

2016/17 Community Mental Health 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) and Community Mental Health Plan (CMHP):

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

The 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 2016-17 CMHP moves the lead agency’s planning activities closer to the expectations at maturity by requiring identified community priorities and comprehensive engagement. The 2016-17 CMHP 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 CMHP but certain sections of these guidelines have sample templates that are provided as an optional format. The plan must however include the sections as described below. This is to ensure that all plans address the same requirements and 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 CMHP.

Peel Children’s Centre’s (PCC’s) engagement as Lead Agency with sectors partners during 2016/17 is captured in **Section B – Engagement Summary**, and encompasses all key child- and youth-serving sectors including school boards, LHINs, hospitals, public health, mental health and addiction services, child welfare, family services, developmental services, youth justice services, youth centres and shelters, police services, newcomer/multicultural services, faith leaders, existing planning tables and the United Way. Third-party consultations with key sectors to seek advice on a CYMH community planning mechanism for the Peel Service Area continued from the previous year’s consultations, culminating in *Together in Peel - Summary Report on a Consultation to Develop a Community Planning Mechanism for Child and Youth Mental Health Services in Peel*. Existing avenues for youth and family engagement have also continued

while formal service-area mechanisms for both Youth Engagement and Family Engagement are being explored and developed, to be situated within the context of the recently launched Community Planning Mechanism for Child and Youth Mental Health in Peel.

Section C – Sector Partner Services Summary is incomplete; however, a working group of the Community Planning Mechanism for Child and Youth Mental Health has begun to compile a Community Asset Inventory. This inventory will include not only the formal sector partners' CYMH services to be summarized in Section C, but also the informal supports provided by sectors such as faith-based communities.

Section D – Local Child and Youth Mental Health Community Planning Mechanisms, has been updated. Last year's CMHP concluded that none of Peel's existing planning tables met MCYS' requirements for a CYMH Community Planning Mechanism for the Peel Service Area. As such, PCC worked with its sector partners in 2016/17 to co-create a new CYMH community planning mechanism for Peel with an "accordion" model. The mechanism will go small (e.g. work or reference groups) for specific tasks and go large (full community table) when discussion, updates etc. should involve all partners. The new Community Planning Mechanism for Child and Youth Mental Health in Peel was officially announced in the *Together in Peel* report, followed by the creation of a Working Group of the mechanism to complete the Community Asset Inventory referenced above. Of note in the summary of other Peel planning tables is that the Peel Children and Youth Initiative (PCYI), the largest planning mechanism in Peel's child- and youth-serving sectors, downsized in early 2017 as a result of a reduction in funding. Following an ongoing review, PCYI may continue with a modified mandate and structure.

In **Section E – Priority Identification**, three priorities for 2017/18 are identified:

1. Operationalize the Community Planning Mechanism for Child and Youth Mental Health in Peel with the establishment of its first working group, focused on the development of a Community Asset Inventory of services/supports
2. Create a Community Asset Map to represent the findings of the Community Asset Inventory
3. Identify and document access pathways between/across the MCYS-funded Core Services sector and the Healthcare and Education sectors

In **Section F – French Language System Partners**, the plan notes where PCC partners with French Language System (FLS) partners both as Lead Agency and as Peel's provider of French-language CYMH services. This section also highlights work with our FLS partners in 2016/17 as part of the consultations on the development of the Community Planning Mechanism for Child and Youth Mental Health in Peel.

Section B – Engagement Summary:

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

- how system partners were engaged in the development of the plan (including who was engaged, mechanism, frequency, purpose, challenges, outcomes);
- how families and youth were engaged, in a manner that reflects the diverse population of the service area, and how that may have informed the plan; and
- any challenges regarding engagement and how the lead agency proposes to address them.

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

SYSTEM PARTNER ENGAGEMENT

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
<p>Consultations with multiple sectors on CYMH community planning mechanism</p> <p>Jane Fitzgerald, independent third party, consulted with representatives of several sectors (identified at right under Outcomes)</p>	<p>One meeting per sector starting in Feb 2016; concluding in Oct 2016</p>	<ul style="list-style-type: none"> • Obtain advice from a broad range of sector partners in order to design a CYMH community planning mechanism that works in the Peel context 	<ul style="list-style-type: none"> • Sectors consulted in 2015/16: English-language School Boards, LHINs, Child Welfare, CMHA, Public Health/Early Years, Youth Justice • Sectors consulted in 2016/17: Developmental Services, French-language School Boards, Police, Newcomer/Multicultural organizations, Faith organizations, hospitals 	<ul style="list-style-type: none"> • Insufficient time/resources to consult every organization that could have contributed • French-language consultations (extra costs for translation/interpretation)
<p>Meeting of all broader sector partners</p> <p>Approximately 100 representatives attended from all key sectors</p>	<p>Annually (one meeting in June 2016)</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Shared progress on the development of the community planning mechanism • elicited input on Shared Vision, Values and Guiding Principles, Mechanism Design, and further sectors/partners to consult in developing the mechanism 	<ul style="list-style-type: none"> • Scheduling, with multiple competing demands on the time of the Lead Agency and broader sector partners

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Distribution of <i>Together in Peel - Summary Report on a Consultation to Develop a Community Planning Mechanism for Child and Youth Mental Health Services in Peel</i>	Once (Jan 2017)	<ul style="list-style-type: none"> Ensure that stakeholders know that their views were heard and helped to shape the mechanism Achieve awareness of, support for and participation in the new mechanism across the service sectors in Peel 	<ul style="list-style-type: none"> Sent to approximately 250 partners in English and French With distribution, announced that new mechanism will kick off with working group to complete the Community Asset Inventory of services and supports 	<ul style="list-style-type: none"> Scheduling – delayed by difficulty scheduling some consultations Translation – cost and extra time required
Lead Agency Progress Reports; related communications Distributed to broader community sectors in both newsletter and e-blat formats	Quarterly	<ul style="list-style-type: none"> Provide regular updates and consistent messaging on MOMH locally (Peel's CSDP, CMHP and SDS A357), regionally and provincially; in English and French Increase the Peel community's awareness of and support for system transformation in the Peel service area 	<ul style="list-style-type: none"> 3 updates: summary in PCC's 2015/16 annual report (June); full Progress Report on CSDP/CMHP deliverables (Fall 2016); e-blast to broadcast distribution in Jan. 2017 	<ul style="list-style-type: none"> Changes to LA model and MCYS' delay in making the changes public delayed the summer/fall report Translation costs and turnaround time for French updates No provincial brand for MOMH
First working group of the Community Planning Mechanism for Child and Youth Mental Health in Peel Tasked with compiling a Community Asset Inventory (see identified priority #1) Representatives from multiple sectors	One meeting held in late March	<ul style="list-style-type: none"> Accomplish CMHP priority #1 for 2017/18 by completing a Community Asset Inventory for the Peel Service Area 	<ul style="list-style-type: none"> Project Description, Work Plan and Terms of Reference were drafted Members of the Community Asset Inventory Work Group were recruited and confirmed First meeting of the working group was held on Mar 27/17 	<ul style="list-style-type: none"> Francophone input when the consultant and most working group members do not speak French (parallel process to be held with French-language stakeholders)

