

Moving on Mental Health

A System That Makes Sense for Children and Youth

Peel Region's Lead Agency Progress Report, Spring 2017

Vision Statement:

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

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

Goal:

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

Moving on Mental Health

Dear Community Partner:

2016-17 was a watershed year for Peel's Child and Youth Mental Health (CYMH) service providers as we collectively moved several initiatives forward as part of *Moving on Mental Health* (MOMH), the Ontario government's transformation of the province's CYMH service system. This progress report provides a summary of achievements in the 2016-17 fiscal year and an overview of goals for the year ahead.

As Lead Agency for the Peel service area, Peel Children's Centre (PCC) is committed to providing timely, useful updates on system transformation. We hope you will find this report helpful. If you have suggestions or questions, please email us at PeelMOMH@peelcc.org. Information is also available at ontario.ca/movingonmentalhealth.

Peel Service Area Updates:

The **Core Services Delivery Plan** (CSDP) is one of two annual plans for MOMH that PCC as Lead Agency submits to the Ministry of Children and Youth Services (MCYS). The CSDP reports on and plans for priority initiatives for Peel's Core Services delivery system. There are six Core Service Providers (CSPs) in Peel: Associated Youth Services of Peel (AYSP); Nexus Youth Services (NYS); PCC; Rapport Youth & Family Services; and the child and adolescent mental health clinics at Trillium Health Partners (THP) and William Osler Health System (Osler).

CORE SERVICES DELIVERY PLAN – Priorities, Rationale, Progress and Next Steps

| Service Area Priority #1 | Rationale | Progress in 2016-17 |
|---|---|---|
| Implementation of the Peel Coordinated Intake Network model (PCIN) | Operationalizes the re-visioning of Centralized Intake (Mental Health Services for Children and Youth) in Peel. The PCIN model is supported by all CSPs and aligns with MCYS' requirements for Coordinated Access/Intake. | <ul style="list-style-type: none">• Implemented a standardized, evidence-based intake tool (the interRAI Screener) across PCIN, including staff training and competency testing• Adjusted intake processes, procedures, forms and protocols to align with the new tool and to reduce duplicate recording• Developed a community referral process• Completed the research phase of creating a brand (name and visual identify) for PCIN |



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Next steps for 2017-18 and beyond:

- Continue implementing the community referral process with primary referral sources (e.g. school boards; child welfare) and expand the use of the community referral process to other sectors
- Complete the branding of PCIN (creative concept, brand elements, products and launch) and develop a communications strategy for a public education campaign regarding access to Peel's CYMH services
- Bring the remaining PCIN staff onto EMHware, the new common clinical database
- Develop a youth access mechanism for PCIN (pilot the mechanism and begin implementation)
- Explore the implementation of the Central Intake Module of EMHware

| Service Area Priority #2 | Rationale | Progress in 2016-17 |
|--|---|---|
| Implementation of a common assessment/ outcome tool (the interRAI ChYMH) at all CSPs in the Peel service area | Will provide clinical data consistency across Peel to support planning, service delivery/program alignment and performance management, enabling Peel's CSPs to demonstrate the impact of our services and to ensure that our CYMH services meet the mental health needs of the children and youth we serve. | <ul style="list-style-type: none"> • Tested staff who had completed their training • Went live with the ChYMH across Peel's CSPs • Created staff teams (e.g. Implementation Committee, Training Team, working groups) to ensure ongoing implementation support • Delivered ChYMH literacy training for those staff (e.g. Psychiatrists, Psychologists, Child and Youth Workers, managers) who do not use the tool but need to understand its use • Participated in Communities of Practice for those who use the interRAI Suite of tools • Reviewed all items in the ChYMH to assess their clinical utility and problem-solve any issues • Mapped the process for completing the interRAI Screener and ChYMH |

Next steps for 2017-18 and beyond:

