

2017/18 Core Services Delivery Report 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 Report (CSDR) for children and youth and Community Mental Health Report (CMHR) for children and youth:

- The CSDR 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 CSDR at maturity will be described in detail in *PGR #02: Core Services Delivery Plan* (still to be released).
- The CMHR 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 CMHR at maturity will be described in detail in *PGR #03: Community Mental Health Plan* (still to be released).

The directions provided in this document apply to all lead agencies. These 2017-18 instructions and guidelines outline expectations for the development of the plan that will be implemented in 2018-19. The CSDR moves the lead agency’s planning activities closer to the expectations at maturity. Over time, lead agencies will be responsible for making available all MCYS-funded core services and associated key processes. Reflecting this, services funded through the following detail codes must be included as part of the CSDR:

Core Services

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

Key Processes

- A352 – Access Intake Service Planning
- A354 – Service Coordination / Case Management

The 2017-18 CSDR must be approved by the lead agency’s board of directors and submitted to MCYS by January 31, 2018. There is no template required for the 2017-18 CSDR, 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 2017-18 CSDR.

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

Section B, the 2017/18 Core Services Summary, reflects the CSPs' collective understanding of the current child and youth mental health (CYMH) service delivery landscape in Peel, with services available in all of the Core Service areas. The Core Services Summary is comparable to the previous year's Summary but service targets and funding allocation have been updated. Minor updates have been made to the inventory of formalized referrals, protocols, and intake/access points.

Section C provides details of **Peel's unique population profile**, updated per the 2016 Census data. Peel Region's combined children and youth population (ages birth to 24) was 451,335 in 2016. The child population (ages 17 and under) was 310,185. Together, children and youth constitute 32.7% of Peel Region's population, which was 1,381,739 in 2016. Peel has the highest proportion of visible minorities of any service area in Ontario at 62.26%. The five largest visible minority populations in Peel are South Asian (50.8%), Black (15.3%), Chinese (7.5%), Filipino (6.7%) and Arab (5.0%). 12,380 residents (0.90%) speak French (or French plus English and/or a non-official language) at home, while 9,120 (0.66%) residents identified as being Indigenous. 26.9% of residents had neither official language as their mother tongue. Peel's top three non-official languages are Punjabi, Urdu and Mandarin. Risk factors for poor mental health amongst Peel's population include low income families (18.1% of the population under 18 years of age), lone-parent families (23.3% of Census families), and unaffordable shelter (31.8% of Peel households spent more than 30% of their household income on shelter costs). Peel's explosive population growth over the past three decades has greatly outstripped provincial funding levels for child and youth mental health (CYMH) services. The implementation of the new CYMH funding allocation formula will be critical to correcting this long-standing disparity. With Peel's population projected to grow by 1.1% per year, the severe under-funding will become more critical the longer the Province waits to implement the funding allocation formula.

Section D provides a summary of **Core Service Provider engagement activities** that occurred in 2017/18, with a focus on activities associated with the five identified priorities in last year's Core Services Delivery Plan:

- Final phase, implementation of the Peel Coordinated Intake Network (PCIN)
- Phase 2, Implementation of EMHware, the common clinical database for Peel's four community-based CSPs
- Phase 2, development and implementation of a system-wide mechanism for youth engagement (YE)
- Phase 2, development and implementation of a system-wide mechanism for family engagement (FE)
- Brief Services review

CSPs have identified an emerging priority: a review of Intensive Treatment Services in Peel. Additionally, CSPs were engaged in system management activities per SDS A357, and in activities with broader sector partners as part of Peel's Community Planning Mechanism for CYMH services in Peel.

The CSPs' primary French-language service (FLS) partners in Peel are the French-language school boards – Conseil scolaire catholique MonAvenir and Conseil scolaire Viamonde. The French-language school boards were engaged in 2016/17 in providing advice on the Community Planning Mechanism for CYMH services in Peel. They continued to be engaged at that table and its Community Asset Inventory Working Group in 2017/18, and in school-based CYMH service provision by PCC, the primary provider of French-language CYMH services in Peel.

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

Section E, the Priority Report Summary, maps progress against the priorities identified last year:

- The work to complete the implementation of PCIN is progressing well. Two of the remaining four deliverables have made good progress: branding the “front door” to Peel’s CYMH service system is close to completion; and work is underway to bring PCIN staff who are not part of the System Access Team onto EMHware. Two deliverables remain: implementing the Central Intake module of EMHware; and developing a youth access mechanism.
- The common clinical database (EMHware) for Peel’s community-based CSPs has been implemented at PCC, Nexus and AYSP. Efforts to bring Rapport onto EMHware encountered snags with the agency’s data transfer, but full implementation remains the goal. Discussions have begun with Trillium Health Partners (THP) about the possibility of bringing THP’s Child and Adolescent Clinic onto EMHware. William Osler Health System (WOHS) will need to be part of MCYS’ Phase 2 CIS Enhancement as WOHS is not considering a move to another clinical information system (CIS).
- The Peel service area has made solid progress in developing its mechanisms for youth engagement (YE) and family engagement (FE). Two groups (Youth Engagement Working Group; Family Engagement Development Group) and the new (2017/18) Peel chapters of The New Mentality and Parents for Children’s Mental Health will provide peer-to-peer support and inform the development of “made in Peel” mechanisms for YE and FE.
- The review/redesign of Brief Services has progressed well, with recommendations expected to be ready by fiscal year-end, per the 2016/17 CSDP. Recommendations will go to MCYS’ Central Regional Office for approval. Upon receipt of approval by the Central Regional Office, the focus of work for 2018/19 will be on the development of an implementation plan.

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

- Priority #1: Completion of final phase, implementation of Peel Coordinated Intake Network (PCIN)
- Priority #2: Continuing implementation of EMHware (focus on hospital-based CSPs and MCYS’ CIS Enhancement Project/BI Solution)
- Priority #3: Continuing development and implementation of Family Engagement (FE) mechanism for Peel service area

Priority #4: Continuing development and implementation of Youth Engagement (YE) mechanism for Peel service area

Priority #5: Phase 2, Brief Services review/redesign: consideration of potential service-delivery models

Priority #6: Remapping of Peel CSPs' Core Services and Key Processes to align with MCYS' revised definitions.

Emerging priorities identified for the longer (3-year) term include:

- Review and subsequent redesign of Intensive Treatment Services.
- Review and subsequent redesign of Counselling and Therapy Services.

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

Section B: Core Services Summary

Lead agencies must complete a summary describing all MCYS-funded core child and youth mental health service delivery in the service area. If information remains as it was described in 2016-17, that information may be used again here. This summary will contribute relevant rationale to support priority setting in the service area.

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

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

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

CHANGES

Updated service targets and funding allocations in the 2017/18 Core Services Summary were provided by MCYS' Central Regional Office, reflecting the approved annual service plans for Peel's CSPs. PCC's System Management (Lead Agency) team joined MCYS' Program Supervisor at the meetings in Q1 with Peel CSPs to review their service plans in order to better understand the range of Core Services in the Peel service area and their funding, as well as service delivery successes and challenges.

B1: Core Services Summary

Core Service and Key Processes (based on PGR 01)	Agency Delivering Service (lead agency or core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to assess service quality (e.g., CANS, client satisfaction survey)
		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
Targeted Prevention	Associated Youth Services of Peel	School-Based Mini Groups: "Mini Groups" are topic-specific sessions developed by AYSP in consultation and collaboration with the School Boards. Material is psycho-educational in nature and aims to build caregiver knowledge, skills and resilience, while offering caregivers the opportunity to build their network of support. Topics have included Stress,	Peel Region	Caregivers of school-aged children	n/a	\$115,892	40	Year-to-date reports Client satisfaction surveys

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		Parenting in the Age of Social Media, Coping Strategies for Parents and Youth, ADHD, and Healthy Communication within Families.						
	Peel Children's Centre	Targeted Prevention – subtotal for PCC	Peel Region			\$369,469	1,197	Year-to-date reports Client satisfaction surveys: parents/caregivers and/or youth
		Go Girls Group: Supports girls to enhance their self-esteem, social and coping strategies, and to challenge both negative media messages and peer pressure.	Peel Region	11-13	n/a			
		Girls Circle Group: Promotes self-esteem, helps girls maintain authentic connections with peers and allow for genuine self-expression through verbal sharing and creative activity.	Peel Region	14-17	n/a			
		Boys Council Group: Promotes valuable relationships with peers. Increases boy's emotional, social, and cultural literacy and allows them to identify healthy and unhealthy ideas about what it means to be male.	Peel Region	10-12	n/a			
		Mother-Daughter Circle Group: Promotes a healthy and sustaining bond between mothers and daughters during the transitional years from girlhood to young womanhood. Girls and their mothers have an opportunity to express needs and envision healthy and valued relationship experiences through creative and expressive activities.	Peel Region	11-14	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<p>School-Based Services Groups: The <i>Friends for Life</i> program is an evidence-based intervention, delivered in a group format, designed to prevent anxiety and depression, increase resilience, and improve life skills in students. A clinician facilitates the group discussions, skill-building and problem-solving. Groups are delivered in school for 10 weeks to students in grades 4 to 12 (ages 9 to 18).</p>	Peel Region Halton Region (territories served by French language school boards)	4-18	n/a			
		<p>Group Services Summer Workshops: Two-hour psycho-educational sessions designed for parents to learn more about topics related to positive parenting strategies related to a variety of CMH issues.</p>	Peel Region	0-18	n/a			
		<p>First Contact Group: Supports youth by increasing their awareness of substance use, its impact, and how to develop strategies to begin replacing substance use with healthier options.</p>	Peel Region	14-17	n/a			Global Appraisal of Individual Needs – Short Screener (GAIN-SS)
		<p>Concurrent Disorders – parent and youth sessions: Provides psychoeducational information regarding mental health and substance use. Strategies of how to support youth struggling with issues of concurrent disorders are shared.</p>	Peel Region	12 and up	n/a			
Brief Services	Associated Youth Services of Peel	<p>Brief Counselling Brief Counselling is delivered within a partnership framework with Peel Children’s Centre and Rapport Youth and Family Services.</p>	Peel Region	Up to 18 th birthday		\$339,990	INDSER# 360	Year-to-date reports Logic model is utilized Family Satisfaction Questionnaire

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		Brief service offers quick access to therapeutic services for youth and families to address a variety of clinical issues.						Client Satisfaction Questionnaire Agency Satisfaction Questionnaire
		Tangerine Walk-In Counselling: Walk-In Service where clients meet with a clinician for a single session when it is most convenient. No referral or appointment is required. Sessions are strength based and client focused, with the objective of the session being informed by the client's most pressing concern. Recommendations and a written report are provided in the session.	Peel Region	0-18		Included in budget for Brief Counselling	Included in targets for Brief Counselling	Year-to-date reports Family Satisfaction Questionnaire Client Satisfaction Questionnaire
	Nexus Youth Services	Step One to Success (SOS): SOS offers strength-based counselling services to youth who are experiencing a range of emotional, social and/or behavioural difficulties. All clients who are assessed by Mental Health Services for Children and Youth (Centralized Intake) as being appropriate for Nexus Youth Services' Community Counselling Program are offered Single Session Therapy (SOS – Step One to Success) within one to three weeks of their request for service. It is during this initial meeting that the youth's needs along with their strengths are explored. Initial recommendations and resources are provided that may include: <ul style="list-style-type: none"> • suggestions and strategies that the youth can incorporate on their own utilizing their strengths; • support and assistance to access alternative service(s) that may better meet their needs; 	Peel Region	14 to 24	n/a	\$41,854	INDSER# 62	Global Appraisal of Individual Needs – Short Screener (GAIN-SS) Client satisfaction survey

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<ul style="list-style-type: none"> orientation to programs and services offered at the Nexus Youth Centre; or after completing a SOS session, youth who require further service will be offered longer-term service and placed on the waitlist. <p>Youth who choose to be placed on the waitlist may access SOS counselling sessions on an as needed basis with the same clinician with whom they initially met while they wait for ongoing services.</p>						
	Peel Children's Centre	<p>Single Session Therapy/Brief Services: A clinician begins the counselling with a single session to address the child or young person and/or his/her family's most pressing concern, explore solutions that have been attempted and identify strengths and resources to address the issue. Family members begin to understand the issues differently and this, in turn, encourages them to try new approaches and strategies to address their concern.</p>	Peel Region	0-18	Francophone Ethnocultural	\$888,382	INDSER# 854	Year-to-date reports Parent/caregiver and youth satisfaction surveys
		<p>Tangerine Walk-In Counselling: Walk-In Service where clients meet with a clinician for a single session when it is most convenient. No referral or appointment is required. Sessions are strength based and client focused, with the objective of the session being informed by the client's most pressing concern. Recommendations and a written report are provided in the session.</p>	Peel Region	0-18	Francophone Ethnocultural	Included in SST/Brief Counselling funding	Included in SST/Brief Counselling targets	Year-to-date reports Parent/caregiver and youth satisfaction surveys
	Rapport Youth & Family Services	<p>Brief Counselling Services Brief service offers quick access to therapeutic services for youth and families to address a</p>	Peel Region	0-18	Ethnocultural	\$199,088	INDSER# 530	Tracking and analysis of data such as client numbers, presenting

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		variety of clinical issues. Brief service provides timely access to service and utilises client readiness as a key component. Inclusive in the brief service offerings is Tangerine Walk-in service that offers client the opportunity to attend a session without need for appointment or an intake, and to explore the presenting concern that is most pressing for them in the moment. Youth and families are able to attend the walk-in as many times as they deem necessary and each offering is treated separately and unique from the other.						issues, length of service, improvement/change in client presentation, and general impact on client's overall ability to function.
Counselling and Therapy	Associated Youth Services of Peel	Sub-totals for all AYSP Counselling & Therapy programs				\$1,291,436	INDSER# 424	Year-to-date reports interRAI ChYMH Family Satisfaction Questionnaire Client Satisfaction Questionnaire Agency Satisfaction Questionnaire
		Challenges Program A home-based behaviour management intervention. Information and skills development are provided to caregivers experiencing parenting difficulties. Behaviour management is the focal point of this service.	Peel Region	Up to 18 th birthday	n/a			
		Adolescent Team The Adolescent Team is a service developed in partnership with Peel Children's Aid, Associated Youth Services of Peel (AYSP) and Peel Children's Centre – Peel Wraparound Process.	Peel Region	Between 12 th and 16 th birthdays	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		The Adolescent Team offers a variety of service options for families who are involved with Peel Children's Aid where risk factors are related to parent-adolescent conflict and the youth is at risk of removal from the home.						
		Reaching Adolescents in Need (RAIN) The RAIN Program is a short-term case management program for youth. RAIN specifically addresses the needs of youth who are under housed or homeless, disconnected from family, school, and employment and unable to effectively connect and negotiate service from other agencies.	Peel Region	Between 14 th and 18 th birthdays	Other: Homeless youth			
		The Parent Adolescent Counselling Program (PACP) PAC-P is a home-based, short-term intervention (up to 4 months), which aims to decrease family conflict and improve family functioning, peer relations, and school performance. It is a family-focused intervention involving all members of the family system. Sessions are goal-focused and strength-based, occurring once a week in the family home, community or youth's natural environment. Interventions are jointly developed to promote and monitor the youth's success at home, school and in the community.	Peel Region	Between 12 th and 18 th birthdays	n/a			
		Recognizing Individual Success and Excellence (RISE) The RISE program is a school-based, multi-faceted program which addresses the needs of children who are displaying signs of anti-social behaviour in the classroom, home and/or	Peel Region	Between 6 th and 9 th birthdays	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		community. The program is approximately four months in duration. The program has several components which promote and encourage positive behaviour: One-to-One Support (child will set personal goals, practice social skills and develop effective problem solving skills), Family Support (includes contact meetings with parents/caregivers to support their child's progress) and School based collaboration (ongoing contact and meetings with the child's school to facilitate the strengthening of home school communication and problem solving).						
		Youth Beyond Barriers Program (YBB) YBB provides confidential services for youth who identify as Lesbian, Gay, Bisexual, Transgender, Transsexual, Intersex, Queer, Questioning, 2-Spirited (LGBTTIQQ2S) through a support and education group, individual counselling, and through social media. The YBB Program also offers community capacity building around LGBTTIQQ2S inclusion and Anti-Racism/Anti-Oppression.	Peel Region	Between 12 th and 18 th birthdays	LGBTIQQ2S youth			
	Nexus Youth Services	Community Counselling Program (14-24): Offers strength-based counselling services to youth experiencing a range of emotional, social and/or behavioural difficulties. The clinical needs of the youth determine the length of involvement and goals are frequently reviewed with youth to ensure that the program is responsive to their needs. The long term objective of this program is to support youth to become positively engaged	Peel Region	14 to 24	Youth	Ages 14 to 18: \$154,021	Ages 14 to 18: INDSER# 28	interRAI ChYMH Global Appraisal of Individual Needs – Short Screener (GAIN-SS) Client satisfaction surveys

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<p>with the community while successfully transitioning from adolescence to adulthood. Treatment interventions are provided in a manner that:</p> <ul style="list-style-type: none"> actively engages youth in the treatment process developing their goals in collaboration with staff; assists youth to increase their capacity to recognize and cope with challenges they may be experiencing; supports youth to improve their emotional functioning; encourages youth to develop helpful coping strategies as alternatives to self-harm and/or substance use; supports youth in developing and maintaining positive relationships with peers and adults; & works with youth to improve and sustain increased success in school and/or the community. 						
	Peel Children's Centre	Sub-total, all PCC Counselling and Therapy programs				\$2,447,098	INDSER# 540	interRAI ChYMH Client satisfaction surveys
		<p>Counselling: When client needs exceed what can be offered in SST/Brief Services, Counselling is provided informed by the client's needs, readiness and treatment issues. Treatment modalities and strategies can include; attachment, developmental perspectives, solution focused, narrative and CBT. The overall goal of counselling is to improve the child/ youth and</p>	Peel Region (Halton Region for francophone clients only)	0-18	Francophone Ethnocultural			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		family functioning at home, in school, and in the community, by assisting children and their families to increase awareness, coping skills and access to resources.						
		Anxiety Group: A child and parent therapeutic educational group which utilizes concepts drawn from Cognitive Behavioural Therapy (CBT) to help children/youth and their parents learn coping strategies in situations that are anxiety-provoking.	Peel Region	10-13	n/a			
		Coping Power: A multi-component group-based treatment for children with aggressive and disruptive behaviour and their parents). Coping Power groups are designed for latency age children with severe emotional and behaviour and support the following protective factors: social competence, self-regulation and positive parental involvement.	Peel Region	8-13	n/a			
		Intensive Child & Family Services (ICF) 0-6 and Peel Infant-Parent Program (PIPP): An in-home, in-school, in-community treatment service that provides intensive yet flexible responses to appropriately address the needs of caregivers with infants and children who are at risk of developing serious mental health concerns. Based on the needs of the parent and child, interventions may include: trauma assessment and treatment, attachment assessment and treatment, family therapy, in-home parenting support, skill training,	Peel Region	0-6	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		psychological/ psychiatric consultation, collaboration with other agencies and advocacy.						
		<p>School-Based Services – Brief Intensive Intervention Program (BIIP): Provides brief in-home service for children and youth experiencing multiple, significant stressors that are impacting their ability to succeed in their school environment. School personnel from both the English and French Separate School Boards are able to directly refer students and their families for service. Students and their families will be offered up to 8 sessions of service provided within a maximum of 12 weeks.</p>	Peel Region Halton (territories served by French language school boards)	4-18	Francophone			
		<p>School-Based Services – Alternatives: Intensive service for children/youth who require support, but whose parents/caregivers are not initially ready to engage in more active service. These students have experienced significant modification of school programming/services. The combined family, school and treatment goal is to maintain the child/youth in his/her present school placement. Intervention planning includes the use of multiple modalities in order to provide for a comprehensive plan that includes both school-based and community-based support/treatment interventions.</p>	Peel Region Halton (territories served by French language school boards)	5-14	Francophone			
		<p>Sexual Abuse Treatment Program: SATP provides specialized out-client assessment and treatment services to children, youth, and their families dealing with sexual abuse and sexually offending behaviours. The program focuses on remediating the trauma of sexual</p>	Peel Region	0-17	n/a			In addition to tools referenced above, the SATP program utilizes: Short Mood and Feelings Questionnaire