YOUTH & FAMILY ENGAGEMENT

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Youth Engagement (YE) Coordinator's work with Youth Engagement Working Group, community partners and youth	Varies (YE working group meets several times/year; YE training with youth)	<ul style="list-style-type: none"> Identify, create and sustain opportunities for meaningful youth engagement (YE) across the Peel Service Area 	<ul style="list-style-type: none"> 12 focus groups held (included youth and CSP staff) 4 youth engaged in role of Your Research volunteers SWOT analysis completed for each CSP 	<ul style="list-style-type: none"> Previous YE Coordinator left for a new career opportunity; recruitment of new YE coordinator delayed some work

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
PCC's YE Coordinator; CSP representatives on the Working Group; community partners, professionals and youth; Centre of Excellence for Child and Youth Mental Health (COE)	was a one-time event)		<ul style="list-style-type: none"> Community Assessment Report for Peel Service Area completed "Art of Youth Engagement" training held; 27 youth and 45 adults were trained YE workshop plan developed; workshops to be held early in fiscal 2017/18 Work plan for 2017/18 developed; includes new YE initiatives across Peel CSPs 	<ul style="list-style-type: none"> YE work to date has focused on CSPs because a "made in Peel" YE mechanism is a CSDP deliverable. This year, the CMHP will consider how to link the evolving YE mechanism to the Community Planning Mechanism.
Family Engagement Coordinator's work with CSPs and other community partners PCC's Family Engagement Coordinator; CSP representatives; community partners, professionals and youth; Parents for Children's Mental Health (PCMH); COE	Varies, e.g. several meetings with PCMH; FE training was 7 sessions	<ul style="list-style-type: none"> Identify, create and sustain opportunities for meaningful family engagement (FE) across the Peel Service Area 	<ul style="list-style-type: none"> 4 focus groups held with families/caregivers Key informant interviews with families/caregivers are ongoing 2 focus groups held with CSP staff 7 three-hour FE training sessions delivered in partnership with COE and PCMH; trained 225 CSP staff at all levels/in all roles Work plan written for 2017/18 Thoughts on evolving FE mechanism shared with CSP planning table 	<ul style="list-style-type: none"> FE work to date has focused on CSPs because a "made in Peel" FE mechanism is a CSDP deliverable. This year, the CMHP will consider how to link the evolving FE mechanism to the Community Planning Mechanism.
Consultations with youth and families re Community Planning Mechanism for Child and Youth Mental Health in Peel To obtain advice on how to link the CSDP's FE and YE mechanisms to the Community Planning Mechanism	Next steps; work to begin in 2017/18	<ul style="list-style-type: none"> Ensure that the Community Planning Mechanism is centred around the needs of children, youth and families Ensure that the mechanism considers the diversity of Peel's children, youth & families 	<ul style="list-style-type: none"> PCMH is involved in project group that is reviewing CSPs' Brief Services in Peel 	<ul style="list-style-type: none"> French-language consultations

Section C – Sector Partner Services Summary:

Lead agencies must complete a summary describing all child and youth mental health services and programs delivered in the service area through system partners (see Appendix A for a sample template). If information remains as it was described in 2015/16, that information may be used again here. The sector partner services summary must include the current programs and services, including:

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

CHANGES FROM 2015/16 CMHP

The information about services delivered by Peel’s school boards in the 2015/16 CMHP has, for the most part, remained unchanged and appears below. As noted in Section E, a working group of the new Community Planning Mechanism for Child and Youth Mental Health in Peel is working to update and complete the Sector Partner Services Summary for Peel. The working group began its work in March 2017. It is anticipated that the summary of services delivered in the formalized sectors will be completed in 2017/18, with work continuing into 2018/19 to document the services delivered through informal sectors (e.g. faith-based communities).

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

Community Partner delivering service	Description of service (include where the service falls on the continuum)	Details of service			Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Aboriginal)	
Associated Youth Services of Peel	Adolescent Team (Counselling and Therapy Services)	Peel Region	12 – 16 th birthday	Youth involved with CAS Adolescent Team	PCIN/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS (CCB – fiscal funds)
Associated Youth Services of Peel	Transitions Program (Counselling and Therapy Services)	Peel Region	15 - 18 th birthday	Youth who are marginalized & transitioning from support of Peel CAS	PCIN/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS (CCB – fiscal funds)
Associated Youth Services of Peel	Recognizing Individual Success and Excellence (RISE) Program (Counselling and Therapy Services)	Peel Region	6 - 10 th birthday	Children displaying signs of anti-social behaviour in the classroom, home and/or community	PCIN/Direct referral path to designated youth programs/Access to Walk-In; Funded by MCYS – YJ
Associated Youth Services of Peel	Section 23 Program (Counselling and Therapy Services)	Peel Region	Grades 9 & 10; under 17 years	Youth unable to attend regular or special education classes in a community school	PCIN/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS – YJ
Associated Youth Services of Peel	Transitional Aged Youth Outreach (TAYO) Program (Intensive Treatment Services)	Peel Region	12 - 18 th birthday at time of offence	Youth with mental health challenges likely to transition into adult services; involved with the Youth Justice system	PCIN/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS – YJ
Associated Youth Services of Peel	Multisystemic Therapy (MST) Program (Intensive Treatment Services)	Peel, Dufferin, Halton Regions and West Toronto	12 - 18 th birthday at time of offence	Youth with antisocial behaviour involved with the YJ system	PCIN/Direct referral path to designated youth programs/Access to Walk-In Funded by MCYS – YJ
Nexus Youth Services	Nexus Youth Centre – Drop In Services (Targeted Prevention)	Peel Region	14-24	n/a	Informal process - staff complete intake process with youth and submit to PCIN