- Strategize for sustainable, in-house ChYMH training for new Peel clinicians on an ongoing basis
- Complete interRAI literacy training for remaining staff groups
- Develop ways to share implementation learnings
- Evolve interRAI Communities of Practice to serve implementation needs
- Refine processes to take into account program transfers within and across agencies
- Continue efforts to integrate the ChYMH with the common clinical database (EMHware)

| Service Area Priority #3 | Rationale | Progress in 2016-17 |
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| Implementation of a common clinical database (EMHware) for Peel's four community-based CSPs | Will provide the means to store, protect and facilitate the analysis of clinical data so Peel's CSPs can meet MOMH objectives for planning, service delivery/program alignment, and performance management | <ul style="list-style-type: none"> • Determined Peel's custom requirements • Developed the Graphical User Interface • Programmed the drop-down menus/case data forms/custom contact notes • Designed, coded, tested and approved prototypes of the Clinical Information System • Identified shared data across CSPs • Transferred data from PCC, Nexus and AYSP onto EMHware • Trained staff on the new database • Problem-solved implementation issues |

Next steps for 2017-18 and beyond:

- Bring the fourth community-based CSP, Rapport Youth & Family Services, onto EMHware (spring 2017)
- Begin discussions with the two hospital-based CSPs (CYMH clinics at THP and Osler) about building data bridges from their hospitals' clinical information systems to EMHware
- Build additional CYMH services/programs into EMHware, as applicable
- Consider the potential for common forms across the CSPs

| Service Area Priority #4 | Rationale | Progress in 2016-17 |
|--|--|---|
| Development and implementation of a system-wide mechanism for Youth Engagement (YE) | Aligns with MOMH expectations. YE has emerged as a guiding service principle amongst all CSPs in Peel. | <ul style="list-style-type: none"> • Engaged 5 youth research volunteers (YRVs) to facilitate 12 focus groups across CSPs to lay the groundwork for YE in Peel • Wrote informal SWOT (Strengths, Weaknesses, Opportunities, Threats) analyses for each CSP based on focus groups' discussions • One CSP struck a YE Committee • With YRVs, compiled an environmental scan and shared it with stakeholders • Hired a new YE Coordinator using a YE process • With The New Mentality, planned and delivered <i>Art of Youth Engagement</i> training for more than 70 staff and youth across Peel's CSPs |

Next steps for 2017-18 and beyond:

- Recruit new youth members for Youth Engagement Working Group (YEWG)
- In partnership with the Ontario Centre of Excellence for Child and Youth Mental Health (COE) and The New Mentality, deliver comprehensive training to bridge theory and practice while providing an opportunity for collaborative planning between youth and CSPs
- With YEWG, youth and other champions, come together in a strategic planning session to develop YE values and goals specific to the Peel service area
- Develop an evaluation framework and work with PCC's evaluation team to establish a logic model and theory of change
- Develop new YE initiatives/strategies at individual CSPs
- Host a community event where staff and youth can share, learn and improve on YE in mental health services across Peel

| Service Area Priority #5 | Rationale | Progress in 2016-17 |
|---|--|---|
| Development and implementation of a system-wide mechanism for Family Engagement (FE) | Aligns with MOMH expectations for FE. Existing agency-specific FE is being re-conceptualized from a community perspective so future benefits can accrue across Peel. | <ul style="list-style-type: none"> • Partnered with the COE and Parents for Children's Mental Health (PCMH) to inform Peel's FE initiative • Initiated outreach to CSP families for the purpose of FE activities • Held key informant interviews and focus groups with families and staff to identify FE activities and analyze capacity for expanded FE |