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		abuse or assault through the use of TF-CBT, preventing future offences and supporting family members when incest has occurred. The program also helps children who exhibit sexualized behaviours, adolescents who have committed sexual offences and families in which sexual abuse among siblings has occurred.						Strengths and Difficulties Questionnaire UCLA PTSD Index Juvenile Sex Offender Assessment Protocol (J-SOAP) II (only used for youth with sexualized behaviours)
	Rapport Youth & Family Services	<p>Counselling and Therapy Services</p> <p>The focus of these services is reduce the severity of presenting issues which includes addressing underlying emotional, behavioural, mental health and social problems that the client may be experiencing.</p> <p>As such, Rapport offers Intensive Counselling services (once per week for a maximum of eight weeks). Clients accessing this service may have or are experiencing a high level of impairment and are ready to address the challenges (e.g., clients being discharged from hospital following acute suicidal ideation or attempt).</p> <p>Rapport also offers The Change Project for youth up to their eighteenth birthday, which focuses on social skills development to strengthen the youth's ability to function effectively in the home, school, work and/or community. This service utilises the Solution-Focused Brief Therapy Model and places emphasis on the present and future rather than the past. It is goal-focused in nature,</p>	Peel Region	0-18	n/a	\$336,553	INDSER# 650	Evaluation is accomplished through tracking and analysis of data such as client numbers, presenting issues, length of service, improvement change in client presentation, and general impact on clients' overall ability to function. interRAI ChYMH

Core Service and Key Processes (based on PGR 01)	Agency Delivering Service (lead agency or core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to assess service quality (e.g., CANS, client satisfaction survey)
		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		collaborative and uses small successes as catalysts for change. Clients presenting with specific issues such as anger, conduct-related concerns and communication issues may be more suitable for this service. Rapport also offers Group Services for youth and their caregivers to address a variety of concerns such as depression, anxiety, parent-child relationship, mindfulness, grief and loss, anger and self-esteem.						
	Trillium Health Partners	Outpatient services Treatment includes individual, family and group therapy, psychiatric assessment, referral for psychological testing, medication consultation and follow-up to children and youth up to the age of 18. Collaboration with other agencies, organizations and schools takes place as required.	Peel Region Other: South Etobicoke	0-18	n/a	\$451,747	INDSER# 850	Client Progress is routinely evaluated collaboratively with the child/youth and his/her family in individual session interRAI ChYMH Client and Family satisfaction surveys are administered annually Groups are evaluated by pre and post measures, formal qualitative evaluation surveys, and patient/family satisfaction surveys
	William Osler Health System	Child and Adolescent Clinic <ul style="list-style-type: none"> Individual and Family Therapy Anxiety Groups – CBT running concurrently for 7-12/12-17 	North Peel and Caledon	0-18 years and families	n/a	\$256,122	INDSER# 370	Clients' progress will be monitored using the MCYS Service Plan. interRAI ChYMH

Core Service and Key Processes (based on PGR 01)	Agency Delivering Service (lead agency or core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to assess service quality (e.g., CANS, client satisfaction survey)
		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<ul style="list-style-type: none"> Mood Depression Group – CBT running for adolescents 16 years and older 						Client satisfaction per MCYS forms and patient experience surveys
Family capacity building and support	Associated Youth Services of Peel	Group Services: COPE 12+: AYSP utilizes the COPE (Community Parent Education) model. Trained facilitators run the groups, based on their experience and expertise. Effective child/teen behavior management strategies are introduced to parents to improve their knowledge base, skill level, and problem-solving abilities. Question and answer opportunities are an important component of each group session, and parents are provided with supplemental literature.	Various community locations in Peel Region	12-16 years and their caregivers	n/a	\$49,442	FSFAMSER# 30	COPE – Strengths and Difficulties Questionnaire (Pre & Post) Satisfaction Questionnaire
	Peel Children's Centre	Sub-total, PCC Family Capacity Building and Support				\$509,860	FSFAMSER# 369	Year-to-date reports Youth and parent/caregiver satisfaction surveys
		ADD/ADHD Group (6-12): Psychoeducational group provides accurate information to parents on ADHD: its symptoms, causality and recommended treatment; positive parenting strategies; and recommendations for how to advocate for their child.	Peel Region	6-12	n/a			
		COPE Group: Psychoeducational group program designed for parents to learn more about topics related to positive parenting strategies and self-care.	Peel Region	7-11	n/a			

Core Service and Key Processes (based on PGR 01)	Agency Delivering Service (lead agency or core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to assess service quality (e.g., CANS, client satisfaction survey)
		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		Moms Group: Psychoeducational and support group empowers mothers who are isolated and stressed by their life circumstances.	Peel Region	0-17	n/a			
		Incredible Years: Assist parents to improve their parenting skills and learn how to manage children's behaviours with confidence and respect. Parents learn the importance of play with their child and how to increase positive behaviour and cooperation.	Peel Region	3-6	n/a			
		Making the Connection Group: Helps parents interact with their babies/toddlers in ways that promote secure attachment, communication and brain development. Program combines hands-on activities, parent reflection and discussion as well as personalized video feedback.	Peel Region	0-2	n/a			
		School-Based Services Parent Groups: Psychoeducational parent groups designed to address concerns experienced by the student population including issues such as concurrent disorders, bullying, anxiety, and depression. Groups range in size and offer 4-12 sessions depending on the nature of the group and topic.	Peel Region Other: Halton Region (service districts for the two French-language school boards)	4-18	Francophone			
		Respite (Volunteer Mentor; Community Programming): The Respite program provides a spectrum of respite services for the children, youth, and families/caregivers of children who have mental health problems that impair their functioning in	Peel Region	0-17	n/a			

Core Service and Key Processes (based on PGR 01)	Agency Delivering Service (lead agency or core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to assess service quality (e.g., CANS, client satisfaction survey)
		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		the home environment. Respite services are part of a child's and family's broader treatment/service plan. Respite options include: time spend at PCC residential homes, overnight community camps, support offered through child and youth counsellors who provide one to one support or through child-minding contracts. Respite support is also provided through volunteer mentors and community-based programs such as recreational programs.						
	Rapport Youth & Family Services	Family capacity building and support services This program will support parents/caregivers to strengthen their capacity to respond to the mental health needs of their child/youth. It will provide parents the tools to adaptively respond, understand and alter their behaviours in order to support the emotional wellbeing of their children/youth.	Peel Region	Children/youth and parents	n/a	\$2,756	FSFAMSER# 240	Client's discharge summaries and group reports will also capture salient features of the client's work and progress during the course of treatment such as the client/family's perception of the treatment outcome; the post service questionnaire will focus on outcomes such as change in adaptive functioning, client concerns or recommendations and treatment goal attainment.
	Trillium Health Partners	• OCD Parent Group 2 sessions, twenty families	Peel Region	Children/youth and parents	n/a	\$83,841	FSFAMSER# 65	Pre- and post-questionnaires are

Core Service and Key Processes (based on PGR 01)	Agency Delivering Service (lead agency or core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to assess service quality (e.g., CANS, client satisfaction survey)
		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<ul style="list-style-type: none"> • DBT Skills (Dialectical Behaviour Therapy Skills Group for Parents) is offered to all parents of adolescents attending the DBT skills group which runs throughout the year • Clinician and psychiatrist meetings with parents and other family members for initial assessments and for ongoing skill building and support as needed throughout treatment 	Other: South Etobicoke					administered for the Parenting Group Satisfaction surveys are completed by parents annually
Specialized consultation and assessment	Peel Children's Centre	Sub-total, PCC Specialized consultation and assessment				\$1,062,171	204	Clinical tools as dictated by the needs of the client
		Psychological Services: Provides assessment, consultation and intervention to clients participating in any of PCC's clinical programs and services. These services facilitate understanding, treatment or discharge planning by helping to clarify clients' perception, cognition, emotions, behaviour and interpersonal strengths/needs. Consultation to treatment planning is provided as part of the multidisciplinary team process. May help provide training and program development support.	Peel Region	0-17	n/a			
		Psychiatric Services: Provides assessment, consultation and diagnosis to clients who are receiving service in MCYS funded programs in Peel Region. These services facilitate understanding, treatment or discharge planning by providing specialized diagnoses of mental health disorders. Consultation to	Peel Region	0-17	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		treatment planning is provided as part of the multidisciplinary team process. May help provide training and program development support.						
		<p>Concurrent Disorders: Increases the use of EBP integrated treatment interventions with youth experiencing combined mental health and substance use concerns, incorporating a harm reduction approach. The program provides training, case-specific consultations, and issue specific consultations to a wide variety of individuals/service providers who work with Peel youth.</p>	Peel Region	Up to 17	n/a			Global Appraisal of Individual Needs – Short Screener (GAIN-SS)
	Trillium Health Partners	<p>Diagnostic clarification and treatment recommendations Children and youth who are registered to the clinic may be referred to the psychologist on staff for consultation/assessment regarding diagnostic clarification, as requested by the clinical team. The Psychologist on staff is also available for consultation by the clinical team for treatment recommendations.</p>	Peel Region Other: South Etobicoke	Up to 18	n/a	\$275,195	20	Patient/Family Satisfaction Surveys
	William Osler Health System	<p>Allied Health Services Psychiatric and Psychological Consultations, Assessments and Treatment</p>	North Peel and Caledon Other: Dufferin County	0-18 and parents	n/a	\$36,000	12	Target # of psychological assessments per year. Qualitative outcome measured by parent and child feedback re: reported helpfulness of assessment, increased understanding of strengths and challenges, and

Core Service and Key Processes (based on PGR 01)	Agency Delivering Service (lead agency or core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to assess service quality (e.g., CANS, client satisfaction survey)
		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
								informing treatment goals and direction.
Crisis Support Services	Peel Children's Centre	Crisis Response Service: Responds to children and youth in crisis who are experiencing mental health issues, and their families/caregivers. The Crisis Response Service is designed to stabilize the individual or family situation, and to offer a bridging response to required longer-term services. A live-voice telephone response is provided 7 days a week (days and evenings) and a mobile crisis response is available on weekdays to provide on-site crisis intervention in home, in school or other community location on an as-needed basis. Overnight options include the opportunity to leave a voice message for a call-back within 24 hours, and directions on how to access emergency services.	Peel Region	0-18	n/a	\$865,200	INDSER# 700	Year-to-date reports Youth and parent/caregiver satisfaction surveys
Intensive Treatment Services	Associated Youth Services of Peel	Sub-totals for AYSP, Intensive Services				\$1,982,643	INDSER# 365	PECFAS interRAI ChYMH Client Satisfaction Questionnaires and Agency Satisfaction Questionnaires Logic model process has been implemented to frame each intervention and to determine the evaluation questions and tools.

Core Service and Key Processes (based on PGR 01)	Agency Delivering Service (lead agency or core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to assess service quality (e.g., CANS, client satisfaction survey)
		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<p>Multisystemic Therapy Program (MST) Short-term, intensive, in-home, family focused intervention (3-5 months). MST addresses the multiple factors that contribute to anti-social behaviour in youth, thereby reducing the need for out of home placements. MST adopts a social-ecological approach to understanding and treating anti-social behaviour in youth, including such systems as the family, school, peers and the community. It is a home-based treatment that uses a family preservation model of service delivery to improve family relations, peer relations and school performance. Families/caregivers have access to the MST Team 24 hours via an on-call system.</p>	Peel Region	Between 12 th and 18 th birthdays	Youth with anti-social behaviour			Program Implementation Review 6-month client follow-up TAMS, SAMS, CAMS
		<p>Family Connections The main goal of Family Connections is to assist families at a time when they are experiencing a crisis and an out-of-home placement is being considered for a youth or child. The program helps families become effective at managing current and future crises, to strengthen families' informal and formal supports, and to keep children and youth at home with their families.</p>	Peel Region	Up to 18 th birthday	n/a			
		<p>Dialectical Behaviour Therapy (DBT) DBT is an evidence based treatment that combines mindfulness with cognitive behavioural therapy. It is utilized with individuals who struggle with life-threatening behaviours (e.g. self-injurious behaviour, suicidal thoughts, threats and/or attempts), have difficulty managing their</p>	Peel Region	Between 15 th and 18 th birthdays	Other: youth with life-threatening behaviours			DERS BSL – 23 Pre & Post measures AUDIT DAST – 20 RFL – A SBQ - R

Core Service and Key Processes (based on PGR 01)	Agency Delivering Service (lead agency or core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to assess service quality (e.g., CANS, client satisfaction survey)
		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		emotions, and difficulty managing interpersonal relationships. DBT is an intensive therapy model that can range in treatment length from 6 to 12 months and includes weekly individual therapy sessions, weekly group skills training, 24-hour a day phone coaching for youth and their caregivers, and family counselling as needed. Skills training sessions for youth and their families involve learning mindfulness skills, emotion regulation skills, interpersonal effectiveness skills and distress tolerance skills.						
		Transitional Aged Youth Outreach (TAYO) TAYO is a case management and counselling program for youth, who are experiencing on-going mental health challenges and are likely to transition into adult services. The program offers a community-based service providing a consistent level of support to youth during this transition.	Peel Region	Between 16 th and 18 th birthdays	n/a			
		Working Together With Families (WTWF), 0-6 Program The WTWF, 0-6 Program is an intensive, home based, family-focused intervention for families and children from birth to their 7th birthday. It is based on a family preservation service delivery model. Therapists work together with parents to identify family strengths and needs and develop goals to guide the change process.	Peel Region	Up to the 7 th birthday	n/a			
	Peel Children's Centre	Sub-total , PCC's intensive treatment services				\$5,922,612	INDSER# 242	interRAI ChYMH

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
								Strengths and Difficulties Questionnaire (SDQ) Juvenile Sex Offender Assessment Protocol II (for ECHO residential program only) Client satisfaction surveys
		Intensive Child & Family Services (ICF) 7-17: ICF 7-17 provides children/youth and their families, who are experiencing multiple and significant stressors access to a continuum of intensive yet flexible in-home, in-school and in-community responses. Using a strength-based, family-centred approach to service delivery, the service varies the assessment and treatment modalities, including psychology and psychiatry, to meet client needs.	Peel Region	7-17	n/a			
		CONNECT: CONNECT is a therapeutic, skill-building recreational program that provides intensive services to children/youth with mental health needs that are at risk of losing their home or school placement, or have been in CAS care or another residential setting and are being reintegrated into the family home. This program is adjunctive to Intensive Services and is intended to help children/youth with intensive intervention and support in every aspect of their life (i.e. school, home, after-school, community). CONNECT involves 3 main activities: a parent	Peel Region	7-15	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		and child group, individual counselling and an after school skill-building program.						
		<p>Day Treatment Services: Day Treatment (Section 23) is a school-based program provided in a specialized classroom setting. It targets children/youth and their family who are dealing with multiple issues that have significantly impaired the child's/youth's functioning in school, as identified by local school boards. Multiple treatment options develop comprehensive, individualized treatment plans for each child/youth/ family. The referral process is conjoint involving the family and the current school system. PCC operates two Day Treatment classrooms at its Caledon Campus (ages 13-18). Day Treatment classrooms in regular schools include: Glenhaven (ages 11-14); Glenforest (ages 14-18); Kindree Primary (ages 4-7); Kindree Junior (ages 8-11); and St. Kevin (ages 8-12).</p>	Peel Region	4-17	n/a			
		<p>Out-of-home (residential) Services: Provides a safe, accepting and supportive environment that offers out-of-home treatment for children and youth who are experiencing serious impairment in their emotions, behaviours and/or relationships. Residential treatment is viewed as a temporary opportunity for families to re-energize and work together towards new solutions in preparation for the child's/youth's return to the community. PCC operates 4 staff-operated residences: two in Brampton – Elgin for adolescents (ages 14-17) and Morgan House for</p>	Peel Region Dufferin County: Dufferin Child and Family Services has access to 2 beds across residential system, based on availability	7-17	n/a			

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		latency-aged children (ages 7-11), and two residences in Caledon for adolescents – Caledon South (ages 11-15) and ECHO (ages 13-17)..						
		<p>Respite Services (Intensive): The Respite program provides a spectrum of respite services for the children, youth, and families/caregivers of children who have mental health problems that impair their functioning in the home environment. Respite services are part of a child's and family's broader treatment/service plan. Respite options include: time spend at PCC residential homes, overnight community camps, support offered through child and youth counsellors who provide one to one support or through child-minding contracts. Respite support is also provided through volunteer mentors and community-based programs such as recreational programs.</p>	Peel Region	0-17	n/a			
		<p>STEPS Residential Enhancement Fund: A community based fund administered by PCC that is primarily intended to facilitate community-based residential placement for children and youth with significant mental health needs. The fund provides support for:</p> <ul style="list-style-type: none"> • 1:1 child and youth worker staffing assigned to the child/youth for a specific period of time, in support of the treatment plan, to stabilize behaviours. • Multidisciplinary assessments (e.g., psycho-educational assessment) and/or purchased psychiatric/psychological assessments or other specialized assessments which may expedite 	Peel Region	7-17	n/a			

Core Service and Key Processes (based on PGR 01)	Agency Delivering Service (lead agency or core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to assess service quality (e.g., CANS, client satisfaction survey)
		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		the assessment of needs to ensure an informed and appropriate course of treatment. <ul style="list-style-type: none"> Other supports deemed to enhance the placement of a child or youth with significant mental health needs. 						
		Flexible Services Fund (0-17) A community fund administered by Peel Children's Centre. The funds are for 1:1 treatment-focused support to meet the clinical needs of children and youth receiving children's mental health services at Peel agencies funded by MCYS and are intended to augment client's active treatment/service plan and support the ongoing identified clinical goals.	Peel Region	0-17	n/a			
	William Osler Health System	Behavioural consultation and treatment: In home, in school and in office	North Peel and Caledon	0-18	n/a	\$94,388	INDSER# 41	The MCYS-mandated forms will be utilized along with a standardized pre- and post- treatment measure (i.e. Eyeberg)
Service Coordination/ Case Management	Associated Youth Services of Peel	For the following programs: <ul style="list-style-type: none"> Tangerine Walk-In Counselling Challenges Program Peel Adolescent Program Reaching Adolescents in Need (RAIN) Parent Adolescent Counselling Program (PACP) Recognizing Individual Success and Excellence (RISE) Youth Beyond Barriers (YBB) COPE (Community Parent Education) The Incredible Years Program 	Peel Region	0-18	n/a	\$1,033,747	INDSER# 1,350	Year-to-Date Reports

Core Service and Key Processes (based on PGR 01)	Agency Delivering Service (lead agency or core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to assess service quality (e.g., CANS, client satisfaction survey)
		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		<ul style="list-style-type: none"> • Multisystemic Therapy (MST) • Family Connections • Dialectical Behaviour Therapy (DBT) • Transitional Aged Youth Outreach (TAYO) Program • Working Together With Families (WTWF) • School-Based Mini Groups 						
	Nexus Youth Services	Community Counselling Program (14-24): Supports youth to become positively engaged with the community while successfully transitioning from adolescence to adulthood.	Peel Region	14-18 UW funded up to 24 yrs	n/a	\$13,393	INDSER# 19	Year-to-date reports
	Peel Children's Centre	<ul style="list-style-type: none"> • Wraparound CMH • Intensive Supports & Resource Coordination (ISRCP) • Counselling/Therapy (70% est.) • Intensive Services (75% est.) 	Peel Region	0-18	n/a	\$2,154,816	INDSER# 560	Year-to-date reports
	Rapport Youth & Family Services	The Service Coordination Service includes service planning, where in collaboration with each child/youth and family, an individualized plan is developed that identifies the specific need(s) of the client, along with service goals and who has responsibility for such services. Also inclusive of Service Coordination is Case Management/Service Coordination. The need for Transition Planning and Preparation is addressed.	Peel Region	0-18	n/a	\$65,045	INDSER# 800	Year-to-date reports
	Trillium Health Partners	Each child or youth, and his/her family will have an individualized plan of care developed by the Inter-professional team, which takes into account the client's strengths, needs and resources and identifies achievable goals. This process begins at Intake and continues throughout the course of	Peel Region Other: South Etobicoke	Children/ youth and parents	n/a	\$101,241	INDSER# 638	Patient and family satisfaction surveys interRAI Screener

