youth and their families) • if approved by school boards, outreach campaign to schools in Q3 **Phase 4:** • external stakeholder launch to general public, e.g. social media marketing; bus/mall advertising; a launch event (possibly during Children's Mental Health Week, spring of 2018)	• Q1: concept development, testing, refinement • Q1-2: share brand concepts with CSPs and broader sector partners • Q3-4: initial brand elements production; internal stakeholder launch including outreach to schools • Q4 into Q1 of 2018/19: external stakeholder launch (general public)
Bring PCIN staff who are not part of the system access team onto EMHware	• Included under EMHware implementation (See Priority #2). • It is anticipated that Trillium Health Partners' intake staff will come onto EMHware. With recent staff changes at William Osler's Child and Adolescent Mental Health Clinic and in senior management ranks, discussions are needed to determine next steps.	• Q1-4
Explore implementing the Central Intake Module for PCIN Lead Agency, PCIN staff, EMHware staff, interRAI staff	• If PCIN can proceed to implement the module, the CSPs can centralize their wait lists across PCIN	• Q2-3
Develop a Youth Access Mechanism Lead Agency, PCIN partners, PCIN Consultant, YE Coordinator, YEWG, youth clients from across CSPs, IT staff as needed	• Partner with Peel's Youth Engagement (YE) initiative including the YE Coordinator and Youth Engagement Working Group (YEWG) • Research youth-friendly options other than the current intake phone number for technical feasibility, cost, staffing implications, risk mitigation etc. • Convene youth focus groups to assess preferred options • Prepare report on focus groups' findings and discuss findings with PCIN partners, MCYS and YEWG • Recommend final option and discuss recommendation with same partners • Issue RFP if needed for technology to enable new access mechanism • Implement youth access mechanism on a pilot basis • Adjust as needed • Implement youth access mechanism system-wide	• Q1-3 for research and assessment of preferred options • Q3 for focus groups • Q3-4 for discussions with PCIN, MCYS and YEWG • Q4 for decision, RFP, pilot • Q1 2018/19 for adjustments and full implementation

Name of Priority #2: Phase 2, implementation of EMHware, the common clinical database for Peel's four community-based CSPs

Rationale:

Initially the selection of an electronic clinical information system to support the Peel Coordinated Intake Network (PCIN) was a deliverable under Priority #1 in the 2015/16 CSDP. However, looking ahead to when the Lead Agency will be required to report on clinical information at both the agency and Service Area levels, it became clear that a common clinical information system for the four community-based CSPs (AYSP, Nexus, PCC and Rapport) would facilitate planning, service alignment and reporting beyond its value for Coordinated Access/Intake. As such, it made sense to break out the implementation of this common database as a priority separate from the implementation of PCIN.

Clinical data at the Trillium and William Osler CYMH clinics are part of large, complex hospital information systems. Integration of clinical information with the two hospital clinics is being explored but will require much consideration. As such, the hospital clinics were not part of the implementation process at that time but remained connected to the work via discussions at the CSP planning table and at PCIN.

By March 31, 2016, following an RFP and careful review and evaluation, the decision had been made to acquire EMHware as the common clinical information system. The software was purchased, licensing was arranged and implementation began, with the goal of having the four community-based CSPs transfer their clinical data by the end of fiscal 2016/17. PCC, Nexus and AYSP have completed their data transfers and Rapport's transfer is in progress, to be completed in April 2017.

Moving forward, Phase 2 of the implementation of EMHware in 2017/18 will include continued problem-solving of implementation issues, working towards integrating EMHware with the interRAI ChYMH, moving the current research-grade database (housed at the University of Waterloo) onto a professional database, and working with the two hospitals on data transfers and/or bridges.