Community Partner delivering service	Description of service (include where the service falls on the continuum)	Details of service			Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Aboriginal)	
					Funded by United Way, City of Mississauga, Region of Peel, and fundraising
Nexus Youth Services	Nexus Youth Centre – Informal Counselling Services (Nexus Connections or Preparation for Independence) (Brief Services)	Peel Region	14-24	n/a	Informal process - staff complete intake process with youth and submit to PCIN Funded by United Way, City of Mississauga, Region of Peel and fundraising
Nexus Youth Services	Nexus Youth Centre – Groups (Family Capacity-Building and Support)	Peel Region	14-24	n/a	Informal process - staff complete intake process with youth and submit to PCIN Funded by United Way, City of Mississauga, Region of Peel and fundraising
Peel Children's Centre	Volunteer Tutor (Targeted Prevention)	Peel Region	6-13	Children receiving service from PCC and who are experiencing difficulties with school work	Clients are already involved in MCYS-funded CYMH sector Funded by fundraised dollars
Peel Children's Centre	Strongest Families (Family Capacity-Building & Support; Counselling and Therapy Services)	Peel Region	Ages: 3-5.5: Behavioural intervention; 6-12: Anxiety intervention	Children with behavioural concerns or anxiety comorbidly with ASD	Support access through PCIN mechanism Funded by fundraised dollars
Peel Children's Centre	Peel Inclusion Resource Services (previously called Preschool Services) (Family Capacity-Building and Support)	Peel Region	0-6	All children under the age of 6 attending a licensed childcare setting	Referral pathways currently under discussion as model continues development Funded by Region of Peel
Peel Children's Centre	Wraparound (Peel Wraparound Process): Developmental Sector	Peel Region	0-17	Children and youth diagnosed with a developmental disability	Support access through PCIN mechanism Funded by MCSS

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

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

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

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

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

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		Geographic coverage	Age range	Specific population (e.g. Francophone, Aboriginal)	
	<ul style="list-style-type: none"> Section 23 			Transition/Case Management <ul style="list-style-type: none"> MH/Social Emotional Difficulties 	Formal agreements between Board and community agencies
Dufferin-Peel Catholic District School Board	Targeted Prevention: The Board offers a spectrum of programs and supports (all, some, few) that foster Catholic conditions for learning, mindful of mental well-being. These services are offered as appropriate and based on need. Targeted prevention programs vary by school. Examples include Cameron Helps; bereavement groups; programs offered in cooperation with Big Brothers, Big Sisters; Go Girls/Game On; Circle of Friends; One Voice, One Team; Stop-Now-And-Plan (SNAP); and Young Minds at Play.	Peel Region and Dufferin County	Varies by program; 4-21 as well as parents/caregivers and families	At-risk populations	Through each school's individual school team and/or Board level supports and services as appropriate.
Dufferin-Peel Catholic District School Board	Family Capacity-Building and Support: Support services professionals may provide intervention to individual students and their families. They may also provide services through a group format (e.g., CBT groups for students with anxiety). Individual schools may offer educational parent events (e.g., evening	Peel Region and Dufferin County	4-21, plus parents/caregivers and families	Parents/guardians/caregivers/families of children and youth with mental health concerns	Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate

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		Geographic coverage	Age range	Specific population (e.g. Francophone, Aboriginal)	
	presentations around specific topics such as anxiety).				
Dufferin-Peel Catholic District School Board	Brief Services: All schools have access to psychology, social work, speech and language, and child and youth work support as part of a responsive school team approach. Support services professionals may be engaged to address the immediate or presenting needs of children and youth within the board on a consultative or short-term basis.	Peel Region and Dufferin County	4-21	Children or youth with immediate or presenting needs	Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate
Dufferin-Peel Catholic District School Board	Crisis Support Services: All schools have access to psychology, social work, speech and language, and child and youth work support as part of a responsive school team approach. The board has a Tragic Events Response Team (TERT) as well as ASIST trained professionals. Our MHAN supports are also available in the event of a crisis.	Peel Region and Dufferin County	4-21	Children and youth experiencing an imminent mental health crisis or situations where there is serious risk	Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate
Dufferin-Peel Catholic District School Board	Counselling and Therapy Services: All schools have access to psychology, social work, and child and youth work support. These support services professionals may provide intervention to individual students and their	Peel Region and Dufferin County	4-21	Children and youth experiencing mental health concerns	Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate

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

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

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

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

Lead agencies must build on the work undertaken in 2015/16 and assess the current state of planning mechanisms, including:

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

ASSESSMENT

The chart below, originally compiled for the 2014/15 CMHP and updated in 2016/17, summarizes existing community planning mechanisms for children and youth services in Peel. The newly created Community Planning Mechanism for Child and Youth Mental Health in Peel has been added as the first mechanism in the chart.

In 2015/16, PCC's senior team met on four occasions to assess Peel's plethora of planning tables/mechanisms. Two planning bodies – Peel Children and Youth Planning Group (PCYPG) and Peel Children and Youth Initiative (PCYI) – emerged as possible candidates for a CYMH planning table. PCYPG had multi-sectoral representation but its work focused on the Development Services sector. PCYI had participation from multiple sectors but none of its four existing planning tables was appropriate for the work. Further, PCYI underwent a downsizing in Q4 of fiscal 2016/17 as a result of reduced funding. Following an organizational review in 2017, PCYI is expected to emerge from the review with a different mandate and operational structure.

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

PCC decided that that best way to receive unbiased and forthright advice from our sector partners was to have a third party conduct a thoughtful and comprehensive consultation. As such, we retained Jane Fitzgerald to lead a process which began in 2015/16, with Jane completing consultations with 2/3 of the sectors. Her work continued into 2016/17 and culminated in *Together in Peel - Summary Report on a Consultation to Develop a Community Planning Mechanism for Child and Youth Mental Health Services in Peel*.

The creation of a new CYMH Community Planning Mechanism for the Peel Service Area was the key deliverable in Section E – Priority Identification of the 2015/16 plan. In releasing *Together in Peel* in January 2017, PCC announced the launch of the Community Planning Mechanism for Child and Youth Mental Health in Peel by establishing its first Working Group to develop a Community Asset Inventory of services and supports (needed to complete the Sector Partner Services Summary of the CMHP). This work will lead to the development of a Community Asset Map for Peel.

