

2017/18 Community Mental Health Plan for Children and Youth: Instructions and Guidelines

Ministry of Children and Youth Services (MCYS) Child and Youth Mental Health Lead Agencies are responsible for engaging with core Child and Youth Mental Health (CYMH) service providers and system partners to develop the Core Services Delivery Report (CSDR) and Community Mental Health Report (CMHR):

- The CSDR focuses on the delivery of core CYMH services within a service area and how MCYS funding is to be used to support these services. The structure of the CSDR at maturity is expected to be described in detail in PGR #02: Core Services Delivery Report (still to be released).
- The CMHR focuses on CYMH 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 Core Service Providers. The structure of the CMHR at maturity is expected to be described in detail in PGR #03: Community Mental Health Report (still to be released).

This 2017/18 CMHR reports on engagement and work accomplished with the broader Peel community in 2017/18 and identifies the community’s priorities for 2018/19. The 2017/18 CMHR must be approved by the Lead Agency’s Board of Directors and submitted to MCYS by January 31, 2018.

Section A – Executive Summary:

Lead agencies must complete an executive summary of the 2017/18 CMHR.

Peel Children’s Centre’s (PCC’s) engagement as Lead Agency with broader sectors partners during 2017/18 is captured in **Section B – Engagement Summary**. Engagement via Peel’s CYMH community planning mechanism encompasses all key child- and youth-serving sectors including school boards, LHINs, hospitals, public health, adult mental health and addiction services, child welfare, family services, developmental services, early years services, youth justice services, youth centres and shelters, police services, newcomer and ethno-cultural services, faith leaders, Peel planning tables and the United Way. Implementation of Peel’s CYMH community planning mechanism as recommended in *Together in Peel* – an “accordion” design that goes big with periodic meetings of the full community group, contracting to small groups to accomplish specific tasks – kicked off in 2017 with a working group that compiled a Community Asset Inventory to meet the requirements of the CMHR’s Section C – Sector Partner Services Summary. The working group also reviewed input from the full Community Planning Mechanism on the possibility of “mapping” the cross-sectoral range of CYMH services and provided recommendations to the Lead Agency. The development of Peel Service Area mechanisms for Youth Engagement and Family Engagement has so far focussed on the Core Service Providers but is expected to intersect with the work of the CYMH Community Planning Mechanism in the future.

Section C – Sector Partner Services Summary is substantially more complete than in previous years' Community Mental Health Plans (CMHPs), as the previously referenced Working Group compiled a Community Asset Inventory that is appended to this report. This inventory will expand as we engage with service providers that provide CYMH supports to diverse and faith-based communities.

Section D – Local Child and Youth Mental Health Community Planning Mechanisms contains several changes/updates. As noted earlier, the Community Planning Mechanism for CYMH services in Peel was officially announced in *Together in Peel* (January 2017) followed by the creation of the mechanism's first Working Group to compile the Community Asset Inventory. Of note in the summary of other Peel planning tables are the following updates:

- The Peel Children and Youth Initiative (PCYI), previously the largest planning mechanism in Peel's child- and youth-serving sectors, was dissolved in 2017 following a loss of funding. PCYI has been removed from the chart.
- The Central West Local Health Integration Network (LHIN) has undergone a significant structural change, dividing into sub-regions designed to help the LHIN better understand and address patient needs at the local level. This LHIN now has five sub-regions, each with its own planning table. Per the *Patients First Act, 2016*, Central West LHIN has articulated an access goal – to “build integrated networks of care” – with Mental Health and Addictions being one of its targeted service clusters for integrated access.
- The Central West LHIN, with support from the Region of Peel, has also begun to map the MOHLTC-funded mental health and addiction services offered in its catchment area. As outlined in Section E, one of this year's CMHR priorities is to work with the Central West and Mississauga Halton LHINs to explore opportunities to align community efforts to plan/map CYMH services with the LHINs' planning for adult mental health and addiction services.
- A review that will reframe the mandate of the Peel Children and Youth Planning Group (PCYPG) is underway, with estimated completion in March 2018. PCYPG is a MCYS planning table that was created to identify and respond to systemic issues related to all provincially funded support services for children and youth (ages birth to 24) in Peel but over time, PCYPG has tended to focus on the Developmental Services sector.