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

	Task(s)	**Estimated Timelines**
Address continuing implementation issues across the four CSPs who are on EMHware Lead Agency's Decision Support team, EMHware staff, clinical and IT staff of four community-based CSPs	• Clinical staff identify issues as they arise • Decision Support team, IT staff at CSPs and EMHware staff resolve issues • Develop documentation to support staff's work in EMHware • Communicate solutions broadly across clinical staff at four CSPs • Develop plan for ongoing training on EMHware for new staff	Q1
Work with Trillium Health Partners to determine feasibility of bringing data from Trillium's Child and Adolescent Mental Health Clinic onto EMHware Lead Agency; Trillium Health Partners (clinic staff, IT staff, Privacy Officer	• Lead Agency and EMHware provide information and discuss feasibility with Trillium Health Partners (cost, privacy concerns, and integration with hospital CIS etc.) • Trillium Health Partners makes decision. If Trillium decides to bring its clinic onto EMHware: o Contract with EMHware o Prepare forms and data; transfer data onto EMHware o Train Trillium's clinic and intake staff	Q1-3

and senior management); EMHware staff; PCIN	o Integrate Trillium's use of EMHware with intake procedures at Trillium and with the system access team at PCC o Trouble-shoot implementation issues	
Discuss next steps with William Osler Health System regarding how to bring data into EMHware Lead Agency; William Osler Health System; EMHware; PCIN	• Discuss options with new staff at William Osler's clinic • Meet with senior hospital staff and hospital Privacy Officer and IT staff • Determine next steps	Q2-4
Analyze clinical forms across Peel's CSPs to identify opportunities to build common forms that will reside in EMHware Lead Agency; all CSPs; EMHware	• Analyze collected forms for differences and commonalities, determining where it makes sense to create common forms that will reside in EMHware • Discuss with CSPs; make decisions • Work with EMHware staff to create forms • Test and implement common forms, including staff training if needed • Determine which additional forms could be adjusted to create common forms, then built into EMHware	Q1-4 (work will be an ongoing CQI process)
Build services that were not in CSPs' previous Clinical Information Systems into EMHware Lead Agency; all CSPs; EMHware	• Identify services that were not in each CSPs' previous CIS • Determine where it makes sense to move these services' data into EMHware • Work with EMHware to build the services into EMHware • Train staff on EMHware and begin entering data • Trouble-shoot any implementation issues	Q3-4
Continue efforts to integrate EMHware and the Ontario version of the interRAI tools Staff of Lead Agency, EMHware, interRAI Ontario, interRAI International, CPRI and Western University	• Continue discussions to resolve the issues described in Section E under the priorities, "Implementation of a Common Assessment/Outcome tool at all CSPs in the Peel Service Area" and "Implementation of a Common Clinical Database for Peel's four community-based CSPs" • Determine whether MCYS will mandate a common assessment tool and if so, whether it will be the interRAI ChYMH • Explore option of moving from the current research-grade database (housed at University of Waterloo) to a professional database; CPRI, InterRAI team's involvement with the Canadian Institute for Health Information (CIHI) hold possibilities.	Q1 to Q4

Name of Priority #3: Phase 2, development and implementation of a system-wide mechanism for youth engagement (YE)

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

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

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

The Ontario Centre of Excellence for Child and Youth Mental Health (CoE) is known for its expertise in YE. As such, PCC entered into a formal partnership plan with the CoE to help the Peel Service Area meet MCYS' requirement for Core Services Delivery Plans to include engagement with youth through an evidence-informed, planned and thoughtful process and where appropriate mechanisms are not in place, to note and integrate this as an area of focus.

For these reasons, a priority activity for the Peel Service Area continues to build upon and expand existing YE efforts in the development and eventual implementation of a system-wide mechanism for YE.

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

Deliverable(s)	Task(s)	Estimated Timelines
Lay groundwork for youth engagement in the Peel service area	• In partnership with youth, Youth Engagement Working Group (YEWG) establishes set of goals for YE in Peel • Evaluation Framework established in partnership with youth and shared with CSPs • At least four CSPs create and implement a plan for one new youth engagement initiative/strategy within their respective organization • Work in collaboration with New Mentality and the CoE's Knowledge Broker to support best practices in the implementation of youth initiative/strategy	• Establishment of YE Goals (Q1) • Evaluation framework (Q2)
Improve opportunities for communication and collaboration between Peel's core service providers	• Summary Report is established in partnership with CoE of key findings from YE Training and distributed among CSPs • Draft a set of Peel-specific YE values that demonstrate collective service system commitment for engaging youth in Peel • Share summary report, key findings and YE values with CSP staff across organizations and make these materials accessible to youth and families	• YE Training Report Summary (Q1) • Draft of Peel specific YE values (Q1) • Publishing summary report, key findings and YE values via