| | | <ul style="list-style-type: none"> • With the COE and PCMH, planned and delivered training for 225 staff from all CSPs to build a shared understanding of FE across Peel • Developed a work plan for FE in Peel based on a change management framework |
|---|--|--|
| <p>Next steps for 2017-18 and beyond:</p> <ul style="list-style-type: none"> • Complete an environmental scan with data gathered from key informant interviews and focus groups • Write summary reports for family and staff participants in focus groups/interviews • Define processes for outreach for FE purposes across Peel’s CSPs, e.g. for working groups/committees • Establish a database of interested family members for future FE-related activities • With PCMH, develop an outreach strategy to engage family members to join working groups • Establish a FE working group, including terms of reference and recruitment, and hold initial meetings • With FE working group and PCMH, develop and communicate a Vision and Strategy for FE in Peel • Create opportunities to model FE practices at multiple levels • Begin to develop a plan for enhanced CSP capacity around FE | | |
| Service Area Priority #6 | Rationale | Progress in 2016-17 |
| <p>Review of Brief Services in the Peel Service Area</p> | <p>To achieve alignment with MCYS’ Program Guidelines and Requirements, and to optimize Brief Services delivery/program alignment across Peel CSPs</p> | <ul style="list-style-type: none"> • Contracted with a consultant, Helen Mullen-Stark, to support the review • Defined the scope of the review • Established a project team with members from CSPs who deliver Brief Services • Drafted a project plan |
| <p>Next steps for 2017-18 and beyond:</p> <ul style="list-style-type: none"> • Share project plan with CSP planning table and obtain CSP senior leaders’ support • Recruit family members/caregivers to be part of the project team and confirm additional engagement strategies with youth, families and frontline staff • Gather data and information, conduct research and articulate the current state of Brief Services • Draft a new model design, share it with the CSP table and obtain their support • Identify operational issues with current service models/delivery • Develop recommendations for changes to Brief Services delivery • Develop a communications plan and an implementation strategy | | |

The CSDP identified an additional emerging priority – a **review of Intensive Treatment Services** in Peel to improve access and increase effectiveness and efficiency. As this review could recommend changes to service delivery and/or program alignment, it requires MCYS approval to proceed. Assuming MCYS’ support, the bulk of the review of Intensive Treatment Services would occur in 2018-19 following the review of Brief Services.

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MOMH also requires Lead Agencies to submit an annual **Community Mental Health Plan (CMHP)**. Whereas the CSDP focuses on priorities for the CYMH sector, the CMHP focuses on working with other sectors (e.g. school boards, healthcare, adult mental health, child welfare, youth justice, developmental services, early years, public health, newcomer services, faith communities) that provide mental health services/supports for children, youth and families. Peel’s two plans work together to achieve the Vision and Goals of MOMH for our service area.

| COMMUNITY MENTAL HEALTH PLAN – Priorities, Rationale, Progress and Next Steps | | |
|--|--|---|
| Service Area Priority #1 | Rationale | Progress |
| <p>Complete the summary of CYMH services/programs delivered in the Peel service area through system partners</p> | <p>Aligns with MCYS' requirement for the CMHP to contain a Sector Partner Services Summary. The summary will support cross-sectoral efforts to coordinate and improve planning, access, delivery and pathways/transitions for CYMH services.</p> | <ul style="list-style-type: none"> • Compiled a summary of CYMH services/ programs in the school boards • Struck a Community Asset Inventory Working Group with representatives from a broad range of child- and youth-serving sectors in Peel • Contracted with a consultant, Jane Fitzgerald (who also supported the second priority of Peel's CMHP) to lead the working group • Developed the project description, terms of reference and work plan for the working group |
| <p>Next steps for 2017-18 and beyond:</p> <p>The Community Asset Inventory Working Group will</p> <ul style="list-style-type: none"> • Develop a template of community assets, aligned with intensity of need and MCYS' Core Services framework, and distribute the template to child/youth-serving sector partners to complete • Compile and analyze the Community Asset Inventory • Share the Community Asset Inventory with the full Community Planning Mechanism • Determine the geographic areas to use in creating a Community Asset Map • Design, produce and share a Community Asset Map (geographic, visual representation of the inventory) as a resource for future efforts of the Community Planning Mechanism | | |
| Service Area Priority #2 | Rationale | Progress in 2016-17 |
| <p>Complete the development of a CYMH Community Planning Mechanism for the Peel service area</p> | <p>Aligns with MOMH expectations for the creation of a Community Planning Mechanism specific to CYMH</p> | <ul style="list-style-type: none"> • Met in June 2016 with 100 community partners to discuss the findings from sector consultations to date, and to seek input on the design of the community planning mechanism • Expanded consultations to the hospital sector • Summarized the findings and recommendations in a report, <i>Together in Peel</i>, and shared the report with community partners in Jan 2017. The report recommended an accordion-like mechanism that goes small (working groups) when tasks need to be accomplished, and then large (full Community Planning Mechanism) for broader system discussions • Struck the first working group of the Community Planning Mechanism to compile the Community Asset Inventory (see above) |
| <p>Next steps for 2017-18 and beyond:</p> <ul style="list-style-type: none"> • The next meeting of the full Community Planning Mechanism is scheduled for June 26, 2017 • Future working groups will be struck as needed – e.g. to work on the new CMHP service priority for 2017-18 (see below) | | |