Section E – Priority Identification identifies three priorities for 2018/19:

1. Working with the LHINs (Central West and Mississauga Halton), explore opportunities to align community efforts to plan/map CYMH services with the LHINs' planning for adult Mental Health and Addiction services, leading to greater opportunities for integrated planning
2. Explore opportunities for better alignment/integration of Peel's CYMH crisis support service with community-based adult mental health crisis support services
3. Explore opportunities to develop more efficient, effective and client-centred pathways out of child and adolescent psychiatric beds into community-based CYMH services in the Peel service area.

Section F – French Language System Partners notes where PCC partners with French Language Service (FLS) partners both as Lead Agency and as Peel's primary provider of French-language CYMH services. This section also highlights work with our FLS partners as part of the Community Planning Mechanism for CYMH services in Peel.

Section B – Engagement Summary:

Lead Agencies must complete a summary of their engagement efforts for the 2017-18 fiscal year. The engagement summary should include:

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

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

SYSTEM PARTNER ENGAGEMENT IN 2017/18

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
<p>Meeting of all broader sector partners in the Community Planning Mechanism for CYMH services in Peel</p> <p>Approximately 100 representatives from most key sectors and MCYS (all sectors were invited); LA's MOMH staff and consultant</p>	Annually for now (one meeting, June 2017); may increase frequency if work plan can accommodate it	<ul style="list-style-type: none"> • Engage service providers in core CYMH and broader sectors to plan for and co-create a more accessible, seamless, effective and efficient mental health service system for children, youth and families in Peel 	<ul style="list-style-type: none"> • Shared progress on implementing the Community Planning Mechanism, including the first working group • Elicited input on CMHP's work plan and a recommended approach to community asset inventory and mapping/planning of CYMH services and supports 	<ul style="list-style-type: none"> • Scheduling and resource availability
<p>Community Asset Inventory Working Group of the Community Planning Mechanism</p> <p>Representatives from multiple sectors: school boards, LHINs, Region of Peel, child welfare, youth justice, children's</p>	As needed (4 meetings in total, 3 of them in 2017/18)	<ul style="list-style-type: none"> • Accomplished CMHP priority #1 for 2017/18 by compiling a Community Asset Inventory for the Peel Service Area 	<ul style="list-style-type: none"> • Working group met in March, April, May and November, augmented with check-ins/ updates during the summer • Inventory template was developed and distributed • Most sectors completed the inventory 	<ul style="list-style-type: none"> • Some sectors did not complete the inventory template despite reminders • Some returned templates were incomplete or contained errors/ inaccuracies

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
treatment centre (ErinoakKids), Service Resolution Peel, ethno-cultural services, newcomer services			<ul style="list-style-type: none"> • Consultant followed up with sector partners to verify their completed templates • Templates were compiled into a draft inventory for final WG meeting • Draft inventory was also shared with Core Service Providers to help verify collected information 	<ul style="list-style-type: none"> • Francophone involvement when the consultant and most WG members do not speak French (French-language school boards did complete or update their information)
Lead Agency Progress Reports and related communications Distributed to broader community sectors in newsletter and e-blast formats	Goal: one communication quarterly	<ul style="list-style-type: none"> • Provide regular updates and consistent messaging on MOMH locally (Peel's CSDP, CMHP and SDS A357), regionally and provincially; in English and French • Increase the Peel community's awareness of and support for system transformation in the Peel service area 	<ul style="list-style-type: none"> • Lead Agency Progress Report (June 2017) • Slides for Community Planning Mechanism meeting posted on Lead Agency page of PCC's website • Summary in PCC's 2016/17 Annual Report (distributed to CPM members in Sept) • MOMH "placemat" in progress; anticipated distribution in Q4 • LA Progress Report to be distributed in Q4 	<ul style="list-style-type: none"> • Translation costs and turnaround time for French communications
Youth Wellness Hub – meetings re proposal for Peel Region Representatives from multiple sectors that deliver youth-focussed services	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 by PCC (as Lead Agency) and CMHA Peel; led by identified host agency, Malton Neighbourhood Services • Community and sub (working) group meetings • Focus groups and surveys re what goes into hub • Proposal submitted on Dec 15, 2017; shortlisted; panel interview in Jan; decision expected in Q4 	<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