EXISTING PLANNING MECHANISMS

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
<p>Community Planning Mechanism for Child and Youth Mental Health in Peel</p> <p>New mechanism developed per 2015/16 CMHP</p>	<p>Funders, CYMH, adult mental health, school boards, hospitals, LHINs, primary health care, public health, child welfare, youth justice, police, developmental services, children's treatment centres, early years, youth and family services, shelters, recreation, French-language services, Indigenous services, newcomer/refugee/settlement services, faith-based groups</p>	<p>Convenor/leader per the CMHP</p>	<p>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</p>	<p><i>Together in Peel - Summary Report on a Consultation to Develop a Community Planning Mechanism for Child and Youth Mental Health Services in Peel</i></p> <p>Terms of Reference for the first working group convened under the new Community Planning Mechanism</p>
<p>Peel Child & Youth Advocacy Centre (CYAC) – Planning Committee (meets monthly)</p>	<p>Child and youth mental health, child welfare, hospitals, youth justice, specialized services, newcomer/refugee/settlement</p>	<p>Represent CYMH (particularly Sexual Abuse Treatment & Child Witness services) to advise on programs that operate out of the CYAC</p>	<p>Developmental, operational planning and implementation of a Peel CYAC.</p>	<p>Implementation of CYAC: a child- and youth-friendly, community-based, culturally competent location where child and youth victims of abuse and violence receive the highest quality, multidisciplinary response to the investigation and treatment of child abuse.</p>
<p>Peel Service Collaborative (Systems Improvement through Service Collaboratives initiative – SISC)</p>	<p>Parent representative, CYMH service providers, education, child welfare, children's treatment centres, hospitals, primary health care, public health, youth justice, specialized services, faith-based groups, aboriginal services, francophone</p>	<p>Community participant for the CYMH sector</p>	<p>To support local systems to improve coordination and enhance access to mental health and addiction services Peel decided to focus on reducing ER visits by increasing capacity of community planning through Holistic Crisis Planning (HCP) and Mental Health First Aid (MHFA) training (a 2-year project).</p>	<p>Decision to keep SISC Planning Table for ongoing purposes to continue to support activities related to HCP and to potentially act as a planning table where broad community representation/ input is being sought</p>

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
	services, newcomer/refugee/settlement, developmental services, LHINs, early years			
Peel Children and Youth Planning Group (PCYPG)	CYMH service providers, education, child welfare, children's treatment centres, hospitals, youth justice, developmental services sector, LHINs, Early Years	Community participant for the CYMH sector	<ul style="list-style-type: none"> • Strategic planning to provide a framework for agencies and to help direct MCYS funding/resources to meet the priorities and needs of Peel • Collective problem-solving of systemic issues • Sharing information, research, data to strengthen effectiveness of services • Communicating anticipated program changes and their impact on the system • Providing advice to MCYS • Advocating for children/youth • Maintaining linkages with other planning bodies • Liaising with PCYI Systems Integration Table 	Participation is most active with DS representatives.
Service Resolution Peel – Child Review Committee	CYMH service providers, education, child welfare, children's treatment centres, hospitals, developmental services sector, LHINs	Community agency participant and representative	To review the situations of children/youth (up to age 18) and their families whose needs are sufficiently urgent, complex, extraordinary and atypical that they cannot currently be met within the existing services of agencies.	Ongoing mandate. Joint recommendations of funding for Complex Service Needs children/youth across multiple sectors
Peel Crisis Capacity Network (PCCN)	CYMH service providers, children's treatment centres, hospitals, public health, specialized services, developmental services, LHINs	Informal partnership	PCCN addresses support needs of individuals and families with a developmental disability and/or dual diagnosis (developmental disability and mental health needs). Its mandate is to assist families and individuals with accessing	Crisis response service to DS sector. Has a small Flexible Services Fund to meet immediate needs of this community. Serves up to age 18.

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
			appropriate and responsive supports and services to help alleviate the individual and/or family's experience of crisis.	
Peel Children and Youth Initiative (PCYI) – System Integration Table <i>* PCYI downsized in Feb. 2017 following a reduction in funding and its planning tables were suspended. PCYI's Board of Directors is reviewing the organization's mandate and structure.</i>	Representatives of each of PCYI's alignment tables (co-chairs) and a member of PCYI's board. Co-chairs from: Peel Early Learning Special Needs Advisory Committee (PELSNAC), Community Advisory Network, PCYI School Years Planning Table, PCYI's Bridging the Transitional Years, PCYI Board of Directors, PCYPG, PCYI staff.	Co-chair of PELSNAC	A planning committee of PCYI's System Integration Framework (SIF); acts as the primary liaison between the PCYI Board of Directors and the other planning tables in the SIF.	New table created in 2013; active; ongoing. Process of identifying community planning priorities and how to integrate work of SIF is still evolving.
PCYI – School Years Planning Table (5-6 meetings per year; additional meetings of working groups as needed)	CYMH service providers; education; child welfare; children's treatment centres; youth justice; specialized services; newcomer/refugee/settlement; developmental sector	Co-Chair, CYMH representative	A planning committee of PCYI's System Integration Framework focused on children and youth 7-18 years of age	New table created in 2014; active; ongoing; in process of identifying community planning priorities
PCYI – Bridging the Transitional Years (5-6 meetings per year; additional meetings of working groups as needed)	CYMH service providers; child welfare; public health; youth justice; specialized services; LHINs	Co-Chair, CYMH representative	Support the System Integration table in developing a comprehensive integrated planning table by providing expertise, knowledge and best-practices for the 13-24 sector	New table created in 2014; active; ongoing; in process of identifying community planning priorities
PCYI – Success by Six (Sx6) (meets monthly)	CYMH service providers; education; children's treatment centres; child welfare; specialized services; newcomer/	CYMH representative for Peel Region	Strategic integrated system planning with a primary focus on families with children prenatal to 6 years. Advise and make recommendations on matters relating to children under 6	Well established planning table with a track record for: <ul style="list-style-type: none"> • success with funding applications