	• YEWG, in partnership with youth, hosts one community initiative where staff and youth from CSPs gather and have an opportunity to share, learn and improve on YE in mental health services across Peel service area	presentation and written material (Q2) • Community initiative planning (Q3) • Community Initiative delivered (Q4)
Develop system-wide mechanism for YE to be used in the Peel Service Area	• Explore activities and findings from 2015/2016, 2016/2017 activities to inform activities in 2017/2018. • Engage and recruit youth membership and representation on the Peel YEWG • Peel YEWG, with youth membership, chooses one to two activities and develops a work plan for implementing the activities • Implementation of chosen activities	• Revise Terms of Reference for YEWG (Q1) • Recruit engaged youth to join Peel YEWG (Q1-Q2) • Work Plan developed for chosen activities (Q3) • Implementation of activities (Q4)

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

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

The Core Service Providers (CSPs) in the Peel Service Area already engage families in many ways, e.g. skills-building and support groups; involvement of parents/caregivers in developing treatment plans and (where appropriate) as members of treatment teams; parent/caregiver feedback on service experience/quality; outreach at community events; raising public awareness of mental health and available services via traditional and social media; advisory committees; involvement in clinical research projects and focus groups; etc.

Similar to our Youth Engagement strategy, there is an opportunity to broaden our historic agency-specific context and conceptualize family engagement (FE) from a community perspective so that future efforts are aligned and leveraged beyond the borders of individual agencies. The annual distribution for several years of information cards about Mental Health Services for Children and Youth (Centralized Intake; predecessor to PCIN) to families via schools in the Peel District School Board and Dufferin-Peel Catholic District School Board, and through healthcare and social-service providers, is one example of the benefits that can accrue to the community when a more system-wide approach is taken.

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

Having learned from the expertise of the CoE and PCMH, Peel's understanding of meaningful FE has significantly increased in the past year. As such, PCC and the Core Service Partners are using Hart's Ladder as a tool to measure FE activities, aspiring to work at the top end of the ladder where Partnership and Co-production with family members are of the highest fidelity for FE practice. In addition, recognizing that incorporating meaningful FE into Peel's child and youth mental health system represents a significant amount of change, Kotter's Eight-Stage Process for change management is also being used as a framework to support the sustainable implementation of FE at the system level.

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

Deliverable(s)	Task(s)	Estimated Timelines
Lay groundwork for coordinated family engagement (FE) in the Peel service area	Complete Environmental Scan and related Summary Reports to further inform FE mechanism: • Complete staff engagement activities with CSPs to capture staff perspectives on potential FE activities • Complete thematic analysis of content from both family and staff consultations and document in Environmental Scan • Complete Summary reports for family and staff participants • Distribute Environmental Scan and Summary Reports	Q1
Develop system-wide mechanism for FE to be used in the Peel Service Area	Establish the FE working group, with terms of reference, consisting of family members and staff representatives from each of the CSPs: • In collaboration with PCMH, develop an outreach strategy to engage family members to join the FE working group	Q1

	• FEC to contact CSP leadership to identify FE working group staff participants • In collaboration with PCMH, provide support to all FE working group members to ensure a collaborative working partnership	
	In collaboration with the CoE's Knowledge Broker, PCMH, and the FE working group, develop a Vision and Strategy for FE in Peel, including a plan for evaluation • FE working group to participate in a facilitated process to develop a Vision and Strategy for FE in Peel Region • FE working group to co-develop a work plan to facilitate the identified Strategy for collaborative FE practice	Q2-Q3
	Communicate Peel's FE Vision and Strategy • As per plans identified by FE working group, communicate the Vision and Strategy to the organizations within the CYMH system in Peel as well as to clients, families, community organizations and the community at-large	Q3
	Create opportunities to model FE practices at multiple levels • Explore the option of establishing a peer support program for family members, working in partnership with PCMH • Throughout the activities above, continue to create and/or take advantage of opportunities to model FE practices at the system level	Q1-Q4