Core Service and Key Processes (based on PGR 01)	Agency Delivering Service (lead agency or core service provider)	Description of Program				Budget MCYS funding allocation for core service delivery	Service Commitment Per Year (e.g., service targets and service specifics (per the service contract))	Method to assess service quality (e.g., CANS, client satisfaction survey)
		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		treatment to the point of discharge and is done collaboratively with the client and his/her family when this is possible.						
	William Osler Health System	William Osler Health System Intake Screener Peel Coordinated Intake Network (PCIN)				\$19,473	INDSER# 411	Case linking and client satisfaction questionnaires
Access Intake Service Planning	Associated Youth Services of Peel	Peel Coordinated Intake Network AYSP is a member of the Peel Coordinated Intake Network (PCIN)	Peel Region	0-18		\$295,993	MHUCYS# 1,400	Implementation of a common screening tool for use by all core services providers is underway (interRAI Screener)
	Peel Children's Centre	Peel Coordinated Intake Network PCC operates the system access/intake team of the Peel Coordinated Intake Network (PCIN)	Peel Region	0-24		\$400,000	MHUCYS# 3,571	A standardized intake interview is currently being used which includes the interRAI Screener
	Nexus Youth Services	Peel Coordinated Intake Network Nexus is a member of the Peel Coordinated Intake Network (PCIN)	Peel Region	0-24		\$12,097	MHUCYS# 78	A standardized intake interview is currently being used which includes the interRAI Screener
	Rapport Youth & Family Services	Rapport will collect information from all clients pertaining to presenting concerns, level of need at the time of referral, strengths and resources, available supports as well as other collateral information such as age, date of birth, and address. Access Intake Planning will also obtain informed consent from client and will provide client with wait time information as well as provide information regarding available supports within the community. Some access	Peel Region	0-18		\$50,884	MHUCYS# 800	Implementation of a common screening tool for use by all core services providers is underway (i.e. interRAI Screener)

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		Brief description	Geographic coverage in service area	Age group served	Target population if applicable (e.g., Aboriginal, Francophone, South Asian)			
		through Peel Coordinated Intake Network (PCIN) .						
	Trillium Health Partners	Access to Trillium's Child and Adolescent Mental Health Services is largely through PCC's System Access/Intake team, part of Peel Coordinated Intake Network (PCIN) . Referrals are also accepted through Trillium's Emergency Department and from Child and Adolescent hospital in-patient units . In order to strengthen the capacity of physicians and paediatricians affiliated with Trillium to manage mental illness, direct referrals to the program are also accepted.	Peel Region Other: South Etobicoke	Children/youth and parents	n/a	\$210,824	MHUCYS# 850	interRAI Screener
	William Osler Health System	Direct access via WOHS Child and Adolescent Clinic	North Peel and Caledon	0-18	n/a	\$135,791	MHUCYS# 587	Implementation of a common screening tool for use by all core services providers is underway (interRAI Screener)

B.2: Core Services Summary

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

Organizations/ partners	Relationship (e.g. MOU, Contract)	Description	Intended purpose (e.g. core service delivery, referrals, program, pathway)
Peel Children's Centre and Regional Municipality of Peel	Joint Services Agreement	Agreement for delivery of Peel Infant-Parent Program (mapped under Counselling/Therapy Services)	Staffing/program delivery and access/referrals via the Peel Inclusion Resource Services (PIRS) Intake and Referral process
Peel Children's Centre and Dufferin-Peel Catholic District School Board	MOU	Day Treatment Program (Section 23 classrooms) – separate and mutual responsibilities of PCC and DPCDSB	Includes staffing, program delivery and pathways through service (admission, treatment planning, progress review, demission/discharged planning)
Peel Children's Centre and Peel District School Board	MOU	Day Treatment Program (section 23 classrooms) – separate and mutual responsibilities and PCC and Peel DSB	Includes staffing, program delivery and pathways through service (admission, treatment planning, progress review, demission/discharge planning)
Peel Children's Centre and William Osler Health System (WOHS), Mental Health and Addictions Program	MOU	Supports for children and youth presenting in Emergency or being discharged from WOHS's CHAD unit	Defines the services to be provided by PCC's Crisis Response Service to WOHS, the staff participants at WOHS and PCC, and their respective responsibilities
Associated Youth Services of Peel, Peel Children's Centre and Rapport Youth & Family Services	Partnership Agreement	Tangerine Walk-In Counselling – processes and delivery	States that Tangerine is run as a "franchise" with each service provider using the exact-same model of service at their respective locations and collaborating on joint responsibilities
Peel Coordinated Intake Network – Associated Youth Services of Peel, Nexus Youth Services, Peel Children's Centre, Rapport Youth & Family Services, Trillium Health Partners, William Osler Health System	Draft PCIN System Case Transfer Protocol	Defines procedures for transfer requests, transfer processes, re-accessing service, and requests for concurrent treatment (two services at the same time)	Ensures the facilitation of seamless case transfers among PCIN's service partners on behalf of children and youth who are currently receiving services or who are re-entering the CYMH service system within one year of having exited the system.
Peel Coordinated Intake Network – Associated Youth Services of Peel, Nexus Youth Services, Peel Children's Centre, Rapport Youth & Family Services, Trillium Health Partners, William Osler Health System	Child and Youth Mental Health Service Criteria for Peel Region	For each Core Service in Peel, includes Organization, Program & Description, Inclusionary Criteria and Exclusionary Criteria. Also includes the Case Conference Protocol of the Peel Children and Youth Planning Group.	Supports the Peel Coordinated Intake Network's Access/Intake Team in its disposition decisions for access/intake to core CYMH services in Peel.
Peel Coordinated Intake Network – Associated Youth Services of Peel, Nexus Youth Services, Peel Children's Centre, Rapport Youth & Family Services, Trillium Health Partners, William Osler Health System; and some specific, targeted organizations that refer to Peel's CSPs	Common forms	Third Party Referrals – Referral Form and Consent to Disclose Information to PCIN form	Facilitates access/intake to core CYMH services in Peel; standardizes third-party referral process across PCIN; and reduces/mitigates risk. This system feature is being introduced gradually. A broader implementation with such sectors as school boards, child welfare etc. will come later.

<p>Associated Youth Services of Peel, Nexus Youth Services, Peel Children's Centre, Rapport Youth & Family Services, Trillium Health Partners, William Osler Health System Peel Coordinated Intake Network, operated by PCC; and Trillium Health Partners, Child and Adolescent Mental Health Services</p>	<p>Terms of reference (currently under review as part of PCIN priority)</p> <p>No formal agreement currently exists between PCIN and Trillium, but recommendation for the development of an MOU that includes physician referral process for Trillium as part of PCIN</p>	<p>Mental Health Services for Children and Youth (Centralized Intake)</p> <p>Currently Mental Health Services for Children and Youth (Centralized Intake) processes Trillium physician referrals. Process will become formalized as part of operationalization of Peel's Coordinated Intake Network (priority #1)</p>	<p>The former terms of reference are out of date but need to be re-written as part of the PCIN project (see Part E, Priority Activity #1)</p> <p>Streamlining screening processes for children/youth who are referred for child and youth mental health services; and facilitating efficient access to C/Y mental health services, thus ensuring client is connected to right service to meet mental health needs. Primary care physicians are informed of the centralized intake process and the outcome of referrals.</p>
<p>Nexus Youth Services and Peel Children's Centre</p>	<p>MOU</p>	<p>Agreement for the provision of French Language Services, as required</p>	<p>Facilitates the process of transferring clients from Nexus Youth Services to PCC as the Region's French Language Service Lead</p>

Section C: Population Profile Summary

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

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

The Peel service area's CYMH Core Service Providers (CSPs) primarily serve children and youth (ages 0-24) residing in the Region of Peel, which includes the cities of Mississauga and Brampton and the town of Caledon.

Population – overall:

- 1,381,739 people resided in Peel Region in May 2016. (*2016 Census*) The current population of Peel Region is estimated to be 1.5 million. (*Peel Data Centre*)
- Between 2011 and 2016, Peel's population grew by 6.5%. By local municipality, population growth rates from 2011 to 2016 were 13.3% in Brampton, 11.8% in Caledon and 1.1% in Mississauga. (*Peel Data Centre*)
- Peel accounts for 21.5% of the Greater Toronto Area's population. (*Peel Data Centre*)
- Over the three years of the CSDR's longer planning horizon, (2018 - 2021), Peel's population is projected to grow by 50,000 from 1,506,000 to 1,556,000, a rate of 3.3%. (*Peel Data Centre, Population Forecast*)

Child and youth population:

- **Children:** 310,185 children **ages 0-17** resided in Peel in 2016, comprising **22.4%** of the Region's population. (*2016 Census*)
- **Youth:** 141,150 youth **ages 18-24** resided in Peel in 2016, comprising **10.2%** of Peel's population. 215,735 youth ages 14-24 (age range for Nexus Youth Services) lived in Peel in 2016, comprising 15.6% of Peel's total population. (*2016 Census*)
- **Combined children and youth:** Peel's combined children and youth population (ages 0-24) was 451,335 in 2016. Together, children and youth (0-24) constitute **32.7%** of Peel's population. (*2016 Census*)

Specific demographic factors: (*Peel Data Centre's analysis of 2016 Census unless noted otherwise*)

- **Visible minorities:** Peel had the highest percentages of visible minorities – **62.26%** – of any region in the Greater Toronto Area in 2016. The top 10 visible minorities were South Asian (50.8%), Black (15.3%), Chinese (7.5%), Filipino (6.7%), Arab (5.0%), Latin American (3.6%), Southeast Asian (2.7%), Multiple Visible Minority (2.7%), West Asian (1.6%), Korean (0.8%) and Japanese (0.2%). A further 3.0% were “not included elsewhere” (e.g. Guyanese; Polynesian).
- **Immigrants:** Peel's immigrant population in 2016 was 706,835 or **51.5%** of the Region's overall population. 94,105 (13.3% of Peel's population) were recent immigrants. The top 10 countries of birth for recent immigrants were: India, Pakistan, Philippines, China, Iraq, Jamaica, Egypt, United States, Syria and United Arab Emirates. 35.5% of Peel's recent immigrants were born in India.
- **English: 89.6% of Peel residents knew English** and it was the **language most often spoken at home for 60.9%** in 2016. (This is a decline from 2011, when 63.9% cited English as the language most often spoken at home).
- **French:** 5,705 Peel residents or 0.41% spoke French most often at home in 2016. Additionally, 6,106 residents spoke French as well as English and/or a non-official language at home, for a total of 12,380 French-speaking residents (**0.90%**).
- **Non-official mother tongues: 26.09%** of Peel's population most often spoke a non-official language at home in 2016. The top 10 non-official languages were: Punjabi, Urdu, Mandarin, Arabic, Polish, Spanish, Tamil, Gujarati, Cantonese and Tagalog.
- **Indigenous:** 9,120 people – **0.66%** of Peel's population – were Indigenous in 2016. Of those, 59.4% identify as First Nations, 32.3% as Metis, 1.8% as Inuit, and the remainder as “multiple aboriginal identities” or “identities not included.”
- **Labour market participation: 67.3%** of Peel's population aged **15+** are **in the labour force** and the unemployment rate at the time of the Census was 8.2%. The top five occupational categories for Peel residents are: Sales and Service (22.8%); Business, Finance and Administration (18.0%); Trades/Transport/Equipment Operations (15.1%); Management (10.0%); and Education, Law and Social, Community and Government Services (8.4%).
- **Education status: 54.7%** of adults aged **15+** have a **post-secondary qualification** (university, college and/or apprenticeship/trade), with the top major field of study being Business, Management and/or Public Administration.
- **Potential risk factors:**
 - **Low income** (*not part of 2016 Census; Peel Data Centre's analysis of data from Canada Revenue Agency*): **18.1% of Peel's population under 18 years** – 56,075 children – lived in low income households in 2016.
 - **Lone-parent families: 23.3% of census families** in Peel were lone parent families in 2016
 - **Cost of shelter: 31.8%** of Peel households **spent more than 30%** of their household income on shelter costs in 2016.

Youth-specific demographic factors:

- In 2011, the youth (ages 15-24) **unemployment rate** for Peel was 22.3%, higher than the youth unemployment rate of 20.2% for the Province of Ontario. (*2011 National Household Survey*)

- The percentage of youth ages 20-24 with **no high-school diploma** was 6.1% in Peel, a lower rate than the 8.7% of youth in the Province of Ontario with no high-school diploma (2011 National Household Survey)

Changing demographic trends:

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

Unique characteristics in the Peel Service Area:

- As documented by the Fair Share for Peel Task Force, provincial funding of social services, including child and youth mental health, has failed to keep pace with Peel's rapid population growth. The new CYMH Funding Allocation Formula must incrementally correct the historical CYMH funding disparity between slower and faster growing communities. Peel's 1.1% projected annual growth rate for the child/youth population, compared to the provincial rate of 0.7%, means that Peel will require a larger funding growth rate than the provincial average.
- Peel has the highest proportion of visible minorities (62.26%) of any service area in Ontario. The incredible diversity of Peel's population, including many immigrant families with a mother tongue other than English, creates significant interpretive and cultural challenges to providing mental health services.
- The youngest age cohort (0-5 years) is predicted to grow more rapidly than the 6-11 or 12-18 cohorts from now until 2020, meaning that there will be an increased demand for mental health services for the preschool population over the next few years.
- At the opposite end of the youth age spectrum, unemployment amongst 15-24 year olds in Peel, at 22.3%, was the highest of all the MOMH Phase 1 service areas in Ontario. This high non-participation rate could be a risk factor for mental health challenges.

Any further information and data available:

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

Section D: Engagement Activities

Lead agencies must complete a summary describing their engagement efforts in the 2017-18 fiscal year. The engagement summary should include:

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

CORE SERVICE PROVIDER ENGAGEMENT

PCC has regularly engaged Peel's six Core Service Providers (CSPs) – Associated Youth Services of Peel, Nexus Youth Services, PCC, Rapport Youth & Family Services, Trillium Health Partners and William Osler Health System – in implementing the priorities of the 2016/17 CSDP/R. CSPs have also been engaged in fulfilling SDS A357 system management requirements and in discussing broader systemic issues.

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

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
CSP table PCC's System Management team; EDs & Directors/Managers of CSPs; MCYS Program Supervisor; PCIN and Brief Services Review consultant; guests, e.g. YE and FE coordinators	Quarterly for table; more frequently for working groups (see engagement summary for Brief Services review)	Plan for MOMH implementation. Agendas typically include: <ul style="list-style-type: none"> • Provincial updates & discussion • Agency updates from CSPs • Progress towards CSDP/R priorities and development of future priorities • CMHP/R progress/next steps • Information-sharing 	<ul style="list-style-type: none"> • 4 meetings: June, Oct and Jan have occurred; Apr 2018 is scheduled • See below for specifics on delivery of 2017/18 priorities and planning for 2018/19 priorities 	<ul style="list-style-type: none"> • Scheduling for representatives of all 6 CSPs to be present at each meeting • Competing demands on partners' time such as accreditation; organizational changes (e.g. staff turnover)
Review/updating of Core Services Summary for CSDR Each CSP updates its service descriptions; MCYS' RO provided 2017/18 funding and service data	Once per fiscal year	<ul style="list-style-type: none"> • Required for CSDR • Greater clarity around service descriptions, targets and budgets will inform the implementation of MOMH roles/responsibilities and integrated CYMH planning for the Peel service area 	<ul style="list-style-type: none"> • Updated service descriptions received from each CSP • Funding allocation and service target data received from MCYS 	<ul style="list-style-type: none"> • Some budget/service target data provided by CSPs for 2016/17 CSDP did not match the details discussed at service plan reviews with CSPs and RO

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
<p>Community Planning Mechanism for Child and Youth Mental Health in Peel (CPM)</p> <p>With CSPs and broader sector partners</p>	Annually for the full mechanism (with all partners); as needed for working groups	<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"> June 2017 meeting attended by 80 partners; shared progress and elicited input on potential approach to Community Asset Inventory and Map Compiled breakout groups' input into thematic analysis to inform working group's approach and CMHP priorities 	<ul style="list-style-type: none"> Attendance declined slightly compared to 2016, reflecting competing priorities/ agendas across multiple sectors
<p>Community Asset Inventory Working Group of the CPM</p> <p>Representatives from multiple sectors that deliver non-core CYMH services</p>	As needed to complete work; time-limited mandate in 2017	<ul style="list-style-type: none"> Working group was struck to help Lead Agency complete the Community Asset Inventory required for the CMHP, and as the basis for any future mapping of services 	<ul style="list-style-type: none"> Working group met 4 times LA met several times with consultant Inventory template developed & distributed; completed by most Consultant followed up with sector partners by email & phone to verify inventory 	<ul style="list-style-type: none"> Partners' understanding of how to align their programs with the CYMH Core Service framework Engagement challenges: some sectors did not complete task and/or include programs delivered by others in their sector
<p>Youth Wellness Hub – meetings re proposal for Peel Region</p> <p>Representatives from multiple sectors that deliver youth-focussed services</p>	As needed for proposal, Nov/ Dec 2017; will be ongoing if proposal approved	<ul style="list-style-type: none"> Develop proposal for youth wellness hub in Peel (proposed location in Malton) If successful, hub will provide integrated, multi-sectoral services to support youth wellness 	<ul style="list-style-type: none"> Coordinated facilitation – PCC as LA with CMHA Peel Proposal led by Malton Neighbourhood Services Community and sub (working) group meetings Focus groups and surveys re what goes into hub; services for youth and families etc. Proposal submitted Dec 15/17; shortlisted; decision pending 	<ul style="list-style-type: none"> Short timeline from proposal call to submission deadline Coordination across sectors Needed to hire consultant to write the proposal Small amount of provincial funding available for implementation/sustainability
<p>Other initiatives that engage CSPs & broader sectors</p> <p>e.g. Project Zero with Trillium Health Partners (THP); Selective Mutism collaboration with THP;</p>	Varies	<p>Mandates vary, e.g.:</p> <ul style="list-style-type: none"> Suicide Prevention (Project Zero) Shared knowledge & resources (Selective Mutism training) Integrated planning (LHIN sub-regional workshops) 	<ul style="list-style-type: none"> Working towards greater integration, cohesion, effectiveness and efficiency of planning and service provision 	<ul style="list-style-type: none"> Scheduling and resource availability Parallel processes that are not integrated, e.g. LHIN planning; CMHR priority will explore opportunities to align planning with LHINs

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
sub-region workshops with Central West LHIN				
LA Progress Reports and related communications Distributed to CSPs (for distribution within each CSP) and to related CMHP sectors	One communication quarterly	<ul style="list-style-type: none"> Provide regular updates and consistent messaging on MOMH progress locally (Peel's CSDP, CMHP and SDS A357), regionally and provincially; in English and French 	<ul style="list-style-type: none"> LA Progress Reports in Q1, Q4 MOMH update in annual report One-page "placemat" of MOMH in Peel developed & tested w/ CSPs; production, translation & distribution in Q4 	<ul style="list-style-type: none"> Translation costs and turnaround time for French versions Progress Report delayed to Q4 due to need to complete the CSDR and CMHR by an earlier deadline (Jan 31)