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
	refugee/settlement; developmental sector, regional library and recreation, public health, early learning settings. Acts as Peel's Best Start Network table and is connected to the CAN. (Community Advisory Network), Early ID Committee and FASD Steering Committee.		and their families to PCYI's Integrated Community Planning Table and/or to other stakeholders upon request and/or at the initiative of Sb6.	<ul style="list-style-type: none"> • disseminating information and consulting with service providers from a wide variety of sectors through the Community Advisory Network • creating the Peel Children's Charter of Rights • launching innovative committees and services
Peel FASD Steering Committee (meets monthly)	CYMH, youth justice, child protection, education, infant development, children's treatment centres, public health, MCYS, LHIN	PCC representative for CYMH and FASD Diagnostic Team	Increase awareness of FASD and oversee the Peel FASD diagnostic team, which provides assessment for children age 0-6 years through an in-kind, virtual clinic.	This longstanding committee succeeded in securing funding for a FASD coordinator, but has struggled with sustaining funding for the coordinator, referrals, and turnover of staffing for the diagnostic team.
Peel Francophone Committee	CYMH, childcare, LHIN, education, Region of Peel, specialised (domestic violence), child protection	PCC representative for Peel Region Early Years and French Language CYMH	A coalition of service providers d committed to delivering services in French to Peel children and youth and their families. The focus is on French-speaking children and youth 0-24 years of age and their families, including their parents, foster parents, guardians and caregivers.	The committee currently places much of their effort on updating French language resource sites, sharing information, and organizing an annual francophone celebration event.
Postpartum Mood Disorder Steering Committee (Region of Peel)	CYMH, adult mental health, public health, hospital, infant development, OEYC, child protection	PCC Peel Infant Parent Program (PIPP) representative	Strives to provide a coordinated, comprehensive and sustainable continuum of services for parents experiencing mood disorders throughout the antenatal and postpartum period. Also aims to increase awareness of PMD, decrease stigma, build service capacity and advocate for funding.	Supports a newsletter phone support, and recently produced a YouTube video.

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
Peel Inclusion Resource Services (PIRS) – Steering Committee (meets weekly)	Special Needs Resourcing (SNR) providers' management team (represents PCC, ErinoakKids, Region of Peel Children's Services, Surrey Place Blind-Low Vision, Community Living Mississauga and Brampton Caledon Community Living)	PCC representative for Peel Region Special Needs Resourcing	Responsible for planning, implementing and operating the revised SNR service now known as Peel Inclusion Resource Services (PIRS)	Oversees the implementation of the PIRS service, data collection, promotion and ongoing development of the new service delivery model to support children with special needs in licenced home and childcare settings, and before and after school programs.
Peel Youth Concurrent Disorders Committee	CYMH; education (district school boards); child welfare; hospitals; public health; youth justice; specialized services; LHIN	Chair, host of committee	Group focused on sharing resources relating to treatment and service provision to youth experiencing CD in Peel	
Mississauga Halton LHIN – Transitional Aged Youth Steering Committee	CYMH; hospitals; specialized services; LHIN	CYMH representative	To support and maintain the LHIN-wide transitional process for mental health and addiction system, both youth and adult sectors, and to create a seamless transition for youth and their families.	DELIVERABLES: <ul style="list-style-type: none"> • develop and implement standardized protocols related to youth transition, including collaborative strategies for follow-up • implement necessary changes to address service gaps related to youth transitions in the system • integrate youth services into Mississauga Halton LHIN Co-location Initiatives • monitor outcome of TAY Coordinating Committee through client and service-provider feedback
Mississauga Halton LHIN – Transitional Aged Youth Coordinating Committee	CYMH; hospitals; youth justice; specialized; LHIN	CYMH representative	Problem-solving specific complex cases in TAY and adult mental health systems in Mississauga Halton area	Active; meets monthly to perform service resolution function for TAY in Mississauga Halton area.

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
Central West Concurrent Disorders Network (CW CDN)	CYMH; hospitals; specialized services; newcomer/ refugee/ settlement; LHIN	Signed partnership agreement; CYMH representative and member of the network	Partner agencies work collaboratively with each other, Reconnect Mental Health Services and the CW CDN to <ul style="list-style-type: none"> • Develop & implement a partnership-based service that offers a continuum of short-term specials services and supports • Provide quick, coordinated access to these services/supports 	
Youth-at-Risk AYSP Community Advisory Committee (meets quarterly)	CYMH; education (district school boards, child welfare; hospitals; public health; specialized services	CYMH representative	Provides guidance and support to AYSP's RAIN, TAYO, DBT and YBB programs.	Active group that provides ongoing support to youth programs at AYSP
SystemWise (CMHA Peel)	CYMH; DS; adult mental health; health	None	Coordinate service resolution function in Peel. Staff involved in "System Coordination-type work" voluntarily agreed to collaborate as a network in order to better centralize System Coordination access and maximize resources, knowledge, and problem-solving.	Collaborate as a network
Child Abuse Review Team (CART) (meets quarterly)	CYMH; child welfare; hospitals; primary health care; public health; youth justice; specialized services; early years	CYMH representative	<ul style="list-style-type: none"> • considers information related to the volume and nature of child abuse in the Region of Peel • may make recommendations with respect to the development of agency services or community services/initiatives • provides a forum for discussion, planning and advocacy on child abuse related issues 	Child Abuse Protocol (most recently updated in 2014) <i>Working Together to Keep Children Safe</i> (information booklet for the public and for professionals)
Peel Human Services & Justice Coordinating Committee	CYMH; youth justice; adult mental health; housing; developmental services;	Receive correspondence	Coordinate communication and service integration planning between health, criminal justice, and	

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
	child welfare; LHIN; health; social services		developmental service organizations within Peel region.	
Central West LHIN Service Resolution	CYMH; hospitals; youth justice; specialized; LHIN	CYMH representative	Problem-solving specific complex cases in TAY and adult mental health systems from Central West region	
System Coordination Joint Management Committee	CYMH; hospitals; youth justice; specialized services developmental sector; LHIN	CYMH representative	<ol style="list-style-type: none"> 1. To oversee the Mental Health & Addictions System Co-ordination Service 2. To monitor the achievement of the 2014-2015 implementation plan. 3. To oversee identified gaps in service through program evaluation and quality monitoring. 4. To communicate with other Levels and within the system to promote the service resolution model. 	
Systems Integration Group for Mental Health and Addictions (SIGMHA – Mississauga Halton LHIN)	Hospitals; specialized services; LHIN	None; committee made up of executive level representation from LHIN-funded agencies	Provide oversight of LHIN funded programs in Mississauga Halton LHIN territory	
Mental Health and Addiction Core Action Group (CAG) – Central West LHIN	Hospitals; specialized services; LHIN	None; committee made up of executive level representation from LHIN-funded agencies	Works directly with Central West LHIN in moving forward actions related to the Mental Health and Addiction Services priority outlined in the LHIN's Integrated Health Services Plan.	
Regional Diversity Roundtable	Newcomer/refugee/settlement; school boards; hospitals; CYMH; adult mental health; family services; child welfare; housing/shelters; food banks; fire services;	Individuals representing human and public service organizations that are committed to inclusion, equity		