Name of Priority #5: Brief Services Review

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

A review of existing Brief Services as a CSDP priority arose from a suggestion made during Peel CSPs' discussion of potential CYMH system improvements as part of the process for making recommendations to MCYS on Peel's allocation of the province's new CYMH investment in winter 2015/16. Additional discussion in the context of finding system efficiencies occurred at Peel's CSP table in preparation for the 2015/16 CSDP. Among the key issues identified for the review were:

- Service partners in Tangerine Walk-in Counselling (AYSP, PCC, Rapport) were experiencing service delivery challenges under Peel's existing walk-in model
- Some mapped "Brief Services" in Peel do not fully align with the definition of Brief Services in PGR 1
- There are some obvious inefficiencies in Brief Services, e.g. the requirement for a full intake before Single Session Therapy (SST) at PCC.

As such, the decision was made to identify a review of brief services as an emerging priority in the 2015/16 service plan, subject to approval by MCYS' program supervisor. In Q3 of 2017/18, Peel CSPs discussed the scope of the project and issues that should be considered. PCC contracted with Helen Mullen-Stark to support the review. In Q4, a Project Team comprised of the consultant and representatives from the CSPs' that provide Brief Service was struck. The Project Team met twice, creating a draft project definition, confirming risk management issues and mitigation strategies, and considering the inclusion of family representatives on the project team as part of the agencies' commitment to family engagement.

The bulk of the review will occur in 2017/18, with the aim of having recommendations for MCYS' consideration in Q4 for implementation in 2018/19.

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

Deliverable(s)	Task(s)	Estimated Timelines
Approval of project plan Consultant, Project Team, Lead Agency and CSP planning table	• Draft of plan reviewed with Project Team and Lead Agency • Plan shared with CSP table at first meeting in Q1 of 2017/18 • Adjustments to plan following CSP table's input • Project approval	Started in Q4 2016/17; to conclude early in Q1
Preparatory stage Consultant, Project Team, FE Coordinator, PCMH, COE, CSP staff involved in delivery of Brief Services, and CSP planning table	• Recruitment of caregivers to project team • Data and information-gathering to inform current state • Research – other provincial models and operational features to inform model development, including studies completed by COE • Articulation of current state • Confirm additional engagement strategies with youth, families and frontline staff, including methodologies and time frames	Q1 – early Q2
Draft model design Consultant, Project Team, Lead Agency and CSP planning table	• Working with Project Team, draft model; to be informed by MCYS' expectations, best practices, experience of other CYMH agencies and Peel service system's experience • Share design with CSP table • Approval from CSP table to proceed with review	Q2 – early Q3

Identification of operational issues Consultant, Project Team, CSPs that deliver Brief Services, Lead Agency's System Planning and Accountability department	In addition to operational issues (including access/intake, service delivery, staffing and funding allocation), this stage will consider: • Common data collection (elements and tools) • Development of an evaluation framework • Development of a quality improvement framework	Q2 - Q3
Recommendations for changes to Brief Services delivery Consultant, Project Team, CSPs that deliver Brief Services, CSP planning table, MCYS (regional office and corporate)	• Consultant drafts report and shares it with CSP agencies and MCYS Regional Office • Discussions at CSP table, within agencies and MCYS (regional office and corporate) • Modifications of model if/as needed; approval to proceed	Q3 – early Q4
Development of communications plan Consultant, Project Team, Lead Agency's Corporate Communications department, CSPs that deliver Brief Services, CSP and CMH planning tables	• Develop strategic communications plan including audience identification, key messages, issues management, FAQ, and communication processes/vehicles • Discuss at CSP planning table and, if possible, the Community Mental Health (CMH) planning table • Prepare communications (including French translations) for: o Internal audiences (CSP agencies – boards; staff; clients) o External audiences (broader sector partners, e.g. schools; and general public) • Execute communications campaign	Q4 into Q1 2018/19 for communications campaign
Development of an implementation strategy Consultant, Project Team, CSPs that deliver Brief Services, MCYS Regional Office	• Strategy to be informed by new/refreshed model; details TBD • Discussion of strategy at several levels including CSP table, within agencies and at MCYS • Approval to proceed with implementation	Q4 into Q1 of 2018/19