Priority #1: Final phase, implementation of Peel Coordinated Intake Network (PCIN)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
CSP table PCC's System Management team; EDs & Directors/Managers of CSPs; MCYS Program Supervisor; PCIN consultant	Quarterly	Since the PCIN Implementation Committee was disbanded, high-level PCIN issues are coming to the CSP table for discussion and resolution	<ul style="list-style-type: none"> Plan to develop an operational network table (to meet monthly) beginning in Q4 or Q1 of 2018/19 	Bringing staff who are not at CSP table into the discussions
3rd Party Referrals A range of referral sources	Ongoing implementation	Pilot and implement new 3 rd party referral form/process for PCIN	<ul style="list-style-type: none"> Pilot completed with AYSP and Peel Crisis Capacity Network Being gradually implemented with a range of referral sources, including Kinark's dual diagnosis program and TAPP-C Offered to Peel District School Board to support Syrian refugees but no response from Board yet 	Staffing capacity; long waitlists/times
Training on interRAI Screener+ All staff in PCIN	As needed for new staff	Ensure that all PCIN staff in the Peel Service Area are trained on the interRAI Screener+	<ul style="list-style-type: none"> Most intake staff trained last year on Screener (more basic tool) Training on Screener in June for new PCIN staff and staff at William Osler's clinic 	Training in a new version of the Screener shortly after training in the original Screener; extra load on staff

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
			<ul style="list-style-type: none"> • Training on Screener in Oct for new PCIN staff • Screener+ training in Dec (Access/Intake team including Trillium; AYSP's staff in its youth-focussed programs) • Screener+ "went live" Dec 2017 • Screener+ training at Rapport and William Osler in Q4 • Screener+ is more useful than Screener as Screener+ adds a risk assessment and better displays presenting concerns 	getting used to many system changes
Follow-up with those trained on interRAI Screener+ All staff in PCIN	Follows training sessions	To ensure PCIN staff are utilizing the Screener+ with success and understanding the outcome reports generated	All those trained on Screener+ have passed Competency training	
"Train the Trainer" for interRAI Screener+ A small cross-CSP team of staff	Annually or as needed	Help sustain Screener+ training for new intake staff who come into the PCIN partner organizations	<ul style="list-style-type: none"> • Interview Skills booster sessions, May, Sept and Oct • Trainers met in July, Oct and Nov 2017 (with CPRI in Nov); planning day in Jan 2018; meeting in Feb 	<ul style="list-style-type: none"> • Staff turnover such that only 2 trainers remained. One being trained; one more trainer needed (focus in Q4 into Q1 of 2018).
PCIN branding – surveys to test visual & verbal concepts CSPs' staff and clients (youth and families)	Each stage of branding involves testing	Development of PCIN brand as the "front door" to the CYMH service system in Peel	<ul style="list-style-type: none"> • 100+ CSP staff completed surveys as part of the selection of visual and verbal identities • 50+ youth/families helped to select visual and verbal identities 	<ul style="list-style-type: none"> • Survey fatigue (from competing initiatives) continues to be a challenge
PCIN website under new brand, WhereToStart.ca For CSPs, referral sources, clients, general public	Ongoing once website is launched (Q4 into Q1 2018)	Information-sharing: both from the public into PCIN; and from PCIN to the public	<ul style="list-style-type: none"> • Information about access/intake process in Peel including FAQs • General information about CYMH and the Peel service system • Referral forms for physicians, community partners, families and youth • E-blasts and news • Event/groups registration 	<ul style="list-style-type: none"> • Delay in implementation of Central Intake module, which will house up-to-date information on programs and wait lists/ times across the system, as well as a portal where clients are able

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
			<ul style="list-style-type: none"> • Speaker requests for events 	to access their personal information

Continuing engagement on the use of the InterRAI ChYMH at all CSPs in Peel (priority implemented in last year's CSDP)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
InterRAI Implementation Team 25 members: CPRI staff; Lead Agency staff; managerial/supervisory and frontline clinical staff from all CSPs	Bi-monthly during fall/winter/spring	<ul style="list-style-type: none"> • Collaboratively oversee implementation of the interRAI suite of CYMH clinical tools by all CSPs in the Peel Service Area; inform treatment planning; and generate data to meet MCYS' requirements 	<ul style="list-style-type: none"> • Meetings in Apr, June and Sept • Reviewed potential for some programs to move to use of Screener Plus tool; decision expected in Q3 with subsequent implementation plan • Met with reps from CIHI's Mental Health Assessment for Children and Youth Advisory Committee re partnership (CIHI, CPRI, MCYS) re strategy to collect interRAI data for Ontario 	Clinical integration of ChYMH into existing clinical assessment processes at each agency was a challenge that arose. Each agency looked at how to streamline their own internal processes so that documentation of assessments could be more efficient.
InterRAI ChYMH staff training Appropriate clinical staff from all 6 CSPs	Quarterly	<ul style="list-style-type: none"> • Train appropriate clinical staff in all CSPs on the new common Screening and Assessment tool for the Peel Service Area 	<ul style="list-style-type: none"> • ChYMH Assessor training in April/May, August and Nov • Interview Skills booster sessions, May, Sept and Oct • Booster session for supervisors in July to support their staff re understanding Outcomes Report 	
InterRAI ChYMH competency testing For clinical staff trained on the InterRAI tools	Quarterly (follows interRAI ChYMH training)	<ul style="list-style-type: none"> • Ensure that all Peel Service Area staff who have been trained on the interRAI ChYMH are competent to use the tools 	<ul style="list-style-type: none"> • All staff trained on the interRAI tools will be competent, or will undertake remediation to gain competency 	
InterRAI Collaborative Training Team	Monthly initially; then bi-monthly	<ul style="list-style-type: none"> • To support staff at Peel CSPs with interRAI training, competency testing & implementation into clinical practice 	<ul style="list-style-type: none"> • Team met in June, July, Aug, Oct, Nov (with CPRI), Jan (full planning day), Feb • Planned upcoming training 	<ul style="list-style-type: none"> • Replacement of Training Team members who are on maternity leave

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
10 staff from across the Peel CSPs				
InterRAI Literacy Training CSP staff who are not users of the ChYMH but need to understand how it relates to their work	As appropriate; at least semi-annually	<ul style="list-style-type: none"> Help CYMH staff in Peel who do not use the ChYMH in their work gain literacy to understand how the tool is used and its benefits in assessment and treatment 	<ul style="list-style-type: none"> Literacy training session held in June for night staff 	
InterRAI Community of Practice #1 Trainers in Central Region, including Peel	Quarterly	<ul style="list-style-type: none"> Encourage cross-agency, cross-service-area support and sharing of ideas, and support longer term sustainability 	<ul style="list-style-type: none"> CPRI newsletter, <i>ChYMH Chatter</i> – 2 issues to date in 2017 Trainers Regional CoP met in Sept and Dec Developed draft Terms of Reference Shared updates from training teams & CPRI, including preparation for use of Screener+ Discussed innovations, resource-sharing, quick wins, embedding into clinical practice 	
InterRAI Community of Practice #2 Assessors in Central Region, including Peel	Quarterly	<ul style="list-style-type: none"> Encourage cross-agency, cross-service-area support and sharing of ideas, and support longer term sustainability 	<ul style="list-style-type: none"> Assessors Regional CoP met in June, Oct and Dec Discussions included: interRAI inventory mapping; Screener+ Report; Psychometric summary; Codebook updates; Pre-post Analysis Guide Presentation by CIHI in Oct 	
InterRAI Community of Practice #3 Operational staff in Central Region, including Peel	Quarterly	<ul style="list-style-type: none"> Encourage cross-agency, cross-service-area support and sharing of ideas, and support longer term sustainability 	<ul style="list-style-type: none"> Operational CoP met in April and June Discussions included: mapping of programs/tools; data use options; sharing experiences/innovations; sustainability 	

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
ChYMH IN newsletter Distributed via email to intake and clinical staff at all CSPs	Semi-annually	<ul style="list-style-type: none"> Provide updates and consistent messaging on the use of the interRAI tools 	<ul style="list-style-type: none"> Email channel created ChYMH IN newsletter launched; first edition in June; second edition in Dec 	

Priority #2: Implementation of a Common Clinical Database (EMHware) for Peel's four community-based CSPs

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
CSP Planning Table Management from all six CSPs	Quarterly	<ul style="list-style-type: none"> Plan, share information, resolve issues, build service area-wide collaboration 	<ul style="list-style-type: none"> Agreement to move all community-based CSPs onto EMHware; discussions with hospital-based clinics re data bridges 	<ul style="list-style-type: none"> Implementation issues detailed in Section E Extraction of data from or bridge to hospitals' databases
EMHware training For all clinical staff of 4 community-based CSPs; also PCIN staff	Ongoing	<ul style="list-style-type: none"> Ensure that all clinical staff of CSPs know how to enter and extract data to/from new clinical database 	<ul style="list-style-type: none"> Training for Rapport staff and newly hired staff at other CSPs; some additional training for AYSP staff 	<ul style="list-style-type: none"> Data transfer issues with Rapport necessitated a review to determine best course of action moving forward
Implementation discussions amongst senior staff PCC's Chief Officer, System Planning and Accountability, and senior staff of community- and hospital-based CSPs	Ongoing	<ul style="list-style-type: none"> Prepare for and problem-solve transition onto EMHware, e.g. costing, contracts, data preparation and transfer, staff training, post-transition troubleshooting, longer-term data strategy 	<ul style="list-style-type: none"> With Trillium Health Partners (THP), discussed bringing THP's PCIN staff onto EMHware first and the potential of bringing the entire clinic team onto EMHware. When integrated with CSPs' use of InterRAI tools, the common database will result in reliable CYMH data for the Peel service area, including a unique client count across the system, and facilitate understanding of CYMH service system profiles so that we know what clients are served by the system and what services they received 	<ul style="list-style-type: none"> Hospitals' CIS systems. THP will have a new CIS in approximately 5 years but an interim solution is needed. Exploring the use of EMHware at Trillium. Data integration challenge with William Osler will need to be part of CIS Enhancement Phase 2.

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
EMHware data/technical team EMHware, data and technical staff involved in implementation at 4 community-based CSPs	Ongoing	<ul style="list-style-type: none"> Prepare for and problem-solve transition onto EMHware, e.g. data preparation and transfer; post-transition trouble-shooting 	<ul style="list-style-type: none"> New partnerships across staff at community-based CSPs New problem-solving capacity 	<ul style="list-style-type: none"> Technical issues detailed in Section E Different work processes for staff who used to work independently who are now part of a multi-agency team

Priority #3: Develop a system-wide mechanism for youth engagement (YE)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Youth Engagement Working Group (members from all CSPs and youth)	Monthly	<ul style="list-style-type: none"> Identify, create and sustain opportunities for YE across the Peel Service Area 	<ul style="list-style-type: none"> Recruited 6 youth and held monthly meetings Revised terms of reference and established core values Post-training discussion on <i>The Art of Youth Engagement</i> training Drafted summary report on training; translated & distributed it Work has begun on YE framework for evaluation Planning has begun for community event in March 2018 	
Meetings with Peel's CSP planning table CSPs' senior staff on the planning table	Attend semi-annually	<ul style="list-style-type: none"> Engage senior leaders of CSPs on implementing YE as an evidence-informed practice Facilitate collaboration across service area in developing a "made in Peel" YE mechanism 	<ul style="list-style-type: none"> Updates and discussion, Oct 2017 meeting: see under Establishment of Peel chapter, The New Mentality Discussion about collecting data statistics related to racial and cultural identification (general support) Discussion on evaluation 	
"Disable the Label" conference Peel's YE Coordinator & youth representatives	Annually (held in July)	<ul style="list-style-type: none"> A retreat for youth and adult allies working on youth engagement initiatives across Ontario 	<ul style="list-style-type: none"> Skills development sessions Conversations to create connections Youth empowerment and personal growth 	

		<ul style="list-style-type: none"> Organized by The New Mentality, a provincial network of youth and adult allies (program of CMHO) 		
Establishment of Peel chapter of The New Mentality The New Mentality, PCC as LA, All Peel CSPs, and youth clients	Meeting frequency TBD (first meeting in 2017/18 fiscal year (date TBD))	<ul style="list-style-type: none"> Chapters are led by 2 youth facilitators in partnership with an adult ally (staff from the agency) Chapters complete projects to raise awareness and fight stigma; also advise agencies on how to create youth-friendly services and embed the youth voice through YE practices 	<ul style="list-style-type: none"> It is foreseen that this chapter of The New Mentality will play both advisory and peer support roles for youth clients (14-24) of Peel's CSPs Recruitment for youth facilitators completed, Jan 2018 	<ul style="list-style-type: none"> Figuring out processes & protocol to support/host The New Mentality. Following a CSP table discussion, PCC decided to ask for a different type of MoU that will enable PCC as LA plus all CSPs to be signatories
Youth Wellness Hub – YE role YE Coordinator, YEWG, other youth clients	As needed for proposal, Nov/Dec 2017; could be ongoing if proposal approved	<ul style="list-style-type: none"> Provide input into proposal for youth wellness hub in Peel (proposed location in Malton) If successful, hub will provide integrated, multi-sectoral services to support youth wellness 	<ul style="list-style-type: none"> Survey developed re role that youth should play in developing and operating the hub, and the services the hub should deliver Focus group recruited and held Survey distributed 	<ul style="list-style-type: none"> Recruitment of participants, given the short timeline from proposal call to submission deadline
Youth engagement event Peel youth, YE Coordinator and staff from Peel's CSPs and other organizations	One-time; March 23, 2018	<ul style="list-style-type: none"> Share, learn and improve on YE in Peel 	<ul style="list-style-type: none"> Event plan was still under development at time of CSDR submission Event to occur at Coptic Centre in Mississauga 	

Priority #4: Develop a system-wide mechanism for family engagement (FE)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Meetings with Peel's CSP planning table CSPs' senior staff; FE Coordinator; Family Engagement Development Group	Attend semi-annually	<ul style="list-style-type: none"> Develop shared understanding amongst senior staff of FE Ensure CSPs co-create FE plan Advance FE initiative across CSPs in Peel service area 	<ul style="list-style-type: none"> October 2017: Progress to date, including establishment of Peel chapter of Parents for Children's Mental Health (underway) Family Engagement Development Group & FE Coordinator discussed FE progress and plans with CSP table, Jan 2018 	

<p>Family Engagement Development Group (FEDG) Staff and families of Peel CSPs (7 family & 3 CSP members on group)</p>	Monthly	<ul style="list-style-type: none"> • Ensure an active partnership between families and CSPs in CYMH service delivery across Peel (FE is “the way we work”) • Review and discuss environmental scan/report • Advise on the development of a “made in Peel” FE mechanism 	<ul style="list-style-type: none"> • Family “meet & greet” held in Aug 2017 to recruit WG members • First meeting in Sept 2017 • Training on FE at Oct 2017 meeting facilitated by Angela Sider, FE Specialist from PCMH • Developed Terms of Reference and did Visioning exercise 	<ul style="list-style-type: none"> • Participation from hospital partners • Time needed for trust-building/team-building vs pressure to expend budget by fiscal year-end
<p>Final focus group with CSP staff for FE Environmental Scan/Report Represented 3 CSPs</p>	Continued from 2016/17; last focus group in Q1	<ul style="list-style-type: none"> • Share perspectives on FE for the environmental scan/report, which in turn will inform the development of a “made in Peel” FE mechanism 	<ul style="list-style-type: none"> • Final focus group held (3 in total) • Staff feedback summarized and shared with those who participated 	<ul style="list-style-type: none"> • Scheduling challenges (tried to hold in Q4 of previous year)
<p>Peel chapter, Parents for Children’s Mental Health (PCMH) CSP families; PCMH’s FE Specialist for Peel; Peel’s FE Coordinator</p>	Monthly starting in Jan 2018	<ul style="list-style-type: none"> • Provide peer support (phone and in-person) to families of CYMH clients • May also serve as a resource to CYMH service system (TBD) 	<ul style="list-style-type: none"> • Approvals obtained from PCC (Lead Agency) to provide infrastructure support, including phone number • 2 potential chapter leaders identified • First meeting held in Jan 2018; meeting last Monday of each month • Flyer including meeting schedule circulated to CSPs’ families 	<ul style="list-style-type: none"> • Figuring out processes/ protocols/budget to support a Peel chapter • PCMH does not require an MOU so one has not been established but we can explore the benefits of developing such an MOU with PCMH
<p>Family membership on working group for Brief Services Review/Redesign Two members</p>	Time-limited in fiscal 2017/18	<ul style="list-style-type: none"> • Ensure that Brief Services review/redesign engages CSP family representatives and includes their input on how best to meet families’ needs 	<ul style="list-style-type: none"> • Two family members recruited; started to attending project team meetings in Q2 	<ul style="list-style-type: none"> • One family member needed to withdraw from team; replacement recruited in Q3 • Schedule did not accommodate new family member • Still a learning process of how to meaningfully engage family members
<p>Youth Wellness Hub – FE role FE Coordinator, FEDG, families/ caregivers</p>	As needed for proposal, Nov/ Dec 2017; could be ongoing if proposal approved	<ul style="list-style-type: none"> • Provide input into proposal for youth wellness hub in Peel (proposed location in Malton) • If successful, hub will provide integrated, multi-sectoral services to support youth wellness 	<ul style="list-style-type: none"> • Survey developed re role that families/caregivers should play in developing and operating the hub, and services the hub should deliver • Survey distributed to interested families 	<ul style="list-style-type: none"> • Recruitment of participants, given the short timeline from proposal call to submission deadline

FE Email channel and newsletter Distribution to CSPs for sharing with clients	At least semi-annually; possibly quarterly	<ul style="list-style-type: none"> • Provide a means to communicate with stakeholders, primarily CSPs' clients and staff but also the broader community sectors and public 	<ul style="list-style-type: none"> • Email channel (FE Engage) created • Distribution list built • Newsletter drafted, approved • First distribution was in Q2 (July) 	
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Priority #5: Brief Services Review/Redesign

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
CSP Planning Table Management from all six CSPs; MCYS Program Supervisor; consultant	Quarterly	Plan, share information, resolve issues, build service area-wide collaboration	<ul style="list-style-type: none"> • Struck project team (see below) to report back to CSP • Consultant updated CSPs at June and Oct meetings; discussions involved members of project team • Further discussion at Jan meeting of work plan for 2018/19 	
Brief Services Review/Redesign Project Team Representatives from all CSPs that offer Brief Services; consultant; two family representatives; FE Specialist from PCMH	Monthly or as needed; time-limited project that began in Q4 of fiscal 2016/17	<ul style="list-style-type: none"> • Review current state • Articulate a model that will: <ul style="list-style-type: none"> ○ Align Brief Services with PGR #1 requirements, e.g. "quick" & "timely" access ○ Integrate Tangerine Walk-In within a Brief Services model • Identify data elements and collection protocols • Develop evaluation framework • Create communications plan • Recommend implementation strategy 	<ul style="list-style-type: none"> • Revised project scope • Developed work plan • Developed data collection framework • Gathered & analyzed data/information (June-Aug) • Developed & confirmed communications plan (June) • Articulated current state (Jun-Aug) • Identified potential model (Sept-Oct) • Wrote summary report (Nov-Dec) • Presented/discussed findings at CSP meeting (Jan) 	<ul style="list-style-type: none"> • Change management is a clear challenge for the working group and given the individual agency issues, a change management plan will need to be developed as part of the implementation plan
Discussions re FE Working group representatives, FE Specialist, Consultant	Time-limited in Q1	<ul style="list-style-type: none"> • Determine meaningful family engagement process • Implement recommendations 	<ul style="list-style-type: none"> • Two family representatives recruited in Q1 as members of project team 	One family member had to withdraw; replacement found but meeting times did not accommodate family member's availability. A phone meeting was coordinated to try to accommodate.