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
	sports, recreation and culture; United Way; specialty services	and diversity competence. Aim is to institutionalize equity in core values, structures, workforces, policies and services.		
Peel service area's school boards (English public and separate; French public and separate): planning for mental health services that are delivered in partnership with other sectors (quarterly meetings of each board with each of the other sectors)	Separate meetings: <ul style="list-style-type: none"> • school board staff/PCC; • school board staff/AYSP; • school board staff/ Central West LHIN mental health nurses • school board staff/ Mississauga Halton LHIN mental health nurses 	PCC staff attend meetings to plan School-Based Services (SBS) that PCC jointly delivers with each Board. PCC does not typically attend the boards' meetings with AYSP or the LHINs.	Plan with board staff (chief psychologists, chief social workers and/or social work leads, chief CYWs) to meet the mental health needs of students, particularly those with Level 3 or 4 needs	No formalized protocols; key outcome is to deliver SBS per MCYS funding criteria and service targets. More information is available in the Core Services Delivery Plan.
School Boards (English public and separate; French public and separate): internal planning mechanisms for mental health services (i.e. when a pupil's exceptionality includes mental health needs)	Board trustees; parent associations; school social work, psychology, CYWs; Special Education Resource Teachers (SERTs); principals; classroom teachers; parents of affected pupils; students age 16 or older	No role for PCC or any other CYMH agency	<ul style="list-style-type: none"> • In-School Review Committees (ISRCs) review student progress and needs, review assessment data, may recommend further assessment, and may refer to an Identification, Placement and Review Committee (IPRC) • Upon receiving a written request from a student's parent/guardian, a principal must refer the student to an IPRC. Principals can also refer directly to the IPRC. • IPRCs operate at the school, field office and regional levels • Boards also have Special Education Advisory Committees (SEACs) which include 	<ul style="list-style-type: none"> • IPRCs may recommend accommodation, placement and/or an array of special education support services • An Individual Education Plan (IEP) is prepared for each identified student • Based on a school board's identified level of need, a Special Education Grant from the Ministry of Education provides additional funding to serve the board's exceptional pupils

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
			representatives from local parent associations and trustees	
Safe Centre of Peel (Peel Family Justice Centre Project) Under leadership of Catholic Family Services Peel-Dufferin	<ul style="list-style-type: none"> • Onsite partners include: child welfare; CYMH; regional sexual assault & domestic violence services; victim services; court support; legal aid; legal clinics; cultural services • Advisory committee includes Dufferin-Peel Catholic DSB; Victim-Witness Assistance Program; Peel Regional Police; Salvation Army's Honeychurch Family Life Centre; Peel Committee Against Women Abuse; Family Education Centre 	AYSP represents CYMH sector	Provides a wide range of free and confidential services for those who have experienced abuse (physical or emotional) in their relationships. For services not available onsite, the centre makes referrals and advocates for services from other agencies such as shelters, financial assistance, medical care etc.	Active partnership that has secured funding from Ontario Trillium Foundation, Canadian Women's Foundation, Region of Peel, Scotiabank and Amgen, and other supporters

Section E - Priority Identification:

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

- clearly defined problem/objective;
- strong rationale supported by evidence;
- description of the process by which priorities were established, including associated engagement efforts;
- detailed 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 system partners.

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

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

Name of Priority #1: Operationalize the Community Planning Mechanism for Child and Youth Mental Health in Peel with the establishment of its first working group, focused on the development of a Community Asset Inventory of services/supports

Rationale:

Work on this priority continues from 2016/17 and is required to complete Section C, Sector Partner Services Summary, of the CMHP for the Peel service area.

In 2015, PCC as Lead Agency began to compile the Sector Partner Services Summary for the Peel service area's first CMHP but encountered obstacles (some service partners who were provided templates did not return them, while others shared information that was incomplete or did not align with the CYMH Core Services and Key Processes per PGR #1). As such, the completion of this summary was carried forward as a priority in the 2015/16 CMHP.
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In 2016/17, the Lead Agency completed the 2015/16 CMHP's Priority #2, development of a CYMH Community Planning Mechanism for the Peel service area. In the report, <i>Together in Peel - Summary Report on a Consultation to Develop a Community Planning Mechanism for Child and Youth Mental Health Services in Peel</i> , this mechanism is described as an "accordion" because at times it goes large to involve the full table of broader sector partners while at other times it goes small, with task-specific working groups to accomplish the priorities of the CMHP.
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The <i>Together in Peel</i> report informed PCC's decision as Lead Agency that completing the Sector Partner Services Summary would be the first task of the new Community Planning Mechanism for Child and Youth Mental Health in Peel. As this is a specific task, a Working Group was convened, with support from the same consultant who conducted consultations on the Community Planning Mechanism on behalf of the Lead Agency. The Community Asset Inventory Working Group has representation from the Lead Agency and several sectors including: school boards; healthcare delivery (LHINs/CCACs and hospitals); regional government; child welfare; developmental services; youth justice; newcomer services; ethno-cultural services; and faith leaders. When the working group completes this task, it will report back to the full Community Planning Mechanism for Child and Youth Mental Health in Peel.

<p>The tasks completed in Q4 of 2016/17 towards this priority included:</p> <ul style="list-style-type: none"> • Consultant was hired • Project description was drafted and approved • Terms of reference and work plan were drafted • Members of the Community Asset Inventory Work Group were solicited and confirmed • Working group (WG) was launched on March 27, 2017 with a presentation that set the context for its work (MOMH and PGR #1) • Terms of reference were approved 		
<p>Objective – describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets were possible (e.g. waitlists, protocol developed):</p>		
Deliverable(s)	Task(s)	Estimated Timelines
<p>Project definition and scope</p> <p>Lead Agency, consultant and Working Group (WG)</p>	<ul style="list-style-type: none"> • Revise work plan and deliverables per input from WG • Draft a data collection strategy • Design an asset inventory template for review and approval 	Q4 2016/17 into Q1 2017/18
<p>Project management and support</p> <p>Lead Agency and consultant</p>	<ul style="list-style-type: none"> • Set meeting structure and timelines • Book venues • Prepare meeting agendas and materials (e.g. notes; presentations) • Liaise with WG members to move work forward between meetings • Facilitate meetings 	Q1-3
<p>Community Asset Inventory</p> <p>(Representatives of the broader sectors on the WG, with others across their sectors)</p>	<ul style="list-style-type: none"> • Review, approve and disseminate CYMH Community Asset Inventory package • Request WG members to provide existing Peel-based CYMH inventories and mappings • Review and analyze the inventories/mapping to leverage existing knowledge and inform the mapping of services/supports • Collect CYMH Community Asset Inventory as required • Collate information collected to meet MCYS expectations and to situate inventory such that it can be translated into a community map that forms the foundation for community planning and priority identification • Review inventory with WG members and confirm next steps 	Q1-2
<p>Meeting of full Community Planning Mechanism for Child and Youth Mental Health in Peel</p> <p>Lead Agency and representatives of all broader sector partners</p>	<ul style="list-style-type: none"> • Plan and organize the meeting (venue, invitations, distribution list, agenda, meeting materials, presentation) • Share WG deliverables and progress to date • Discuss plan/framework to translate the Community Asset Inventory into a map to support a collective understanding of the current CYMH service system (formal and informal) that can inform priority areas for the Lead Agency's work with broader sector partners to address service needs/gaps • Elicit input/feedback 	Q1-2