E.2: Service Priority Identification

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

Priority # 1:	**A review of existing Brief Services to improve access and increase effectiveness and efficiency**		
Proposed activity:	**Review/revision the delivery of Brief Services in the Peel Service Area**		
Date:	**Fiscal 2016-17**		
Stakeholder organization, group, or individual	**Potential role in the activity**	**Engagement strategy** *How will you engage this stakeholder in the activity?*	**Follow-up strategy** *Plans for feedback or continued involvement*
CSPs currently delivering Brief Services	Part of the Brief Services Review Project Team	Through the formation of a Project Team via the CSP table	Through CSP meetings
CSPs who are not currently delivering Brief Services	As members of the CSP table, provide input into the review process; feedback to the Brief Services Project Team; and assess impact of recommendations on current services	Through existing meetings with CSPs	Through CSP meetings
Boards of Education	As members of the Community Mental Health Planning Mechanism, provide input into the review process; feedback to the Brief Services Project Team; and assess impact of recommendations on current services	Through focused meetings with the Community Mental Health Planning Mechanism	Through Community Planning Mental Health Planning Mechanism
Primary care doctors connected to Trillium Health Partners and William Osler Health System	As key referral sources, provide input into the review process; feedback to the Brief Services Project Team; and review/provide input into recommended changes	Through focus groups/presentations at existing physician business meetings (if possible)	Through representatives from the hospital-based clinics
Parents and caregivers who have accessed Brief Services	As key stakeholders/users of Brief Services, provide input into the review process; parent/caregiver representative(s) participate on the Brief Services Project Team; provide feedback on recommended changes	Through the development of focus groups	Through caregiver surveys and focus groups, as needed
Youth	As key stakeholders/users of Brief Services, provide input into the review process; youth representative(s) participate on the Brief Services Project Team; provide feedback on recommended changes	Through the existing Youth Engagement mechanisms	Through youth surveys and focus groups, as needed

Priority # 2:	**Review of existing Intensive Treatment Services to improve access and increase effectiveness and efficiency**
Proposed activity:	**Recommendation to begin review of the delivery of Intensive Treatment Services in Peel Service Area (exploration phase)**
Date:	**Fiscal 2017-18**

Stakeholder organization, group, or individual	**Potential role in the activity**	**Engagement strategy** *How will you engage this stakeholder in the activity?*	**Follow-up strategy** *Plans for feedback or continued involvement*
CSPs currently delivering Intensive Treatment Services	Part of the Intensive Treatment Services Review Project Team	Through the formation of a Project Team via the CSP table	Through CSP meetings
CSPs who are not currently delivering Intensive Treatment Services	As members of the CSP Table, provide input into the review process; feedback to the Intensive Treatment Services Project Team; and assess impact of recommendations on current services	Through existing meetings with CSPs	Through CSP meetings
Boards of Education	As members of the Community Mental Health Planning Mechanism, provide input into the review process; feedback to the Intensive Treatment Services Project Team; and assess impact of recommendations on current services	Through focused meetings with the Community Mental Health Planning Mechanism	Through Community Planning Mental Health Planning Mechanism
Primary care doctors connected to Trillium Health Partners and William Osler Health System	As key referral sources, provide input into the review process; feedback to the Intensive Treatment Services Project Team; and review/provide input into recommended changes	Through focus groups/presentations at existing physician business meetings (if possible)	Through representatives from the hospital-based clinics
Parents and caregivers who have accessed Intensive Treatment Services	As key stakeholders/users of Intensive Treatment Services, provide input into the review process; parent/caregiver representative(s) participate on the Intensive Treatment Services Project Team; provide feedback on recommended changes	Through the development of focus groups	Through caregiver surveys and focus groups, as needed
Youth	As key stakeholders/users of Intensive Treatment Services, provide input into the review process; youth representative(s) participate on the Intensive Treatment Services Project Team; provide feedback on recommended changes	Through the existing Youth Engagement mechanisms	Through youth surveys and focus groups, as needed

Section H – French Language System Partners

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

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

WHO PROVIDES CORE SERVICES IN FRENCH

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

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

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 l'Équipe de santé familiale, Credit Valley (Credit Valley Family Health Team, which provides French-language services).