Youth focus groups Youth from CSPs that offer Brief Services; YE Coordinator as adult ally; consultant	Time-limited in Q3	<ul style="list-style-type: none"> Determine meaningful youth engagement process Implement recommendations 	<ul style="list-style-type: none"> Discussions with YE Coordinator Decision to involve YEWG to plan/facilitate focus group Focus group to be held in Q4 	
Staff focus groups Consultant; CSP staff	Time-limited in Q2	<ul style="list-style-type: none"> Engage staff, ensure that they understand why a redesign is needed, and obtain their input 	<ul style="list-style-type: none"> Held focus groups with: <ul style="list-style-type: none"> Brief Services staff (Tangerine, SST, SOS, Brief Counselling) Intake Specialists Reception staff (all sites) Summarized findings 	
Brief Services review communications Sent to staff at CSPs	As needed	<ul style="list-style-type: none"> Engage CSP staff, build understanding of the project, and share progress 	<ul style="list-style-type: none"> First broader communication drafted and distributed in June Quarterly summaries provided to CSPs 	

System Management (SDS A357)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Discussions at CSP meetings Senior staff of all CSPs	Quarterly	Ensure that CSPs are aware of Lead Agency's System Management (SM) requirements, which inform MOMH priorities for the Peel service area	<ul style="list-style-type: none"> SM updates and/or discussions at most CSP meetings Updates in fall/winter focussed on uncertainty re MOMH roles and responsibilities (R&R) going forward 	
Written updates For broader Peel community, including CSPs and their staff	Minimum semi annually; quarterly where possible	High level updates to keep the community informed about service-area progress on MOMH initiatives and priorities	<ul style="list-style-type: none"> Progress Reports in Q1 and Q4 High level information on MOMH, including System Management, in PCC's annual report (Q2) Web posting, Community Planning Mechanism meeting slides (Q3) New MOMH "placemat", Q4 	

ENGAGEMENT OF PROVIDERS THAT SERVE DIVERSE POPULATIONS (including Francophone and Indigenous)

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
CSP table PCC's System Management team; EDs & Directors/Managers of CSPs; MCYS Program Supervisor; PCIN and Brief Services Review consultant	Quarterly for table; more frequently for working groups	Plan for MOMH implementation. Agendas typically include: <ul style="list-style-type: none"> provincial updates & discussion Agency updates from CSPs Progress towards CSDP/R priorities and development of future priorities CMHP/R progress/next steps Information-sharing 	<ul style="list-style-type: none"> Quarterly meetings Input into CSDR and CMHR, e.g.: Core Services Summary; Sector Partner Services Summary; Engagement Summaries; Priorities AYSP, as lead for Indigenous services, provides CSDR content re Indigenous service provider engagement 	<ul style="list-style-type: none"> Scheduling for representatives of all 6 CSPs to be present at each meeting Staff turnover at some CSPs Further discussion is needed on FLS at Peel CSPs in 2018/19
Community Planning Mechanism for CYMH in Peel LA, CSPs, MCYS and a broad range of service sectors (mental health, health, education, social services, diverse & faith communities)	Semi-annually	<ul style="list-style-type: none"> Break down access/intake barriers and service silos Work towards becoming a system across the sectors that provide CYMH services Better meet the mental health needs of Peel's children and youth, including their families, and youth's transition into adult services 	<ul style="list-style-type: none"> Mechanism includes representatives of Peel's two French-language school boards and organizations that serve diverse populations (Indigenous, multi-cultural and faith-based) 	<ul style="list-style-type: none"> Multiple transformation agendas with each sector doing "its own thing" Different catchment areas for each sector Ensuring that all key sectors are at the table Resources – human and financial
Community Access Inventory Working Group LA staff, consultant, representatives of key sectors, faith leaders, providers of services to diverse communities	4 meetings from Q1 to Q3	<ul style="list-style-type: none"> Complete Community Asset Inventory for CMHP Inform mapping priority in CMHP and next steps Build bridges between/across sectors 	<ul style="list-style-type: none"> CPM began to receive input from faith and diverse communities (next step of Inventory/mapping will attempt to capture their services) Worked with French-language school boards to receive (MonAvenir and Viamonde) to update their service inventories for the CMHR 	<ul style="list-style-type: none"> The members of any working group often cannot represent the breadth of their diverse communities French translation and communications (WG's consultant and LA members are not bilingual)
Discussions within PCC about French language services PCC's LA & CSP staff (PCC is Peel's	Ongoing	<ul style="list-style-type: none"> Assess current FLS outreach and services, including service needs/gaps 	<ul style="list-style-type: none"> Discussions have primarily focussed on school-based services (Counselling and Therapy; Family Capacity-Building and Support; and Intensive Treatment Services) 	<ul style="list-style-type: none"> Recruiting qualified French-speaking candidates for FL services Supervisors and managers who do not speak French

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
provider of French CYMH services)			<ul style="list-style-type: none"> • FLS considered in Brief Services review, as PCC provides walk-in and single sessions in French • Discussions within LA's System Management team about plan to work towards compliance with FLS Act for A357 functions 	<p>but must communicate with francophone partners</p> <ul style="list-style-type: none"> • Requirement going forward for System Management functions to comply with FLS Act
<p>Collaborative work – mainstream and Indigenous service providers</p> <p>(AYSP as CSP lead for Indigenous services; Enaahdig Healing Lodge and Learning Centre)</p>	Ongoing discussions	<ul style="list-style-type: none"> • Build the foundation for a partnership with Indigenous service providers in Peel • Enhance the capacity of Peel's youth-serving organizations to support Indigenous youth • Enhance the understanding of Indigenous Youth Works about the children's services system 	<ul style="list-style-type: none"> • Indigenous Youth Mental Health Workers positions are operational (employed by Enaahdig; situated at AYSP) • Exchange of information about services and supports for Indigenous youth has occurred • Collaborative dialogue is occurring at the Youth-At-Risk Committee of broader sector partners in Peel 	
<p>Discussion with AYSP and MCYS re Indigenous services and outreach</p> <p>Lead Agency, AYSP and MCYS</p>	TBD	<ul style="list-style-type: none"> • Gain understanding of relationship with Indigenous service providers, opportunities for outreach as part of MOMH, and any challenges 	<ul style="list-style-type: none"> • Beginning of future work 	<ul style="list-style-type: none"> • LA is not a designated service-provider for Indigenous youth so an exploratory stage is necessary

Section E: Priority Report Summary:

Phase One lead agencies must complete a progress report summary **for each** of the priorities identified in their 2016-17 CSDP.

The progress report summary must include:

- the status of the identified priority, including what progress has been made against the deliverables described in the 2016-17 CSDP and what measures were used to determine progress on the deliverables;
- the partners that were involved in addressing the priority and their role in doing so; and
- any challenges/concerns that affected the plan to implement the priorities, and how these challenges were addressed.

PCC's 2016/17 CSDP identified the following key priorities for 2017/18:

1. Final phase, implementation of the Peel Coordinated Intake Network (PCIN)
2. Phase 2, Implementation of EMHware, the common clinical database for Peel's four community-based CSPs
3. Phase 2, development and implementation of a system-wide mechanism for youth engagement (YE)
4. Phase 2, development and implementation of a system-wide mechanism for family engagement (FE)
5. Brief Services review.

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

The implementation of **PCIN** continued, with work completed to assess and begin using the interRAI Screener+ rather than the basic Screener for intake. Branding of the front door to Peel's CYMH service system is on target, with decisions made on the name, visual identity and website URL. Brand elements were created and the project progressed to the development of a website and other brand assets in Q4 of 2017/18. The implementation of the Central Intake Module was deferred due to challenges operationalizing EMHware (see below) which must first be resolved. Work to develop a youth access mechanism began with an assessment and pilot of how/where youth will be able to utilize the Screener+ tool.

The full implementation of **EMHware** at the four community-based CSPs encountered a major snag in the transfer of data from Rapport's Penelope CIS into EMHware. Despite approval of Rapport's data transfer into EMHware by Rapport's management staff, it became evident after the 'Go Live' date for the agency that there were major issues with the data transfer. EMHware was alerted and technical troubleshooting is being done by EMHware. This issue is being problem-solved, with consideration being given to creating Rapport's client data in EMHware (as is done for new clients) rather than transferring it. Discussions on the use of EMHware have begun with Trillium Health Partners (THP), with a decision made to explore how to bring THP's PCIN staff onto EMHware first. THP is considering using EMHware for the rest of its Child and Adolescent Clinic. Discussions with William Osler Health System (WOHS) were deferred as a result of turnover of managerial staff at the hospital's Child and Adolescent Mental Health Clinic. The data integration challenge with WOHS will need to be part of MCYS' CIS Enhancement Phase 2.

Work towards developing a system-wide mechanism for **YE** progressed very well. While the recruitment and retention of youth in mechanisms such as the Youth Engagement Working Group (YEWG) remains a challenge, the YEWG is again operational, including youth members. A major accomplishment was system-wide support from all CSPs for the creation of a Peel chapter of The New Mentality for peer support.

Work towards developing a system-wide mechanism for **FE** also made major progress, including the creation of a Family Engagement Development Group, support for a Peel chapter of Parents for Children’s Mental Health, publication of an environmental scan/report, and family/caregiver membership on the Brief Services review.

The review and redesign of **Brief Services** progressed on target, with a recommended model developed for the CSPs’ and MCYS’ consideration in 2018/19. In Q4 the external project consultant/facilitator experienced health challenges which prevented her continued involvement in the project until the challenges are resolved. The team will continue to move forward with facilitation provided by PCC’s Director, Performance Measurement and Improvement.

Priority Identified		Final phase, Implementation of Peel Coordinated Intake Network	
Partners involved		PCC (Lead Agency) and Peel’s Core Service Providers: Associated Youth Services of Peel; Nexus Youth Services; PCC; Rapport Youth & Family Services; Trillium Health Partners; and William Osler Health System	
Status this period			<p>Red – considerable slippage and a significant risk that the completion date will not be met</p> <p>Amber – a possibility of some slippage but the issues are being dealt with</p> <p>Green – on track and should be completed by the target date</p>
Project Description			
[Very brief details of background, objectives, rationale, scope, etc.]			
<p>PCC continued to work collaboratively with all CSPs on the implementation of PCIN in support of coordinated access/intake for the CYMH core service system in the Peel Service Area. This revisioning project has been ongoing for six years and is aligned with <i>Moving on Mental Health</i> expectations for coordinated access/intake processes. PCC contracted with a consultant, Helen Mullen-Stark, to support this project. The key deliverables completed in 2015-17 were:</p> <ul style="list-style-type: none"> • Implemented standardized, evidence-based intake tool (interRAI Screener) • Implemented community referral process • Adjusted intake process, standards, procedures and protocols • Simplified access (this is an ongoing CQI effort). <p>The identified next steps were to: complete the branding of PCIN; bring staff who are not part of the System Access Team onto EMHware; implement the PCIN Central Intake Module; and develop a youth access mechanism.</p>			
Progress Against Key Milestones			
Deliverable <i>(as identified in the 2016/17 CSDP)</i>	Date of completion	Demonstrable Progress	Next Steps
Finish branding PCIN as the front door to the CYMH service system	<ul style="list-style-type: none"> • Creative concept development: Q3 	<ul style="list-style-type: none"> ✓ Completed creative concept development and testing (refinement, brand tools workshop, visual ID development). Q1/2 work included: verbal and visual identity concepts; and testing with 	<ul style="list-style-type: none"> • Brand asset production (print products; basic website), Q4 into Q1, 2018/19

<p>Lead Agency, Fingerprint Communications, PCIN partners, clients from across CSPs (youth and families/ caregivers), broader sector partners (e.g. hospitals; school boards) and general public</p>	<ul style="list-style-type: none"> • Brand elements completed in Q3; anticipate website and other asset completion in Q4 • External launch anticipated in Q1 of 2018/19 	<p>staff, youth and families. WhereToStart.ca was selected as name and website's URL.</p> <ul style="list-style-type: none"> ✓ Updated PCIN partners at CSP table – Q1, Q3, Q4 ✓ Developed brand elements (logo, tagline, colour scheme), Q3 ✓ Issued RFP for website development, Q3 ✓ Awarded contract and website developed, Q4 	<ul style="list-style-type: none"> • Update broader sector partners & engage them re brand launch, Q4 into Q1 • “Soft” launch internally (with CSPs’ staff and clients), Q4 into Q1 • Stakeholder launch with focus on key referral sources (physicians; CSP hospital clinics). Also, launch to general public via social media, ads etc. (Q1 2018/19) • Possible launch event (2018/19; TBD) • Campaigns to reach other referral sources, e.g. school boards; Child Welfare; Developmental Services
<p>Bring PCIN staff who are not part of the system access team onto EMHware</p> <p>Lead Agency, PCIN staff outside the System Access Team, EMHware staff</p>	<ul style="list-style-type: none"> • Q4 into 2018/19 	<p>Anticipated by end of Q4:</p> <ul style="list-style-type: none"> ✓ PCIN staff at THP on EMHware ✓ Rapport’s intake staff on EMHware (Given data challenges, this may be delayed. Work continues into 2018/19.) ✓ One AYSP intake staff on EMHware (continues into 2018/19) 	<ul style="list-style-type: none"> • AYSP plans to have two staff on its virtual PCIN team but the second position cannot be created until AYSP has negotiated its first collective agreement with OPSEU
<p>Explore switching to Screener+ tool (replacement for Screener tool)</p>	<ul style="list-style-type: none"> • Q3 	<ul style="list-style-type: none"> ✓ Screener+ tool assessed/discussed by interRAI Implementation Team, Communities of Practice (trainers/assessors) and System Access Team ✓ Decision made to move to Screener+ at PCIN ✓ Training/testing on Screener+ (AYSP and System Access Team, including Trillium, in Q3; Rapport and William Osler in Q4) ✓ Intake form modified to reflect the additional data for the Screener+ ✓ Screener+ “goes live” Dec 11th 	<ul style="list-style-type: none"> • Complete Screener+ implementation across PCIN; see Section F
<p>Explore implementing the Central Intake Module for PCIN</p> <p>Lead Agency, PCIN staff, EMHware staff, interRAI staff</p>	<ul style="list-style-type: none"> • Deferred to 2018/19 	<p>Implementation delayed due to the need to focus on agency-level implementation of EMHware</p>	<ul style="list-style-type: none"> • See Section F

<p>Develop a Youth Access Mechanism</p> <p>Lead Agency, PCIN partners, PCIN Consultant, YE Coordinator, YEWG, youth clients from across CSPs, IT staff as needed</p>	<ul style="list-style-type: none"> Underway; anticipated completion in 2018/19 	<ul style="list-style-type: none"> ✓ CSPs that provide youth-focussed services met to discuss youth’s use of Screener+ and intake form (issue identified with youth’s capacity to complete Screener+, as they may not have all the information needed for completion) ✓ Training on Screener+ and use in youth programs (e.g. YBB, RAIN, DBT) began at AYSP in Q3 ✓ Began discussions with Peel's YE initiative including the YE Coordinator and Youth Engagement Working Group (YEWG) 	<ul style="list-style-type: none"> Assess issues with use of Screener+ in youth-focussed programs Research youth-friendly options other than the current intake phone number for technical feasibility, cost, staffing implications, risk mitigation etc. Convene youth focus groups to assess preferred options Prepare report on focus groups' findings and discuss findings with YEWG, PCIN partners and MCYS Make decision on youth access mechanism Implement youth access mechanism on a pilot basis Adjust as needed Implement youth access mechanism system-wide
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Achievements over this period

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

- PCIN branding (name, visual identity, URL) and website
- Training on and implementation of interRAI Screener+ (instead of Screener) for all staff conducting intakes into the service system
- THP’s and Rapport’s members of the PCIN virtual team onto EMHware
- Pilot on use of Screener+ for youth access mechanism

Challenges and Issues

<i>Issue that arose</i>	<i>Issue mitigation</i>
<p>Staffing: turnover on Access/Intake team, primarily due to leaves of absence (maternity; medical) has put pressure on Intake/Access and training teams, and has exacerbated already long wait times</p>	<ul style="list-style-type: none"> Tried different staffing configuration, including a staff member focussed on triage and information enquiries. This worked to shorten wait times when unit was at full complement. New triage/clinical administrative support position filled on contractual basis to June 30, 2018. Focussed effort on rapid recruitment of staff
<p>EMHware technical/operational challenges</p>	<ul style="list-style-type: none"> Focus on implementation problem-solving; Central Intake module on hold

Priority Identified	Phase 2, implementation of EMHware, the common clinical database for Peel’s four community-based CSPs		
Partners involved	PCC (Lead Agency) and Peel’s Core Service Providers: Associated Youth Services of Peel; Nexus Youth Services; PCC; Rapport Youth & Family Services; Trillium Health Partners (exploratory phase)		
Status this period		  	<i>Red – considerable slippage and a significant risk that the completion date will not be met</i> <i>Amber – a possibility of some slippage but the issues are being dealt with</i> <i>Green – on track and should be completed by the target date</i>

Project Description

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

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

By March 31, 2016, following an RFP and careful review and evaluation, the decision had been made to acquire EMHware as the common clinical information system. The software was purchased, licensing was arranged and implementation began, with the goal of having the four community-based CSPs transfer their clinical data onto EMHware by the end of fiscal 2016/17. PCC, Nexus and AYSB completed their data transfers and Rapport’s data transfer occurred in Q1 of 2017. However, Rapport’s data transfer was very problematic and as such, Rapport is not yet fully on EMHware. Other solutions for Rapport are being explored (e.g. EMHware record creation of active clients, similar to what is done for a new client entering the service system).

Data from the Child and Adolescent Mental Health clinics at Trillium Health Partners (THP) and William Osler Health System (WOHS) are part of large, complex clinical information systems. Integration of clinical data from the hospitals’ clinics with data from the community-based CSPs is being explored. (THP is considering coming onto EMHware; WOHS’s clinic has recently undergone a major staff change. With respect to information systems, WOHS has no intention of coming onto EMHware. PCIN needs to explore possibilities for staff at WOHS who are part of PCIN.) As such, the hospital clinics were not part of the implementation process in 2016/17 but remain connected to the work.