Name of Priority #2: Create a Community Asset Map to represent the findings of the Community Asset Inventory		
Rationale: Building on the Community Asset Inventory, the primary goal of a Community Asset Map will be to build over time a better understanding of the full continuum of mental health supports and services across Peel, both formal and informal. The map will be an important adjunct to the Lead Agency's work with the Community Planning Mechanism for Child and Youth Mental Health in Peel, informing future priorities for Peel's CMHP.		
Objective – describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets were possible (e.g. waitlists, protocol developed):		
Deliverable(s)	Task(s)	Estimated Timelines
Project Definition and Scope Lead Agency and consultant	<ul style="list-style-type: none"> Define scope of project, which will include a community map of CYMH formal/informal services and supports, along with a request for protocols/MOUs for formal pathways to care and information on informal pathways that will support the work on Priority #3 (identify and document access pathways between/across the CYMH, Healthcare and Education sectors) Determine and approve budget Retain consultant to support project Draft Terms of Reference (TOR) and work plan for working group 	Q1-2
Project management and support Lead Agency and consultant	<ul style="list-style-type: none"> Set meeting structure and timelines Book venues Prepare meeting agendas and materials (e.g. notes; presentations) Liaise with WG members to move work forward between meetings Facilitate meetings 	Q2-4
Community Asset Map Working Group (WG) Lead Agency and consultant	<ul style="list-style-type: none"> Expand Community Asset Inventory WG membership to include mapping expertise/capacity (possibly through existing WG members' organizations), as required 	Q2
Community Asset Map/Pathways information gathering Lead Agency, consultant and WG	<ul style="list-style-type: none"> Review, refine and approve TOR and work plan To inform a mapping "framework", WG provides examples of mapping created within Peel (e.g. LHINs; United Way) To inform a mapping "framework", collect maps created outside the Peel service area, including digital formats (e.g. map of Early Development Instrument (EDI) data from UBC) Decide on a mapping "framework" and process Populate the map with Community Asset Inventory data to meet Peel's CYMH planning needs, leveraging existing knowledge/resources Produce a draft Community Asset Map Collate pathways information in support of Priority #3 	Q2

<p>Identification of emerging priorities from the mapping project</p> <p>Lead Agency, consultant and WG</p>	<ul style="list-style-type: none"> • Review the Community Asset Map and identify emerging priorities/opportunities for the Lead Agency's consideration (WG) • Priorities/opportunities to be considered by LA and will inform CMHP for 2018/19 	<p>Q3-4</p>
<p>Meeting of full Community Planning Mechanism for Child and Youth Mental Health in Peel</p> <p>Lead Agency and representatives of all broader sector partners</p>	<ul style="list-style-type: none"> • Plan and organize the meeting (venue, invitations, distribution list, agenda, meeting materials, presentation) • Present the draft Community Asset Map and elicit feedback • Present emerging priorities/opportunities and elicit feedback for consideration in 2018/19 	<p>Q4 to Q1, 2018/19</p>

Name of Priority #3: Identify and document access pathways between/across the MCYS-funded Core Services sector and the Healthcare and Education sectors

Rationale:

Healthcare is one of the principal partner sectors of the MCYS-funded CYMH Core Services sector. In *Ontario's Comprehensive Mental Health Strategy*, the fourth of the Strategy's five pillars – “Providing the Right Care, at the Right Time, in the Right Place” – speaks to “developing integrated service coordination across Health Links and Ministry of Children and Youth Services lead agencies, and strengthening coordination between service collaboratives and Health Links.” The goals of this pillar align with those of *Moving on Mental Health*:

- “Ontarians will know whom to contact for all their health and social service needs.
- Providers will work together on a single plan of care for individual clients.
- Ontarians will experience better access to services and better interactions with the system.”

The Child and Adolescent Mental Health clinics at Trillium Health Partners and at William Osler Health System are two of Peel's six MCYS-funded CSPs. The hospital clinics' services already intersect with MOHLTC-funded services (e.g. psychiatric assessments and care; inpatient care for children/youth with serious mental illness), providing a natural opportunity to discuss pathways within the hospital sector. As Lead Agency, PCC also began discussions with the two LHINs in the Peel service area: Central West LHIN and Mississauga Halton LHIN. Both LHINs have developed system access strategies but with very different models – one-Link in Mississauga Halton; SAM (System Access Model) in Central West. Work is needed to integrate the LHINs' coordinated access/intake efforts with those of the MCYS-funded sector.

Education is the CYMH sector's other principal partner sector. For many years, the two largest CSPs in the Peel service area – Peel Children's Centre and Associated Youth Services of Peel – have delivered programs collaboratively with Peel's district school boards within several Core Service categories (see Section B of Peel's Core Services Delivery Plan). Within school boards, School Mental Health workers deliver services that align with several CYMH Core Service categories (see Section C of this plan for examples).

Ontario's Comprehensive Mental Health Strategy also put measures in place to address the mental health needs of students in the Education system. 144 mental health nurses funded through Ontario's LHINs have been placed in schools to identify and help students with potential mental health or addiction problems. These nurses assess students, develop plans of care, provide service for mild cases, and refer students with more serious or complex needs to appropriate services, e.g. community-based CYMH services. Also part of *Ontario's Comprehensive Mental Health Strategy* is School Mental Health ASSIST, an implementation support team designed to help Ontario school boards promote student mental health and well-being. This support is provided via leadership and coordination, resources, and implementation coaching support.