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

WHO WAS ENGAGED AND HOW WERE THEY ENGAGED

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

The French-language boards have been engaged in discussions around CYMH service gaps/needs for Peel's CSDP, and in compiling an inventory of CYMH services and providing advice on a community mental health planning mechanism for Peel's CMHP. As part of the final implementation phase of the Peel Coordinated Intake Network (PCIN – identified priority #1 for 2017/18), the French-language boards will be consulted regarding changes being made to the third-party referral process. Going forward there will be discussions with Équipe de santé familiale at Credit Valley Hospital, a satellite site where PCC offers Single Session Therapy in French, as a review of Brief Services is one of the CSDP's priorities for 2016/17.

PCC's School-Based Services offer the Friends for Life program for students in grades 4 to12 at both French-language boards. This evidence-based intervention, delivered semi-annually in a group format over 10 weeks, is designed to prevent anxiety and depression, increase resilience, and improve life skills. School-Based Services also offer PCC's Brief Intensive Intervention Program (BIIP) and Alternatives to Day Treatment services in French. The French-language boards have sought PCC's support, as part of Child and Youth Mental Health Week in May 2017, to support the boards' efforts to raise awareness of the importance of seeking help for mental health challenges.

ANY CHALLENGES REGARDING ENGAGEMENT WITH FRENCH LANGUAGE PROVIDERS AND STAKEHOLDERS

A year ago, the Lead Agency's key contacts at l'Équipe de santé familiale, Conseil scolaire de district catholique Centre-Sud, and Conseil scolaire Viamonde all left their positions. As such, PCC has been building relationships with new staff. The engagement process as part of the development of the CYMH Community Planning Mechanism has been helpful in this regard, as has ongoing work between these partners and PCC's services that are offered in French.

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 the *French Language Services Act* Clause 2 requirements as Peel Children's Centre assumes its expanded Lead Agency role, including the increased need for engagement with French-language service partners and stakeholders.

Beyond recruitment and translation challenges, more demand for service than available staff/funding is a perennial issue, as is a lack of available clinical resources in French. For instance, the manuals used in the Friends for Life program will no longer be published in French. PCC is working to obtain permission/rights to photocopy the existing French manuals.

ANY IDENTIFIED CONCERNS FROM FRENCH LANGUAGE SYSTEM PARTNERS

As part of the 2015/16 consultative 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 have a concept of the therapeutic process
- Complimentary services (e.g. psychological/psychiatric assessment at PCC) in French
- More Tier 3 services (the Board's social workers are busy managing high demand for Tier 1 & 2 services)
- Cross-regional continuity of service, recognizing the Board's large geographic spread
- French-language capacity-building support for the Board's mental health professionals, school staff and parents.

Section I – Approvals

The 2016-17 CSDP must be approved by the lead agency's board prior to submitting to MCYS. The lead agency must submit their board-approved CSDP to their MCYS regional office program supervisor by March 31, 2017.

Appendix A: Sample Core Services Summary Chart

Core Service and Key Processes	**Agency Delivering Service** (lead agency or core service provider)	**Description of Program**				**Budget** MCYS funding allocation for core service delivery	**Service Commitment Per Year** (e.g., service targets and service specifics (per the service contract))	**Method to assess service quality** (e.g., CANS, client satisfaction survey)
		Brief description of the program	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
Targeted Prevention								
Brief Services								
Counselling and therapy								
Family/caregiver capacity building and support								
Specialized consultation and assessment								
Crisis Services								
Intensive services								
Service Coordination								
Access Intake Service Planning								

Core Services Pathways and Referral Chart

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

Appendix B: Sample Priority Report Summary

Priority Identified	[Title]	
Partners involved	[Names]	
Status this period	R A G	***Red*** *– considerable slippage and a significant risk that the completion date will not be met* ***Amber*** *– a possibility of some slippage but the issues are being dealt with* ***Green*** *– on track and should be completed by the target date*

Project Description

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

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Progress Against Key Milestones

Deliverable (as identified in the 2014/15 CSDP)	***Date of completion***	***Demonstrable Progress***	***Next Steps***

Achievements over this period

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

-

Challenges and Issues

Issue that arose	***Issue mitigation***

Appendix C: Sample Core Service Identified Priority

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