| New Service Area Priority for 2017-18 | Rationale | Tasks to complete, 2017-18 |
|---|--|---|
| Identify and document access pathways between/across the MCYS-funded Core Services sector and the Healthcare and Education sectors | Healthcare, Education and CYMH are the major sectors identified in Ontario's Comprehensive Mental Health Strategy. A shared understanding of these sectors' pathways is the first step towards improved service collaboration amongst all sector partners. | <ul style="list-style-type: none"> • Define the scope of the project and develop its terms of reference and work plan • Strike a Pathways Working Group • Identify and document access pathways between/across these sectors • Identify opportunities to clarify or simplify pathways • Bring the working group's findings and recommendations back to the full Community Planning Mechanism for discussion • Identify emerging priorities and opportunities going into 2018-19 |

Provincial Updates:

Provincial-level work to advance the MOMH transformation agenda was intensive throughout 2016-17. Humphrey Mitchell, CEO of PCC, co-chaired the CYMH Lead Agency Consortium, represented the Consortium at the MCYS/Lead Agency Partnership Table, and contributed as a member of working groups on Funding Allocation, Roles and Responsibilities, and the Consortium's Governance and Operations. Ceri Harnden and Dr. Kathy Sdao-Jarvie also contributed provincially as members of the Lead Agency Community of Practice.

- Much effort focussed on defining the MOMH **roles and responsibilities** of MCYS (corporate and regional offices), Lead Agencies and Core Service Providers, and developing the appropriate accountability tools.
- A new **funding allocation model** for CYMH was developed with child and youth population as the key driver combined with socio-economic indicators, diversity and rurality. The new funding allocation model, which is expected to be rolled out in fiscal 2017-18, will benefit high-growth service areas like Peel.
- The new **Child, Youth and Family Services Act** was recently passed into law. The Act's regulations, which are required for the full implementation of MOMH, will now be developed. Hon. Michael Coteau, Minister of Children and Youth Services, met with Lead Agencies' boards of directors and committed to consult with them in the development of the Act's regulations that pertain to MOMH.
- Work has progressed towards a new CYMH **Business Intelligence (BI) solution** to receive and analyze service data from CSPs across Ontario so as to facilitate and inform province-wide planning, policy and decision-making. Dr. Kathy Sdao-Jarvie is a member of the working group on Data/Business Intelligence.
- The Lead Agency Consortium, in partnership with the COE, analyzed the MOMH plans of all Lead Agencies and published a **Provincial Priorities Report** to inform and influence provincial priorities for MOMH.

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To all our community partners, thank you for your support of the *Moving on Mental Health* transformation agenda in Peel as we work towards our collective goal of simpler, more visible access to a system of high-quality services for children and youth with mental health challenges. As Lead Agency, Peel Children's Centre also remains committed to our role in building a provincial Child and Youth Mental Health system through the coordinated efforts of the Ministries that are partners in Ontario's Comprehensive Mental Health Strategy.