More recently, the Ministry of Education began work on a Student Well-Being Framework. A key activity in 2016/17 was to engage partners across multiple sectors –community-based CYMH being one – to align efforts across government in order to provide schools with the supports they need to address student well-being. PCC and AYSP have been part of the Peel District School Board's engagement with its service partners.

In consulting with Peel's school boards towards developing the CMHPs, PCC has heard a common theme. While school boards feel equipped to support students whose mental health needs fall within Level One (preventative services for all students) and Level Two (targeted prevention/early intervention for children and youth at risk), generally they are not resourced to provide services at Level 3 (for children and youth who experience significant mental health challenges that affect their functioning) and Level 4 (for children and youth who are experiencing the most severe, complex, rare, or persistent mental illnesses). To support their highest-needs students, they depend upon the MCYS-funded community sector and the MOHLTC-funded healthcare sector. Other common themes heard in PCC's consultations included:

- complicated or unclear pathways to/through/from CYMH Core Services
- Confusion/conflict over the roles/responsibilities of MCYS-funded mental health workers and school boards' mental health staff
- Long waitlists for MCYS-funded services.

Having a shared understanding of pathways is the first step towards improved service collaboration with our major sector partners. As such, the CMHP's third priority will be to define pathways between/across Peel's MCYS-funded CYMH sector and its Healthcare and Education sectors.

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

Deliverable(s)	Task(s)	Estimated Timelines
Project definition and scope Lead Agency and consultant	<ul style="list-style-type: none"> • Define scope of project, including need for a strategy to identify/clarify FLS pathways • Determine and approve budget • Retain consultant to support project • Draft Terms of Reference (TOR) • Draft work plan and deliverables 	Q2
Project management and support Lead Agency and consultant	<ul style="list-style-type: none"> • Set meeting structure and timelines • Book venues • Prepare meeting agendas and materials (e.g. notes; presentations) • Liaise with WG members to move work forward between meetings • Facilitate meetings 	Q3-4 and 2018/19
Pathways Working Group (WG) Lead Agency, consultant and members from a range of sectors	<ul style="list-style-type: none"> • Solicit and confirm members for the Pathways Working Group (WG) • Launch the WG 	Q3
Identify and document access pathways between and across Peel's CYMH, Education and Healthcare sectors Lead Agency, consultant, Peel District School Board, Dufferin-Peel Catholic District School Board, Conseil scolaire Viamonde, Conseil scolaire de district catholique Centre-Sud, PCIN, CSPs, Trillium Health Partners, William Osler Health System, Halton Healthcare, Central West LHIN, Mississauga Halton LHIN, CMHA Peel	<ul style="list-style-type: none"> • Review/revise Terms of Reference, work plan and deliverables, per input from the Pathways WG • Confirm a strategy and methodology for data collection and presentation • Collect pathways data • Collate and present pathways data in a way that supports the identification of opportunities to clarify and simplify pathways 	Q4 into 2018/19
Identify opportunities to clarify/simplify pathways Lead Agency and partners as above	<ul style="list-style-type: none"> • Review findings with WG members to identify opportunities and priorities for the Lead Agency's work with broader sector partners to clarify/simplify pathways 	Q4 into 2018/19

<p>Meeting of full Community Planning Mechanism for Child and Youth Mental Health in Peel</p> <p>Lead Agency and representatives of all broader sector partners</p>	<ul style="list-style-type: none"> • Plan and organize the meeting (venue, invitations, distribution list, agenda, meeting materials, presentation) • Present findings and elicit feedback • Present emerging priorities/opportunities and elicit feedback for consideration in 2018/19 	<p>Q4 to Q1, 2018/19</p>
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Section F – French Language System Partners

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

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

WHO PROVIDES CORE SERVICES IN FRENCH

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

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

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

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

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

As such, French-language partner engagement for Core Services delivery includes these service partners.

WHO WAS ENGAGED AND HOW WERE THEY ENGAGED

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

The French-language school boards have been engaged both in discussions around service gaps/needs for Peel's Core Services Delivery Plan (CSDP) and in mapping CYMH services for Peel's Community Mental Health Plan (CMHP). Going forward, there will be discussions with Équipe de santé familiale at Credit Valley Hospital, one of the sites where PCC offers Single Session Therapy in French, as a review of Brief Services is one of the CSDP's priorities for 2016/17.

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

Voting:

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

Non-voting:

- Ministry of Children and Youth Services

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

There is potential to work with this committee to engage the broader francophone community (both service providers and families) in the work of the Community Planning Mechanism for Child and Youth Mental Health in Peel.

Both French-language school boards were consulted as part of the process to obtain community input into the design of the Community Planning Mechanism for Child and Youth Mental Health in Peel. Additionally, representatives of the boards participated in the community meeting in June 2016 at which the Lead Agency and consultant shared their interim findings and elicited the community's input on Shared Vision, Values and Guiding Principles, Mechanism Design, and further sectors/partners to consult in developing the mechanism.

ANY CHALLENGES REGARDING ENGAGEMENT WITH FRENCH LANGUAGE PROVIDERS AND STAKEHOLDERS

The greatest engagement challenge with French-language partners and stakeholders in 2016/17 was the lack of French-language capacity amongst those tasked with the exploration, planning and implementation stages of the Community Planning Mechanism for Child and Youth Mental Health in Peel. Translation services were used but resulted in delayed communications (e.g. a delay in the release of the report, *Together in Peel*), additional costs, and logistical difficulties in conducting the consultations.

ANY IDENTIFIED CONCERNS FROM FRENCH LANGUAGE SYSTEM PARTNERS

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

- Lack of qualified candidates when recruiting for French-language positions. Some competitions for bilingual staff (e.g. Reception/Administrative Support) have been unsuccessful.
- Need for additional funding to meet 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.

In the consultation process for the Peel Service Area's funding submission for MYCS' new investment in core services (fiscal 2015/16), the francophone school boards identified the following service needs:

Conseil scolaire de district catholique Centre-Sud

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

Conseil scolaire Viamonde

- Culturally sensitive CYMH services for francophone newcomer families, who often do not have a concept of the therapeutic process
- Complementary services (e.g. psychological/psychiatric assessment at PCC) in French
- More Tier 3 services (the Board's social workers are busy managing high demand for Tier 1 & 2 services)
- Cross-regional continuity of service, recognizing the Board's large geographic spread
- French-language capacity-building support for the Board's mental health professionals, school staff and parents.

Section G – Approvals

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

Appendix A: Sample template for Section C

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

Appendix B: Sample template for Section D

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