The continuing implementation of EMHware will include:

- problem-solving of general implementation issues and Rapport’s data-transfer problem
- continuing work with THP to come onto EMHware
- WOHS will need to be part of the Province’s CIS Enhancement Project: Phase 2, as they have no intention of moving onto EMHware
- any work arising from the CIS Enhancement Project that impacts CSPs using EMHware

Progress Against Key Milestones

<i>Deliverable (as identified in the 2016/17 CSDP)</i>	<i>Date of completion</i>	<i>Demonstrable Progress</i>	<i>Next Steps</i>
Address continuing implementation issues across the four CSPs who are on EMHware	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> ✓ Clinical staff identified issues as they arose ✓ Performance Measurement and Improvement team, IT staff at CSPs and EMHware staff resolved issues 	<ul style="list-style-type: none"> • Develop alternate strategy to bring Rapport onto EMHware • Improve data quality

Lead Agency's Chief Officer, System Planning and Accountability, Performance Measurement and Improvement team, EMHware staff, clinical and IT staff of four community-based CSPs		<ul style="list-style-type: none"> ✓ Developed documentation to support staff's work in EMHware ✓ Communicated solutions broadly across clinical staff at four CSPs ✓ Each community-based CSP developed a plan for ongoing training on EMHware for new staff ✓ Purchased mobile devices for all six CSPs to support each agency's CIS and use of interRAI tools 	
<p>Work with Trillium Health Partners (THP) to determine feasibility of bringing data from THP's Child and Adolescent Mental Health Clinic onto EMHware</p> <p>Lead Agency; THP (clinic staff, IT staff, Privacy Officer and senior management); EMHware staff; PCIN</p>	<ul style="list-style-type: none"> • Continuing into 2018/19 	<ul style="list-style-type: none"> ✓ THP has expressed interest in moving forward with a feasibility analysis ✓ Lead Agency and THP discussed bringing PCIN staff at THP onto EMHware. This step is anticipated to occur late in Q4. (Discussions around bringing the Child & Adolescent clinic onto EMHware are expected occur in 2018/19.) 	<ul style="list-style-type: none"> • Lead Agency and EMHware provide information and discuss feasibility with THP (data privacy/security concerns, and integration with hospital CIS etc.) • THP makes decision. If Trillium decides to bring its clinic onto EMHware: <ul style="list-style-type: none"> ○ Inform EMHware ○ Develop implementation plan ○ Prepare forms and data ○ Train THP's clinic and intake staff ○ Integrate THP's use of EMHware with intake procedures ○ Trouble-shoot implementation issues
<p>Discuss next steps with William Osler Health System (WOHS) regarding how to build a data bridge to EMHware. This will be part of CIS Enhancement Phase 2.</p> <p>Lead Agency; WOHS staff; EMHware staff</p>	<ul style="list-style-type: none"> • Continuing into 2018/19 	<ul style="list-style-type: none"> ✓ Confirmed that WOHS' preference is a data bridge and thus they will need to be part of CIS Enhancement Phase 2 (further discussions were delayed by a series of changes in the clinic's managerial staff) 	<ul style="list-style-type: none"> • Discuss options with new management staff at WOHS' clinic • Determine next steps as per CIS Enhancement Phase 2 project
<p>Analyze clinical forms across Peel's CSPs to identify opportunities to build common forms that will reside in EMHware</p> <p>Lead Agency; all CSPs; EMHware</p>	<ul style="list-style-type: none"> • Continuing into 2018/19 	<ul style="list-style-type: none"> ✓ Decided that each CSP's forms would be brought into EMHware ✓ Agencies' forms now reside in EMHware, as per agency-specific requests 	<ul style="list-style-type: none"> • Develop common consent form to reside in EMHware
<p>Build services that were not in CSPs' previous Clinical Information Systems into EMHware</p>	<ul style="list-style-type: none"> • Continuing into 2018/19 	<ul style="list-style-type: none"> ✓ Began with Child Witness at PCC. Work remains to be done to bring other services into EMHware (e.g. Connect, Respite, PIRS). Tangerine/Brief Services will need to be mapped into EMHware and to be 	<ul style="list-style-type: none"> • Identify other programs that should come onto EMHware and proceed

Lead Agency; all CSPs; EMHware		part of the implementation plan for Brief Services redesign.	
Achievements over this period			
<i>What activities did you complete as you worked towards addressing this identified priority?</i>			
<ul style="list-style-type: none"> • A great deal of technical problem-solving and CQI for all agencies/staff who have moved onto EMHware • Agencies' EMHware training plans; training for new staff • Rapport's data transfer (but was problematic; a new solution is required) • Each agency's forms built into EMHware • Identified data requirements of services that need to be built into EMHware • Explore THP's use of EMHware for PCIN and possibility for the child and adolescent clinic staff 			
Challenges and Issues			
<i>Issue that arose</i>		<i>Issue mitigation</i>	
Many day-to-day technical issues with implementation		Examples of trouble-shooting strategies include: <ul style="list-style-type: none"> • Changes to provide clarity and make Contacts entry easier, including lists of Locations/Methods/Participants/Activities • Form to help identify where issues were occurring with authenticating • Explore speed issues occurring when PCC staff work in EMHware 	
Rapport's data transfer encountered significant snags such that Rapport is still not fully on EMHware		Considering the creation of new records in EMHware for each active Rapport client	
Managerial staff turnover at WOHS delayed discussions/decisions regarding EMHware		Decisions deferred; progress anticipated in 2018/19	

Priority Identified	Development and implementation of a system-wide mechanism for youth engagement (YE)		
Partners involved	PCC (Lead Agency) and Peel’s Core Service Providers: Associated Youth Services of Peel; Nexus Youth Services; PCC; Rapport Youth & Family Services; Trillium Health Partners; and William Osler Health System		
Status this period		  	<i>Red – considerable slippage and a significant risk that the completion date will not be met</i> <i>Amber – a possibility of some slippage but the issues are being dealt with</i> <i>Green – on track and should be completed by the target date</i>
Project Description			
<p>Over the past several years, youth engagement (YE) has made inroads as a guiding service principle amongst all of Peel’s CSPs, most notably Nexus Youth Services, which has integrated YE into service design, delivery and evaluation across its programs. In its 2013 and 2017 re-accreditation, Nexus met all YE standards of the Canadian Centre for Accreditation. Similarly, the Peel Coordinated Intake Network (PCIN), a partnership of all CSPs in the Peel service area, also engaged youth in the re-visioning of Centralized Intake, gathering feedback through focus groups on youth’s experiences with accessing mental health service, towards designing a network access mechanism to accommodate their needs.</p> <p>The Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) is known for its expertise in youth engagement. PCC entered into a formal partnership plan with the Centre and is working with one of its knowledge brokers to help the Peel service area meet MCYS’ requirement for CSDRs to include YE through an evidence-informed, planned and thoughtful process and where appropriate mechanisms are not in place, to note and integrate this as an area of focus.</p> <p>Building on success and given <i>Moving on Mental Health’s</i> requirements with respect to YE, PCC recognized the opportunity to include all six CSPs in the development and implementation of YE in Peel. As such, the third priority activity for the Peel service area is to build upon and expand existing YE efforts in the development and eventual implementation of a system-wide mechanism for YE.</p>			
Progress Against Key Milestones			
<i>Deliverable (as identified in the 2016/17 CSDP)</i>	<i>Date of completion</i>	<i>Demonstrable Progress</i>	<i>Next Steps</i>
Lay the groundwork for youth engagement (YE) in the Peel service area	<ul style="list-style-type: none"> Goals: Q1 Evaluation framework: Q4 Work with TNM and CoE: ongoing Disable the Label conference: Q2 	<ul style="list-style-type: none"> ✓ In partnership with youth, YEWG established set of goals for YE in Peel ✓ Evaluation framework developed with youth; discussion will involve CSP table at its 2017/18 Q4 meeting (or in Q1 of 2018/19) ✓ Worked in collaboration with The New Mentality (TNM) and the CoE’s Knowledge Broker to support best practices in implementing youth initiative/strategy ✓ YE Coordinator and Peel youth attended “Disable the Label” conference organized by TNM 	<ul style="list-style-type: none"> • At least four CSPs create and implement a plan for one new youth engagement initiative/strategy within their respective organization • Create YE communication channels as part of PCIN website (both outgoing for news/blasts and incoming for opportunities to become involved in YE activities)

<p>Improve opportunities for communication and collaboration between Peel’s CSPs</p>	<ul style="list-style-type: none"> • Post-YE-Training session: Q1 • CPM meeting: Q1 • Core Values: Q2 • Training Summary Report: Q2 • CSP meeting: Q3,4 • Focus group: Q4 • Planning of community initiative: Q4 	<ul style="list-style-type: none"> ✓ With YEWG, held post-YE-training session facilitated by The New Mentality ✓ YE Coordinator attended meeting of Community Planning Mechanism (CPM) ✓ YEWG established Peel-specific Core Values that demonstrate collective service-system commitment to YE in Peel ✓ YE Training Summary Report written and translated ✓ Discussed YE Progress with CSP planning table, including presentation by YEWG at Jan 2018 meeting ✓ YE Coordinator consulted re YE in Brief Services review; youth focus group to be held in Q4 ✓ Planning of community initiative underway 	<ul style="list-style-type: none"> • Share training summary report, key findings and YE values with CSPs’ staff and make these materials accessible to youth and families (Q4) • YEWG, in partnership with youth, hosts one community initiative where staff and youth from CSPs have an opportunity to share, learn and improve on YE in Peel (March 2018)
<p>Develop system-wide mechanism for YE to be used in the Peel Service Area</p>	<ul style="list-style-type: none"> • Orientation: Q1 • Recruitment for YEWG: Q1 & ongoing • YEWG meetings: Q1 & ongoing • Revised ToR: Q1 • Exploration of YE work to date: ongoing • MoU with TNM: Q4 	<ul style="list-style-type: none"> ✓ Planned and facilitated 4 youth orientation sessions (1 each at AYSP, Nexus, Rapport and on Facebook Live) ✓ Recruited and on-boarded 8 youth for Youth Engagement Working Group (YEWG) ✓ YEWG met monthly ✓ Revised YEWG Terms of Reference ✓ Explored activities and findings from past 3 years to inform YE activities ✓ Held discussions with LA and CSPs re supporting Peel chapter of The New Mentality (TNM) ✓ Memorandum of Understanding developed and signed by Lead Agency, six CSPs and TNM ✓ Two youth facilitators recruited for TNM Peel chapter 	<ul style="list-style-type: none"> • YEWG, with youth membership, chooses one to two activities and develops a work plan for implementing the activities (Q4)

Achievements over this period

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

- Recruitment of youth members (to replace former members who had moved on) to the YEWG
- Post-YE training session with YEWG
- Summary Report on YE training session in English and French
- Peel-specific YE goals and values
- Revised YEWG Terms of Reference
- Supported establishment of Peel chapter of The New Mentality
- YE focus groups as part of Brief Services review and to develop Youth Wellness Hub proposal
- Evaluation framework for YE
- YE community initiative – event plan
- YE work plan for 2018/19

Challenges and Issues	
<i>Issue that arose</i>	<i>Issue mitigation</i>
<ul style="list-style-type: none"> • Figuring out the supports needed for the establishment of a Peel chapter of The New Mentality (policy/procedures re use of space; other infrastructures supports; host agency approval) • Developing an MoU with The New Mentality that reflected the partnership with all CSPs in the Peel service area, not just PCC as Lead Agency and provider of infrastructure supports • Recruitment of youth via Peel CSPs for YEWG, focus groups, The New Mentality etc. This is an ongoing need because most youth can play only short-term roles given their stage of life (e.g. moving away from home; finding jobs; attending post-secondary education) 	<ul style="list-style-type: none"> • Discussions with The New Mentality and managers/leaders at PCC (lead agency) • Discussion at CSP table followed by work with The New Mentality and PCC's senior staff to draft an MoU with signatories from each CSP as well as the Lead Agency • Discussions began with Peel District School Board and Dufferin-Peel Catholic District School Board about the possibility of recruitment in schools, but so far there has been no update on the Boards' part. Next year's efforts will extend into discussions with other sector partners, e.g. Peel CAS. Consideration is being given to changing the intake form/process to ask youth if they are interested in becoming involved in any YE initiatives. There will also be opportunities via the new WhereToStart.ca (PCIN) website.

Priority Identified	Development and implementation of a system-wide mechanism for family engagement (FE)		
Partners involved	PCC (Lead Agency) and Peel’s Core Service Providers: Associated Youth Services of Peel; Nexus Youth Services; PCC; Rapport Youth & Family Services; Trillium Health Partners; and William Osler Health System		
Status this period		  	<i>Red – considerable slippage and a significant risk that the completion date will not be met</i> <i>Amber – a possibility of some slippage but the issues are being dealt with</i> <i>Green – on track and should be completed by the target date</i>
Project Description			
<i>[Very brief details of background, objectives, rationale, scope, etc.]</i>			
<p>The Core Service Providers (CSPs) in the Peel Service Area already engage families in many ways, e.g. skills-building and support groups; involvement of parents/caregivers in developing treatment plans and (where appropriate) as members of treatment teams; parent/caregiver feedback on service experience/quality; outreach at community events; raising public awareness of mental health and available services via traditional and social media; advisory committees; involvement in clinical research projects and focus groups; etc.</p> <p>Similar to Peel’s YE strategy, there is an opportunity to broaden our historic agency-specific context and conceptualize family engagement (FE) from a community perspective so that future efforts are aligned and leveraged beyond the borders of individual agencies. The annual distribution for several years of information cards about Mental Health Services for Children and Youth (Centralized Intake; predecessor to PCIN) to families via schools in the Peel District School Board and Dufferin-Peel Catholic District School Board, and through healthcare and social-service providers, is one example of the benefits that can accrue to the community when a more system-wide approach is taken.</p> <p>The Ontario Centre of Excellence for Child and Youth Mental Health (CoE) is known for its expertise in FE. PCC entered into a formal partnership plan with the CoE to help the Peel service area meet MCYS’ requirement for CSDRs to include engagement with families/caregivers through an evidence-informed, planned and thoughtful process and where appropriate mechanisms are not in place, to note and integrate this as an area of focus. As such, the development and eventual implementation of a system-wide mechanism for FE is a priority activity for the Peel service area.</p>			
Progress Against Key Milestones			
Deliverable (as identified in the 2016/17 CSDP)	Date of completion	Demonstrable Progress	Next Steps
Lay groundwork for coordinated family engagement (FE) in the Peel service area	<ul style="list-style-type: none"> • Focus groups: Q1 • Content analysis: Q2 • Summary reports written & shared: Q2 	<ul style="list-style-type: none"> ✓ Completed Environmental Scan and related Summary Reports to further inform FE mechanism: <ul style="list-style-type: none"> ○ Held last of 3 CSP staff focus groups to capture staff’s perspectives on potential FE activities ○ Analyzed content from family and staff consultations ○ Wrote summary reports for family and staff participants and distributed them 	<ul style="list-style-type: none"> • Create executive summary and presentation • Translate executive summary into French • Distribute Environmental Scan/Report and/or its executive summary, as appropriate • Strategies for above to be co-determined with FEDG

	<ul style="list-style-type: none"> • Environmental scan completed: Q3 	<ul style="list-style-type: none"> ○ Wrote full Environmental Scan Report; submitted to manager/senior leaders and FEDG members at CSPs for review 	
Create and/or take advantage of opportunities to model FE practices at the system level	<ul style="list-style-type: none"> • FE in Brief Services review/redesign: Q3 • FE role in Youth Wellness Hub proposal: Q3 	<ul style="list-style-type: none"> ✓ Recruited family members to participate as members of the project team for the Brief Services review/redesign ✓ FE Coordinator is part of consultation process for Peel’s Youth Wellness Hub proposal 	
Develop system-wide mechanism for FE to be used in the Peel Service Area	<p>Continues into fiscal 2018/19</p> <ul style="list-style-type: none"> • FEDG established: Q2 • Family Engage email & newsletter: Q2 • Vision, strategy: Q3/4 • PCMH chapter : Q4 	<ul style="list-style-type: none"> ✓ Established FE development group (FEDG) consisting of family and staff members from Peel CSPs: <ul style="list-style-type: none"> ○ With PCMH, developed an outreach strategy to engage families to join the FEDG ○ Contacted CSPs to identify FEDG participants ○ Recruited 7 family and 3 CSP members ○ With PCMH, provided support to FEDG members to ensure a collaborative partnership ○ Developed Terms of Reference ○ FEDG provided progress report and discussed FE plans with CSP table at meeting in Jan 2018 ✓ Email channel developed and newsletter distributed ✓ Using expertise within the FEDG collaborative, developed a Vision and strategy for FE in Peel: <ul style="list-style-type: none"> ○ FEDG participated in a facilitated process to develop a Vision and strategy for FE in Peel ○ FEDG co-developed a work plan to facilitate the identified strategy for collaborative FE practice ✓ Created opportunities to model FE practices at multiple levels: <ul style="list-style-type: none"> ○ Obtained approvals needed to support Peel chapter of PCMH, including infrastructure support (e.g. phone line) ○ Supported establishment of Peel chapter of PCMH as a peer support program for families ○ Arranged training with PCMH facilitators ○ First meeting held on Jan 22, 2018; ongoing schedule to meet 4th Monday of each month 	<ul style="list-style-type: none"> • Expand FE work into the broader community via the Community Planning Mechanism (CPM) for CYMH services in Peel • Create new FE communication channels on PCIN website (outgoing for news/blasts; incoming for those interested in becoming involved) • Communicate Peel’s FE Vision and strategy • Based on recommendations and learnings, including input from FEDG and PCMH chapter, establish “made in Peel” system-wide mechanism for FE

Achievements over this period

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

- “Family Engagement in Child and Youth Mental Health in Peel Region” (Environmental Scan/Status Report) written and reviewed; translation and distribution pending in Q4
- Recruited families to participate as members of the Brief Services Review/Redesign Project Team, as part of testing the brand concepts for PCIN, and as members of the Peel chapter of Parents for Children’s Mental Health (PCMH)
- Established Family Engagement Development Group (FEDG) including terms of reference, recruitment, and FE training (facilitated by FE Specialist from PCMH)
- Established FE email communications channel (Family Engage) and newsletter
- Supported the establishment of a Peel chapter of PCMH, including recruitment of co-leaders, as a peer support group

Challenges and Issues

Issue that arose

Issue mitigation

- | | |
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| <ul style="list-style-type: none"> • Figuring out the supports needed to establish a Peel chapter of Parents for Children’s Mental Health (policy/procedures re use of space; other infrastructures supports; host agency approval) | <ul style="list-style-type: none"> • Discussions with Parents for Children’s Mental Health and managers/leaders at PCC (as lead agency) |
|--|--|

Priority Identified	Brief Services review		
Partners involved	PCC (Lead Agency) and Peel's Core Service Providers who currently have programs mapped to Brief Services: Associated Youth Services of Peel; Nexus Youth Services; PCC; and Rapport Youth & Family Services		
Status this period		  	<i>Red – considerable slippage and a significant risk that the completion date will not be met</i> <i>Amber – a possibility of some slippage but the issues are being dealt with</i> <i>Green – on track and should be completed by the target date</i>
Project Description			
<p>A review of existing Brief Services as a CSDP priority arose from a suggestion made during Peel CSPs' discussion of potential CYMH system improvements as part of the process for making recommendations to MCYS on Peel's allocation of the Province's new CYMH investment in winter 2015/16. Additional discussion in the context of finding system efficiencies occurred at Peel's CSP table in preparation for the 2015/16 CSDP. Among the key issues identified for the review were:</p> <ul style="list-style-type: none"> • Service partners in Tangerine Walk-in Counselling (AYSP, PCC, Rapport) were experiencing service delivery challenges under Peel's existing walk-in model • Some of the mapped "Brief Services" in Peel do not fully align with the definition of Brief Services in PGR #1 • There are some obvious inefficiencies in Brief Services, e.g. the requirement for a full intake before Single Session Therapy (SST) at PCC • Consideration of where Nexus SOS fits within Brief Services. <p>As such, the decision was made to identify a review of Brief Services as an emerging priority in the 2015/16 service plan, subject to approval by MCYS. In Q3 of 2016/17, Peel CSPs discussed the scope of the project and issues that should be considered. PCC contracted with Helen Mullen-Stark to support the review. In Q4 of 2016/17, a Project Team comprised of the consultant and representatives from the CSPs' that provide Brief Service was struck. The Project Team met twice, creating a draft project definition, confirming risk management issues and mitigation strategies, and considering the inclusion of family representatives on the project team.</p> <p>The bulk of the Brief Services review occurred in 2017/18. Next steps will include: consideration of potential service delivery models and their implications; decision on the model to be recommended to MCYS; obtaining MCYS' approval to proceed; and developing implementation and communication strategies/plans.</p>			
Progress Against Key Milestones			
Deliverable <i>(as identified in the 2016/17 CSDP)</i>	Date of completion	Demonstrable Progress	Next Steps
Approval of project plan Consultant, Project Team, Lead Agency and CSP planning table	Q1	<ul style="list-style-type: none"> ✓ Draft of plan reviewed with Project Team and LA ✓ Plan shared with CSP table at its June 2017 meeting ✓ Adjustments made to plan following CSP table's input ✓ Project approved 	
Preparatory stage Consultant, Project Team, FE Coordinator, PCMH, COE, CSP staff involved in delivery of Brief Services, and CSP planning table	Q3	<ul style="list-style-type: none"> ✓ Two caregivers recruited to project team as part of CSDP's Family Engagement strategy ✓ Data and information gathered: <ul style="list-style-type: none"> ○ client satisfaction data, 2014-2017 from AYS, PCC and Rapport (youth and caregivers) ○ Brief Services data, 2014-2017 from Tangerine, Single Sessions & Brief Counselling 	

		<ul style="list-style-type: none"> ✓ PCC's Performance Measurement & Improvement staff analyzed data and prepared summary of multiple features including age distribution, residency, presenting concerns, safety concerns & service trends ✓ Research completed and summarized on other provincial models and their operational features to inform model development: <ul style="list-style-type: none"> ○ interviews with 5 agencies outside Peel ○ studies by the Ontario Centre of Excellence ✓ focus groups held with staff who deliver Tangerine Walk-In, SST, Brief Counselling and SOS; Access/Intake Specialists; and Receptionists at all sites ✓ Current state articulated including model features, attributes and components ✓ Confirmed YE strategy for Brief Services review with YE coordinator; youth focus group to be held in Q4 	
<p>Draft model options</p> <p>Consultant, Project Team, Lead Agency and CSP planning table</p>	Q3	<ul style="list-style-type: none"> ✓ Consultant and Project Team drafted model options informed by MCYS' expectations, best practices, experience of other CYMH agencies and Peel service system's experience ✓ "Mind map" of proposed model shared with CSP table at Oct 2017 meeting ✓ Report with model options completed and submitted to Lead Agency, Dec 2017 ✓ Preliminary model options shared with CSPs, Jan 2018 	<ul style="list-style-type: none"> • Return to CSP table in 2018/19 to complete work that will confirm key model features required for the development of a new service delivery model(s) for recommendation to MCYS
<p>Identification of operational issues</p> <p>Consultant, Project Team, CSPs that deliver Brief Services, Lead Agency's System Planning and Accountability department</p>	Q4	<ul style="list-style-type: none"> ✓ In addition to operational issues (access/intake, service delivery, staffing and funding allocation), this stage considered: <ul style="list-style-type: none"> ○ Common data collection (elements and tools) ○ Development of an evaluation framework ○ Development of a quality improvement framework 	
<p>Recommendations for changes to Brief Services delivery</p> <p>Consultant, Project Team, CSPs that deliver Brief Services, CSP planning table, MCYS (regional office and corporate)</p>	Continuing into 2018/19; see work plan in Section F	<ul style="list-style-type: none"> ✓ Work plan and deliverables for 2018/19 discussed at Jan 2018 meeting of CSP table 	<ul style="list-style-type: none"> • Discuss potential service delivery models at CSP table, within agencies and at MCYS (regional office and corporate) including their service delivery, funding, staffing and infrastructure implications

			<ul style="list-style-type: none"> Decide which model to recommend to MCYS for implementation
Development of communications plan Consultant, Project Team, Lead Agency's Corporate Communications department, CSPs that deliver Brief Services, CSP and CMH planning tables	2018/19 into 2019/20	✓ Drafted Communications for CSP staff: "Brief Services Revisioning Project, Communication #1" as part of internal communications plan	<ul style="list-style-type: none"> Develop strategic communications plan including audience identification, key messages, issues management, FAQ, and communication processes/vehicles Discuss at CSP table and, if possible, the Community Planning Mechanism Prepare communications (including French translations) for: <ul style="list-style-type: none"> Internal audiences (CSP agencies - boards; staff; clients) External audiences (broader sector partners; general public) Execute communications campaign
Development of implementation plan Consultant, Project Team, CSPs that deliver Brief Services, MCYS Regional Office	2018/19 into 2019/20		<ul style="list-style-type: none"> Develop implementation plan Review plan with CSPs' senior leaders and MCYS Explore impacts of plan within agencies Obtain MCYS approval to implement new service delivery model
Achievements over this period			
<i>What activities did you complete as you worked towards addressing this identified priority?</i> <ul style="list-style-type: none"> Project Plan Information-gathering/research, including Brief Services models in other CYMH service areas and best practices Family and youth engagement as part of the review process Articulation of current state in Peel, including extensive data analysis (consumer satisfaction, demographics, service trends etc.) Identification of operational issues with current model Potential service delivery model designs Summary of project to Dec 2017 			
Challenges and Issues			
<i>Issue that arose</i>		<i>Issue mitigation</i>	
Staff fear of or resistance to change		Engagement of staff via focus groups and discussions at multiple levels about the need for the redesign to align with PGR #1 and to resolve operational issues, e.g. full intakes for Single Session.	

Section F: 2018/19 Priorities

Lead agencies must identify **three** priorities for 2018-19. These priorities should focus on the delivery and planning of core services (priorities involving working with broader sector partners will be captured in the 2017-18 Community Mental Health Plan). These priorities may build on the ones identified for 2017-18. Priorities could focus on the following areas (note that this is not an exhaustive list):

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

For identified priorities, the description must be accompanied by:

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

Name of Priority #1: Completion of final phase, Implementation of Peel Coordinated Intake Network (PCIN)

<p>Rationale: This priority continues from the previous year's CSDP. The same rationale applies.</p>

<p>PCC will continue to work collaboratively with all CSPs on the remaining deliverables for the implementation of PCIN in support of coordinated access to the CYMH core service system in the Peel Service Area. This revisioning project has been ongoing for six years and is aligned with <i>Moving on Mental Health</i> expectations for coordinated access/intake processes, as summarized in the project history below.</p>

<p>The revisioning of Centralized Intake (Mental Health Services for Children and Youth) began in 2012 when, following an infusion of new funding, MCYS and Peel's CYMH service providers determined that a revisioning was timely and would help to ensure that Peel's Centralized Intake process was meeting the needs of children, youth and families in the most efficient and effective manner. The revisioning partners struck Steering and Implementation Committees and began work to determine the key decisions required to move forward on developing a design and implementation plan.</p>
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<p>In 2013, the Steering Committee reviewed the project to ensure that its goals were aligned with MCYS' system transformation agenda. Additionally, a new Implementation Design Sub-Committee, led by Dr. Kathy Sdao-Jarvie, was charged with process design, the establishment of clear clinical pathways, the development of the intake questions and data elements to be collected, and the technology to support the concept of a new network called Peel Coordinated Intake Network (PCIN). The sub-committee examined the many current pathways to core services in Peel, finding that approximately half of the services were accessed directly rather than through Centralized Intake. The sub-committee then paused its work to await MCYS' draft Service Framework so as to ensure that Peel's revisioning was in line with MCYS' direction.</p>

<p>Following the Service Framework release in September 2014, consultations began with youth on how best to design the network access mechanism to accommodate their needs. The Implementation Design Sub-Committee also agreed to work together to problem-solve any issues that arose prior to the implementation of the new network model, ensuring alignment with the new vision and guiding principles for PCIN. William Osler Health System's Child</p>

and Adolescent Clinic was added to Centralized Intake’s promotional materials so that all MCYS-funded child and youth mental health service providers in Peel were represented, moving the project one step closer to operationalizing the new PCIN model.

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

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

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

1. Common assessment/outcome tool (the interRAI ChYMH). As this is a different tool than the interRAI Screener (and in 2017/18, the Screener+) implemented for PCIN, it became a separate priority.
2. A common clinical database. While the technological database solution that will support PCIN (i.e. Central Intake Module of EMHware) remains as part of the PCIN priority, a common CIS solution for all other clinical information was a more complex project, as each organization’s data required segregation for clinical purposes and integration for reporting purposes. The procured CIS (EMHware) houses CYMH clinical information for each of the four community-based agencies: AYSP, Nexus, PCC and Rapport.

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

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

Going into fiscal 2018/19, the branded PCIN – WhereToStart.ca – will be rolled out in spring 2018 to the community (website, print/ad materials and information campaign); the remaining PCIN staff will come onto EMHware; and work will focus on two outstanding deliverables: implementing the Central Intake Module (pending the resolution of EMHware implementation issues); and a youth access mechanism.

In fiscal 2019/20, the CSDR’s work on coordinated access/intake will begin to intersect with the CMHR’s pathways priorities. This cross-sectoral work aims to clarify and simplify CYMH pathways towards the MOMH goal of all Ontario children and youth with mental health problems and their families knowing how to access the services and supports that meet their needs.

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

Deliverable(s)	Task(s)	Estimated Timelines
Roll out the branded PCIN (WhereToStart.ca) as the front door to the CYMH service system	Phase 3: <ul style="list-style-type: none"> • Website goes live • Complete production of other brand assets (e.g. print/ad products) 	<ul style="list-style-type: none"> • Phase 3: Q1-2 • Phase 4: Q1-4 (staged public relations campaigns beginning with

<p>Lead Agency, Fingerprint Communications/Clark Stanley (branding), Interkom (website), PCIN partners, clients from across CSPs (youth and families/caregivers), broader sector partners (e.g. hospitals; school boards) and general public</p>	<ul style="list-style-type: none"> • “Soft” internal stakeholder launch including CSP hospital clinics (to reach referring physicians) and school boards’ social work/psychology/CYW staff (to reach children, youth and their families) <p>Phase 4:</p> <ul style="list-style-type: none"> • External stakeholder launch to general public, e.g. social media marketing; possible bus/mall ads • Coordination with FE and YE initiatives for differentiated launch strategies for families/children and youth • A launch event (potentially during Children’s Mental Health Week, May 2018) • Additional outreach strategies to other referral sources, e.g. Child Welfare; Developmental Services 	<p>Children’s Mental Health Week in Q1; any school-based campaigns would begin in Q3)</p>
<p>Bring PCIN staff who are not part of the system access team onto EMHware</p>	<ul style="list-style-type: none"> • If not completed in Q4, staff from Rapport and Trillium come onto EMHware • Emphasis on remaining staff at AYSP (resolution of other issues – first collective agreement at AYSP are required first) • Once new management has achieved stability at William Osler, renewed discussions will need to commence about the interface of William Osler staff with PCIN. At this point there are no plans to bring staff at William Osler who complete CYMH intakes into PCIN. 	<ul style="list-style-type: none"> • Q1 • Q1-4
<p>Begin implementing the Central Intake Module for PCIN</p> <p>Lead Agency, PCIN staff, EMHware staff, interRAI staff</p>	<ul style="list-style-type: none"> • Resolution of EMHware issues (see priority #2) is required before proceeding to implement the Central Intake Module • Once PCIN can implement the module, the CSPs will be able to centralize their wait lists across PCIN 	<ul style="list-style-type: none"> • Q1-4
<p>Continue work on development of a Youth Access Mechanism</p> <p>Lead Agency, PCIN partners, PCIN Consultant, YE Coordinator, YEWG, youth clients from across CSPs, IT staff as needed</p>	<ul style="list-style-type: none"> • Continue researching youth-friendly options other than the current intake phone number, working collaboratively with YE Coordinator and YEWG • Convene youth focus groups to assess preferred options • Prepare report on research and focus groups’ findings/assessment and discuss report with YEWG, PCIN partners and MCYS • Recommend final option and discuss recommendation with same partners • Make decision on youth access mechanism • Implement youth access mechanism on a pilot basis • Adjust as needed • Implement youth access mechanism system-wide 	<ul style="list-style-type: none"> • Q1-2 for research, focus groups and assessment • Q2 to write report • Q3 for discussions with YEWG, PCIN partners and MCYS • Q3 for decision • Q4 for pilot • Q4 into 2019/20 for adjustments and full implementation

Name of Priority #2: Continuing implementation of EMHware
(focus on hospital-based CSPs and MCYS' CIS Enhancement Project/BI Solution)

Rationale:

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

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

By March 31, 2016, following an RFP and careful review and evaluation, the decision had been made to acquire EMHware as the common CIS. The software was purchased, licensing was arranged and implementation began, with the goal of having the four community-based CSPs transfer their clinical data by the end of fiscal 2016/17. PCC, Nexus and AYSB completed their data transfers in 2016/17 and Rapport's transfer occurred in Q1 of 2017/18. However, as discussed in Section E, there were problems with the Rapport data transfer and a new solution may need to be found.

In 2017/18, the implementation of EMHware focussed on problem-solving of technical and implementation issues, particularly with respect to the transfer of data from Rapport. Discussions began with Trillium on the possibility of implementing EMHware at two levels: PCIN (the decision was made to bring Trillium's PCIN worker onto EMHware); and at the clinic itself (more discussion is needed).

Going into 2018/19, efforts will focus on: improving ease of use and data quality system-wide; resolving the problems with Rapport's data transfer, possibly through the creation rather than transfer of its clinical records; continuing discussions with Trillium regarding the feasibility of bringing the hospital's clinic on to EMHware; and beginning discussions with William Osler's new managerial staff regarding implications of CIS Enhancement Phase 2 work that has potential to allow data to flow from CSP (William Osler) to the Lead Agency (PCC).

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

	Task(s)	Estimated Timelines
<p>Address continuing technical issues across the four CSPs who are on EMHware</p> <p>Lead Agency's Decision Support team, EMHware staff, clinical and IT staff of four community-based CSPs</p>	<ul style="list-style-type: none"> Clinical staff identify issues as they arise Decision Support team, data management staff and IT staff at CSPs and EMHware staff resolve issues Develop documentation to support staff's work in EMHware Communicate solutions broadly across clinical staff at four CSPs Continue ongoing training on EMHware for new staff 	Ongoing CQI
<p>Resolve data transfer issue at Rapport</p> <p>Lead Agency's Decision Support team, EMHware staff, Rapport's staff</p>	<ul style="list-style-type: none"> Continue work begun from 2017/18 to resolve issues, possibly through creation of new records for active clients rather than using the transferred data 	Q1 and ongoing

<p>Work with Trillium Health Partners to determine feasibility of bringing Trillium’s Child and Adolescent Mental Health Clinic staff onto EMHware</p> <p>Lead Agency; Trillium Health Partners (clinic staff, IT staff, Privacy Officer and senior management); EMHware staff</p>	<ul style="list-style-type: none"> • Lead Agency and EMHware provide information and discuss feasibility with Trillium (cost, privacy concerns, and integration with hospital CIS etc.) • If Trillium decides to bring its clinic onto EMHware: <ul style="list-style-type: none"> ○ Inform EMHware ○ Develop an implementation plan ○ Prepare forms and data ○ Train Trillium’s clinic and intake staff ○ Integrate Trillium’s use of EMHware with intake procedures at Trillium and with the system access team at PCC ○ Trouble-shoot implementation issues 	<p>Ongoing</p>
<p>Discuss next steps with William Osler Health System regarding how to bring data into EMHware</p> <p>Lead Agency; William Osler Health System; EMHware</p>	<ul style="list-style-type: none"> • Discuss options with new management staff at William Osler’s clinic • Determine next steps as per CIS Enhancement Phase 2 project 	<p>Q1-4</p>
<p>Analyze clinical forms across Peel’s CSPs to identify opportunities to build common forms that will reside in EMHware</p> <p>Lead Agency; relevant CSPs on EMHware; EMHware</p>	<ul style="list-style-type: none"> • Analyze collected forms for differences and commonalities, determining where it makes sense to create common forms that will reside in EMHware • Discuss with CSPs; make decisions • Work with EMHware staff to create forms • Test and implement common forms, including staff training if needed 	<p>Ongoing CQI process</p>
<p>Build services that were not in CSPs’ previous Clinical Information Systems into EMHware</p> <p>Lead Agency; relevant CSPs; EMHware</p>	<ul style="list-style-type: none"> • Identify services that were not in each CSPs’ previous CIS (e.g., CONNECT, Respite, PIRS for PCC) • Work with EMHware to build the services into EMHware • Train staff on EMHware and begin entering data • Trouble-shoot any implementation issues 	<p>Ongoing</p>

Name of Priority #3: Continuing development & implementation of a youth engagement (YE) mechanism for the Peel service area

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

Over the past several years, youth engagement (YE) has made inroads as a guiding service principle amongst all of Peel's Core Service Providers (CSPs), most notably Nexus Youth Services (NYS), which has integrated YE into service design, delivery and evaluation across all its programs. In its 2013 and 2017 re-accreditation, NYS met all YE standards of the Canadian Centre for Accreditation. Similarly, the Peel Coordinated Intake Network (PCIN), a partnership of all CSPs in the Peel service area, engaged youth in the revisioning of Centralized Intake, gathering feedback through focus groups on youth's experiences with accessing mental health services, so as to design a network access mechanism to accommodate their needs.

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

Building on success and given *Moving on Mental Health's* requirements with respect to YE, PCC recognized the opportunity to include all six CSPs in the development and implementation of YE in Peel. As such, the third priority activity for the Peel service area continues to build upon and expand existing YE efforts in the development and eventual implementation of a system-wide mechanism for YE.

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

Deliverable(s)	Task(s)	Estimated Timelines
<p>Complete the operationalization of The New Mentality's (TNM) Peel chapter</p> <p>Lead agency, all CSPs, YE Coordinator, youth clients, The New Mentality</p>	<ul style="list-style-type: none"> • Ensure that infrastructure supports are meeting the chapter's needs • Recruit youth to attend Disable the Label conference in July 2018 (beginning of annual cycle for TNM), and for ongoing involvement in the Peel chapter • TNM to identify "low hanging fruit" as its initial attainable goals/projects • Develop role clarity for TNM vs YEWG • TNM will likely recommend an initiative/event as part of Peel's YE mechanism • YE Coordinator monitors, facilitates and supports as needed 	<ul style="list-style-type: none"> • Ongoing throughout 2018/19 (Note: TNM's fiscal year runs from July to June)
<p>Ongoing recruitment of youth</p> <p>Lead agency, all CSPs, YE Coordinator, youth-serving sectors, youth clients</p>	<ul style="list-style-type: none"> • Recruit youth for YEWG, focus groups etc. • Consider other areas/sectors for recruitment, e.g. schools; Peel CAS clients • Work with Manager, Access, Intake & Health Information (who oversees the Access/Intake team) on potential changes to intake form/process to facilitate recruitment 	<ul style="list-style-type: none"> • Ongoing throughout 2018/19
<p>Support the development of YE access/intake mechanism and communication channels</p> <p>Lead Agency, PCIN, YE Coordinator, youth clients, YEWG, PCIN's System Access Team and Branding Working Group</p>	<ul style="list-style-type: none"> • Continuing collaboration with working group that is developing the website for WhereToStart.ca, and with PCIN staff working on youth access mechanism to ensure that website and future access mechanism meets YE communication needs (access to the CYMH service system and communicating externally with youth and their adult allies) • See PCIN Priority #1 	<ul style="list-style-type: none"> • Throughout 2018/19

<p>Build upon opportunities for communication and collaboration between Peel's CSPs and with community partners</p> <p>Lead Agency, all CSPs, YEWG, youth clients, YE Coordinator, other youth-serving sectors</p>	<ul style="list-style-type: none"> Continuing collaboration at YEWG and CSP table Seize community opportunities as they arise (e.g. – if a Youth Wellness Hub is awarded to Peel) With support from Centre of Excellence, considers opportunities for knowledge exchange Begin to move YE work into the Community Planning Mechanism for CYMH in Peel – e.g. extend YE training to broader sector partners that deliver youth mental health services 	<ul style="list-style-type: none"> Ongoing throughout 2018/19
<p>Operationalize YE evaluation framework</p> <p>All CSPs, YEWG, youth clients, YE Coordinator, PCC's Performance Measurement & Improvement team</p>	<ul style="list-style-type: none"> Define 5 W's (who, what, when, where, why, how) of new evaluation methods Incrementally begin to implement the evaluation framework developed in Q4 of 2017/18 Link into other systems work as needed (e.g. EMHware) 	<ul style="list-style-type: none"> Ongoing throughout 2018/19
<p>Develop system-wide mechanism for YE to be used in the Peel Service Area</p> <p>YEWG, youth clients, Lead Agency, all CSPs, The New Mentality, other youth-serving sectors</p>	<ul style="list-style-type: none"> YEWG chooses one to two activities, develops a work plan and implements the chosen activities YEWG, with TNM, considers their respective roles At least four CSPs create and implement a plan for one new YE initiative/strategy within their respective organization Develop "menu" of activities that could be part of a system-wide mechanism Obtain youth input via focus groups, interviews and/or surveys Discuss potential YE mechanism at YEWG Write report summarizing feedback and recommending YE mechanism YEWG brings report to CSP table for discussion and consensus on next steps 	<ul style="list-style-type: none"> Ongoing; report on recommended mechanism expected to be ready by Q4
<p>Begin discussions on meaningful, appropriate role(s) for youth in CYMH Core Service governance</p> <p>Lead agency, Centre of Excellence, senior staff and boards of CSPs, YEWG, youth clients</p>	<ul style="list-style-type: none"> With support from the Centre of Excellence, YE Coordinator and YEWG research best practices in YE with respect to governance Discussions at YEWG involving CSP staff and youth Seek input from youth via CSPs (e.g. focus groups, interviews and/or survey) Subsequent discussions with Peel's CSP planning table Write summary report with recommendations and discuss with CSPs CSPs discuss recommendations with their Boards of Directors 	<ul style="list-style-type: none"> Begin in latter part of fiscal 2018/19

Name of Priority #4: Continuing development & implementation of a family engagement (FE) mechanism for the Peel service area

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

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

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

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

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

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

Deliverable(s)	Task(s)	Estimated Timelines
<p>Complete operationalization of the Parents for Children's Mental Health (PCMH) Peel chapter</p> <p>Lead agency, all CSPs, FE Coordinator, PCMH, parents/caregivers</p>	<ul style="list-style-type: none"> • Ensure that infrastructure supports are in place and meeting chapter's needs • FE Coordinator monitors, facilitates and supports as needed 	<ul style="list-style-type: none"> • Ongoing throughout 2018/19
<p>Ongoing recruitment of families/caregivers</p> <p>Lead agency, all CSPs, FE Coordinator, families/caregivers</p>	<ul style="list-style-type: none"> • Recruit family members for FEDG, focus groups, working groups etc. • Work with Manager, Access, Intake & Health Information (who oversees the Access/Intake team) on potential changes to intake form/process to facilitate recruitment 	<ul style="list-style-type: none"> • Ongoing throughout 2018/19
<p>Support the development of FE communication channels</p>	<ul style="list-style-type: none"> • Continue collaboration with working group that is developing the website for WhereToStart.ca to ensure that website meets FE communication needs 	

Lead Agency, PCIN, FE Coordinator, FEDG, families/caregivers, PCIN's Branding Working Group	(access to the CYMH service system and communicating externally with families/caregivers) <ul style="list-style-type: none"> See PCIN Priority #1 	
Build upon opportunities for communication and collaboration between Peel's CSPs and with community partners Lead Agency, all CSPs, FEDG, families/caregivers, FE Coordinator, other children's service sectors	<ul style="list-style-type: none"> Continue collaboration at FEDG and CSP table Offer training on FE with Centre of Excellence and PCMH for CSP staff who were not part of training in fiscal 2016/17 Continue to create and/or take advantage of opportunities to model FE at the system level (e.g. – if a Youth Wellness Hub is awarded to Peel) With support from Centre of Excellence, consider opportunities for knowledge exchange Begin to move FE work into Peel's Community Planning Mechanism for CYMH – e.g. expand FE training to broader sectors that deliver children's mental health services 	<ul style="list-style-type: none"> Ongoing throughout 2018/19
Communicate Peel's FE Vision and Strategy	<ul style="list-style-type: none"> Organize an event to reveal FE Vision and strategy Per plans identified by FEDG, communicate the Vision and strategy to Peel CSPs, clients, families, community organizations and public 	Q1
Develop an evaluation plan for FE in Peel FEDG, FE Coordinator, PCC's Performance Measurement staff, Peel CSPs and their families	<ul style="list-style-type: none"> Develop an evaluation plan with support from PCC's Performance Measurement & Improvement staff Per the plan, decide on next steps (evaluation framework, implementation etc.) 	Q1-2
Develop system-wide mechanism for FE to be used in the Peel Service Area Lead agency, Centre of Excellence, Staff and boards of all CSPs, other children's service sectors, parents/caregivers	<ul style="list-style-type: none"> FEDG and PCMH consider their respective roles and develop role clarity FEDG finishes developing its proposal for a FE-mechanism, informed by the environmental scan/report completed in 2017/18 Obtain family/caregiver input via focus groups, interviews and/or surveys Write report summarizing feedback and recommending FE mechanism Bring report to CSP table for discussion and consensus on next steps 	Q4, 2017/18 into 2018/19
Begin discussions on meaningful, appropriate role(s) for families/caregivers in CYMH Core Service governance Lead agency, Centre of Excellence, senior staff and boards of CSPs, parents/caregivers, FEDG	<ul style="list-style-type: none"> With support from the Centre of Excellence, FE Coordinator and FEDG research best practices in FE with respect to governance Discussions at FEDG involving CSP staff and youth Seek input from families via CSPs (e.g. focus groups, interviews, surveys) Subsequent discussions with Peel's CSP planning table Write summary report with recommendations for CSPs' consideration CSPs discuss recommendations with their Boards of Directors and senior staff 	<ul style="list-style-type: none"> Begin in latter part of fiscal 2018/19

Name of Priority #5: Phase 2, Brief Services Review/Redesign: consideration of potential service-delivery models

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

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

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

As such, the decision was made to identify a review of Brief Services as an emerging priority in the 2015/16 service plan, subject to approval by MCYS' program supervisor. In Q3 of 2016/17, Peel CSPs discussed the scope of the project and issues that should be considered. PCC contracted with Helen Mullen-Stark to support the review. In Q4, a Project Team comprised of the consultant and representatives from the CSPs' that provide Brief Service was struck. The Project Team met twice, creating a draft project definition, confirming risk management issues and mitigation strategies, and considering the inclusion of family representatives on the project team as part of the agencies' commitment to family engagement.

The bulk of the Brief Services review occurred in 2017/18. Next steps will include: consideration of potential service delivery models and their implications; decision on the model to be recommended to MCYS; obtaining MCYS' approval to proceed; and developing implementation and communication strategies/plans.

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

Deliverable(s)	Task(s)	Estimated Timelines
<p>Consideration of service delivery model options</p> <p>Project team (including family and youth members/advisors), CSP planning table, agencies that deliver Brief Services, Lead Agency's System Planning and Accountability staff, MCYS (regional office and corporate)</p>	<ul style="list-style-type: none"> • Discussions at CSP table and impacted agencies, including potential changes to: clinical service design/delivery and targets; funding allocations amongst agencies; agencies' staffing, budgets, operating schedules and infrastructure • Parallel discussions within MCYS (regional office and corporate) • Modifications of model designs as needed • Agreement amongst CSPs on model changes • use of new Service Contracting and Progress Implementation (SCPI) process, if needed 	<p>Q1-3</p>
<p>Implementation plan and agency-level impacts</p> <p>Project team (including family and youth members/advisors), CSPs that deliver Brief Services, CSP planning table, Lead Agency's</p>	<ul style="list-style-type: none"> • Development of overall implementation plan, including impacts for Peel CSPs delivering brief services • Development of implementation plan must consider: <ul style="list-style-type: none"> ○ Budgets ○ Staffing: training, reassignment, recruitment 	<p>Q3-4 into 2019/20</p>

<p>MOMH team, MCYS (regional office and corporate)</p>	<ul style="list-style-type: none"> ○ Space changes (possible contracts with respect to use of additional community spaces) ○ Evaluation plans/frameworks ● Review/discuss implementation plan with CSPs' senior leaders and MCYS; consensus to proceed (again, using SCPI process if needed) ● MCYS' approval of plan and proceed with implementation ● Begin agency-level planning for service delivery changes ● Changes to agencies' SDSs and Service Plans ● MCYS' approval of SDS/Service Plan changes 	
<p>Development of communications plan Project team (including family and youth members/advisors), Lead Agency's MOMH team and Corporate Communications staff, CSPs that deliver Brief Services, CSP planning table and Community Planning Mechanism</p>	<ul style="list-style-type: none"> ● Develop strategic communications plan including audience identification, key messages, issues management, FAQ, and communication processes/vehicles ● Review/discuss at CSP table ● Update/discuss the Community Planning Mechanism for CYMH services in Peel ● Prepare communications (including French translations) for: <ul style="list-style-type: none"> ○ Internal audiences (CSP agencies – boards; staff; clients) ○ External audiences (broader sector partners, e.g. schools; and general public) ● Execute communications campaign 	<p>Q4 into 2019/20</p>
<p>Implementation CSPs that deliver Brief Services, CSP planning table, Lead Agency, MCYS (regional office and corporate)</p>	<ul style="list-style-type: none"> ● Implementation begins, possibly incremental/staged, per strategy and plans 	<p>2019/20</p>

Name of Priority #6: Remapping of Peel CSPs' Core Services and Key Processes to align with MCYS' revised definitions

Rationale:

Note: Rationale should be supported by evidence such as the core services summary (Section B), the CMHP template, client feedback, previous evaluations and/or other evidence.

Since the initial mapping of community-based CYMH services to the draft Child and Youth Mental Health Framework (released in Sept 2013) and PGR #1, *Core Services and Key Processes* (released in July 2015), it has become clear that Ontario's Core Service Providers have inconsistently mapped some of their programs to the Core Service definitions. It is important to have clarity of both the definitions and the programs mapped to them before MCYS implements its Business Intelligence (BI) solution so that Lead Agencies can generate high-quality data that accurately, comprehensively and consistently represent each Core Service bucket. It is also critical that the Core Service definitions be clinically relevant and significant, encompassing the critical CYMH services that children, youth and their families/caregivers most need.

As such, in 2017 the Lead Agency Community of Practice, with support from the Centre of Excellence for Child and Youth Mental Health, undertook a Core Services Definitions project with the following objectives:

- to engage sector leaders and stakeholders in a process to align definitions of Core Services and Key Processes across Ontario and arrive at common definitions within individual service areas, and then across service areas at the provincial level; and
- to adopt, apply and continue using the agreed-upon definitions of the seven core services and two key processes across all 33 service areas for target-setting and reporting.

Activities as part of this project have included:

- interviews conducted in all 33 service areas, primarily with lead agencies;
- a facilitated session in late summer led by consultant Nancy Mulrone of Sandbox Facilitated Solutions with MCYS program supervisors;
- a provincial facilitated session on September 26th and 27th with Lead Agency/CSP staff from across the service areas; and
- a further provincial session on November 2nd providing a debrief and a discussion of next steps.

This project has encountered several challenges, e.g.:

- diverging interpretations of the current definitions, resulting in a great deal of confusion;
- MCYS program supervisors that provided inconsistent information due to their service areas' varying interpretations of the definitions;
- agencies that mapped services inaccurately to avoid financial disadvantage, or to fulfill MCYS' requirement to offer all Core Services and Key Processes in every service area; and
- anxiety over unmapped CYMH programs that, while not Core Services, are critical to the range of services in a given service area.

This work was ongoing at the time of writing the 2017/18 CSDR. While lead agencies fully support the project, several have said that changes will be difficult and that they are concerned about changes being potentially detrimental. Nonetheless, provincial consistency is required. Both revised definitions and a change management plan are needed.

The recommended changes will go from the Lead Agency Consortium to MCYS for approval, followed by changes to PGR #1 and a roll-out that includes implementation support and funding allocation/service target adjustments across the Core Services for each CSP. It is anticipated that these steps will begin in 2018/19.

<p>Peel's CSPs will need to revisit their mapping of Peel's Core Services and make adjustments. This CSDR's Priority #5 (Brief Services Review/Redesign – consideration of recommended service delivery model) could be impacted by the revised definitions, as would Peel's emerging priorities – reviews of Intensive Treatment Services and Counselling and Therapy Services.</p>		
<p>Objective – describe in as much detail as possible the desired results of addressing the priority, include indicators and/or targets where possible (e.g. waitlists, protocol developed):</p>		
Deliverable(s)	Task(s)	Estimated Timelines
<p>Review draft changes to Core Services and Key Processes Definitions approved by the Lead Agency Consortium.</p>	<ul style="list-style-type: none"> • Provincial Lead Agency meetings to review recommended changes to definitions going forward to the Lead Agency Consortium • Lead Agency/MCYS-led review and discussion of proposed changes to definitions • Implications for Peel's CYMH service system documented • Change management strategy/process developed 	<p>TBD by MCYS; anticipated in 2018/19</p>
<p>Update mapping of Peel's Core Services/Key Processes</p>	<ul style="list-style-type: none"> • PCC as Lead Agency (LA) facilitates a meeting with CSPs to review the new definitions and consider what the impacts might be • Individual CSPs adjust their service descriptions, allocations and targets, and submit their work to the LA • LA and CSPs meet again to review the revisions and develop a collective understanding of them • Revisions are finalized and moved forward as part of the CSDR for 2019/20 • Revised service mapping is reviewed by MCYS • Any adjustments requested by MCYS are made between Jan and Mar 2019 • Changes are integrated into CSPs' 2019/20 service plans (submitted to MCYS by Mar 31, 2019) • If needed: Service Contracting & Progressive Intervention process (still being finalized) 	<p>Process will likely need a half-year; anticipated completion by end of fiscal 2018/19</p>
<p>Adjust/inform CSDR priorities impacted by definition changes (Brief Services redesign; future reviews of Intensive Treatment Services and Counselling and Therapy Services)</p>	<ul style="list-style-type: none"> • Adjustments to recommended Brief Services model and project work plan, as required • Changes will inform the Peel service area's two upcoming Core Services reviews/redesigns (Intensive Treatment Services; Counselling and Therapy Services) 	<p>2019/20</p>

E.2: Service Priority Identification

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

Priority # 5: Phase 2, Brief Services Review/Redesign Proposed activity: Consideration and implementation of recommended service-delivery model Date: Fiscal 2018/19			
Stakeholder organization, group, or individual	Potential role in the activity	Engagement strategy <i>How will you engage this stakeholder in the activity?</i>	Follow-up strategy <i>Plans for feedback or continued involvement</i>
CSPs currently delivering Brief Services (AYSP, Nexus, PCC, Rapport)	Part of the Brief Services Review Project Team	Through the formation of a Project Team via the CSP table	Through CSP meetings
CSPs who are not currently delivering Brief Services	As members of the CSP table, provide input into the review process; feedback to the Brief Services Project Team; and assess impact of recommendations on current services	Through existing meetings with CSPs	Through CSP meetings
Boards of Education	As members of the Community Planning Mechanism, provide input into the review process; feedback to the Brief Services Project Team; and assess impact of recommendations on current services	Through focused meetings with a sub-group(s) of the Community Planning Mechanism	Through Community Planning Mechanism
Primary care doctors connected to Trillium Health Partners and William Osler Health System	As key referral sources, provide input into the review process; feedback to the Brief Services Project Team; and review/provide input into recommended changes	Through focus groups/presentations at existing physician business meetings (if possible)	Through representatives from the hospital-based clinics
Parents and caregivers who have accessed Brief Services	As key stakeholders/users of Brief Services, provide input into the review process; parent/caregiver representative(s) participate on the Brief Services Project Team; provide feedback on recommended changes	Through existing FE mechanisms	Through caregiver surveys and focus groups, as needed
Youth	As key stakeholders/users of Brief Services, provide input into the review process; youth representative(s) participate on the Brief Services Project Team; provide feedback on recommended changes	Through existing YE mechanisms	Through youth surveys and focus groups, as needed

Emerging priority: Review of existing Intensive Treatment Services to improve access and increase effectiveness and efficiency Proposed activity: Recommendation to begin review of the delivery of Intensive Treatment Services in Peel Service Area (exploration phase) Date: Likely start date in Q4 of fiscal 2018/19 or early in 2019/20 (remapping of Peel CSPs' Core Services to align with MCYS' revised Core Services definitions should occur first)			
Stakeholder organization, group, or individual	Potential role in the activity	Engagement strategy <i>How will you engage this stakeholder in the activity?</i>	Follow-up strategy <i>Plans for feedback or continued involvement</i>
CSPs currently delivering Intensive Treatment Services (PCC and AYSP)	Part of the Intensive Treatment Services Review Project Team	Through the formation of a Project Team via the CSP table	Through CSP meetings
CSPs who are not currently delivering Intensive Treatment Services	As members of the CSP Table, provide input into the review process; feedback to the Intensive Treatment Services Project Team; and assess impact of recommendations on current services	Through existing meetings with CSPs	Through CSP meetings
Boards of Education	As members of the Community Planning Mechanism, provide input into the review process; feedback to the Intensive Treatment Services Project Team; and assess impact of recommendations on current services	Through focused meetings with the Community Planning Mechanism	Through Community Planning Mechanism
Primary care doctors connected to Trillium Health Partners and William Osler Health System	As key referral sources, provide input into the review process; feedback to the Intensive Treatment Services Project Team; and review/provide input into recommended changes	Through focus groups/presentations at existing physician business meetings (if possible)	Through representatives from the hospital-based clinics
Parents and caregivers who have accessed Intensive Treatment Services	As key stakeholders/users of Intensive Treatment Services, provide input into the review process; parent/caregiver representative(s) participate on the Intensive Treatment Services Project Team; provide feedback on recommended changes	Through the existing FE mechanisms	Through caregiver surveys and focus groups, as needed
Youth	As key stakeholders/users of Intensive Treatment Services, provide input into the review process; youth representative(s) participate on the Intensive Treatment Services Project Team; provide feedback on recommended changes	Through the existing YE mechanisms	Through youth surveys and focus groups, as needed

Section H – French Language System Partners

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

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

WHO PROVIDES CORE SERVICES IN FRENCH

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

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

PCC as Lead Agency is also beginning to work towards Clause 2 compliance under the Act for its System Management functions.

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

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

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

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

WHO WAS ENGAGED AND HOW WERE THEY ENGAGED

Because PCC is both Lead Agency and the primary provider of French-language CYMH services for the Peel service area, engagement has consisted chiefly of conversations and meetings with PCC's clinical staff who deliver services in French and their supervisors/managers. PCC's supervisory/managerial staff also attend quarterly advisory meetings with all four school boards, including the two French-language boards.

The French-language school boards were engaged in discussions around CYMH service gaps/needs for Peel's CSDPs over the past three years. They also provided advice on a community mental health planning mechanism for CYMH services in Peel and provided inventories of their CYMH services for the CMHP. As part of the final implementation of the Peel Coordinated Intake Network (identified priority #1), the French-language boards will be consulted regarding changes to the third-party referral process. Discussions will also occur with the Équipe de santé familiale at Credit Valley Hospital, a satellite site where PCC offers Single Session Therapy in French, as part of the Brief Services review.

PCC's School-Based Services offer the Friends for Life program for students in grades 4 to 12 at both French-language boards. This evidence-based intervention, delivered semi-annually in a group format over 10 weeks, is designed to prevent anxiety and depression, increase resilience, and improve life skills. School-Based Services also offer PCC's Brief Intensive Intervention Program (BIIP) and Alternatives to Day Treatment services in French. The French-language boards sought PCC's support as part of Child and Youth Mental Health Week in May 2017 to support the boards' efforts to raise awareness of the importance of seeking help for mental health challenges.

ANY CHALLENGES REGARDING ENGAGEMENT WITH FRENCH LANGUAGE PROVIDERS AND STAKEHOLDERS

In 2016, the Lead Agency's key contacts at l'Équipe de santé familiale, Conseil scolaire catholique MonAvenir and Conseil scolaire Viamonde all left their positions. As such, PCC needed to build relationships with new staff at all its French-language service partners. The engagement process that was part of developing the CYMH Community Planning Mechanism was helpful, as was ongoing work between these partners and PCC's services that are offered in French.

The staffing gap at Conseil scolaire catholique MonAvenir meant that MonAvenir was unable to provide a summary of its CYMH services for the 2016/17 CMHP. In the fall of 2017, MonAvenir supplied a detailed inventory of these programs for the Community Asset Inventory Working Group of Peel's Community Planning Mechanism. This new information is captured in the 2017/18 CMHR.

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

- Human resources – there is a lack of qualified candidates when recruiting for French-language positions. Some competitions for bilingual staff (e.g. Reception/Administrative Support) have been unsuccessful while others (clinicians in Counselling/Therapy and Intensive Treatment Services) have required multiple postings, resulting in long vacancies and significant impacts on service delivery. Consultants/facilitators to support projects who combine adequate knowledge of the CYMH service system with fluent bilingualism are also in very short supply.
- Financial resources – some combination of funding, in-kind donations, shared services and/or cross-sectoral collaborative partnerships is needed to meet the *French Language Services Act* Clause 2 requirements as PCC assumes its full Lead Agency role. FLS costs beyond

service delivery are considerable, including translation for MOMH communications and System Management functions (e.g. planning), training to help staff develop and maintain bilingualism, and facilitators for engagement with French-language partners/stakeholders.

Beyond these challenges, there is a shortage of translators who can deliver high-quality work with appropriate, consistent translation of CYMH service-system and clinical terminology. There is also a lack of clinical resources in French, including books for children and youth about mental health. For instance, the manuals used in the Friends for Life program are no longer being published in French. While digital versions of the manuals are now being used with adolescent clients, younger clients use workbooks that eventually cannot be replaced. PCC's FLS staff need to create many of their own clinical tools.

ANY IDENTIFIED CONCERNS FROM FRENCH LANGUAGE SYSTEM PARTNERS

As part of the 2015/16 consultative process for the Peel Service Area's funding submission for MYCS' new investment in Core Services, the French-language school boards identified the following service needs:

Conseil scolaire catholique MonAvenir

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

Conseil scolaire Viamonde

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

Section I – Approvals

The 2017-18 CSDP must be approved by the lead agency's board prior to submitting to MCYS. The lead agency must submit their board-approved CSDP to their MCYS regional office program supervisor by January 31, 2018.