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Other initiatives that engage CSPs & broader sectors e.g. Project Zero with Trillium Health Partners (THP); Selective Mutism training with THP; sub-region workshops with Central West LHIN	Varies	Mandates vary, e.g.: <ul style="list-style-type: none"> • Suicide Prevention (Project Zero) • Shared knowledge and resources (Selective Mutism) • 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. CYMH vs LHIN planning; CMHR priority #1 covers efforts to align with LHINs)

YOUTH & FAMILY ENGAGEMENT

Mechanism & people involved	Frequency	Purpose	Outcomes	Challenges
Peel chapter, Parents for Children's Mental Health (PCMH) Open to all families; PCMH's FE Specialist for Peel; Peel's FE Coordinator	TBD; formed in Q3 of 2017/18 with meetings beginning in Q4	<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 • Chapter held its first monthly meeting in Jan 2018 • Flyer with meeting schedule circulated to CSPs' families 	<ul style="list-style-type: none"> • Figuring out processes/ protocols/budget to support a Peel chapter
FE Email channel and newsletter	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 broader sectors and the public 	<ul style="list-style-type: none"> • Email channel (FE Engage) created • Distribution list built • Newsletter drafted, approved • First distribution in Q2 (July) 	
Peel chapter of The New Mentality The New Mentality, PCC as LA, all Peel CSPs and youth clients of all broader sectors in Peel	Meeting frequency TBD; first meeting will be in Q4 of 2017/2018 (date TBD)	<ul style="list-style-type: none"> • Chapters are led by 2 youth facilitators in partnership with an adult ally (e.g. agency staff) • 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 will primarily have a peer support role for youth (14-24); could also have an advisory role 	<ul style="list-style-type: none"> • Figuring out processes & protocol to support/ host The New Mentality

Section C – Sector Partner Services Summary:

Lead agencies must complete a summary describing all child and youth mental health services and programs delivered in the service area through system partners. If information remains as it was described in 2016/17, that information may be used again here. The sector partner services summary must include the current programs and services, including:

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

CHANGES FROM 2016/17 CMHP

The Community Asset Inventory Working Group of Peel's Community Planning Mechanism collected and compiled a Community Asset Inventory of CYMH services delivered outside the MCYS-funded sector. This inventory is much broader than the Sector Partner Services Summary in previous year's CMHPs. PCC is grateful for the time and effort that our sector partners devoted to this work. The inventory is attached as Appendix A rather than incorporated below, as it is formatted for 11" x 17" paper. The chart below contains only the unmapped (non-core) services delivered by Peel's CYMH core service providers. (The school boards' services that were in last year's chart are now included in the appended inventory.) The next step in understanding our broader sector partners' CYMH services will be to engage with service providers that offer these supports to diverse and faith-based communities.

CORE SERVICE PROVIDERS' UNMAPPED SERVICES

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

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

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

CSP delivering service	Description of service (include where the service falls on the continuum)	Details of service			Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Aboriginal)	
Peel Children's Centre	Wraparound (Peel Wraparound Process): Developmental Sector (Family Capacity-Building and Support; and Case Management/ Service Coordination)	Peel Region	0-17	Children and youth diagnosed with a developmental disability who have needs across multiple sectors	Support access through PCIN mechanism Funded by MCSS
Peel Children's Centre	Wraparound (Peel Wraparound Process): Adolescent Team (Family Capacity-Building and Support; and Case Management/ Service Coordination)	Peel Region	12-15	Family involvement with Peel CAS, presence of parent-youth conflict, and youth is at risk of removal from the home	Support access through PCIN mechanism Funded by MCYS - CCB
Peel Children's Centre	Child Witness Program (Family Capacity-Building and Support)	Regions of Peel and Halton, and Dufferin County	Under 18 at time of referral	Children who are going to appear in court because they experienced or witnessed sexual or physical violence	Support access through PCIN mechanism Funded by Ministry of the Attorney General
Peel Children's Centre	Court Clinic – S. 34 Assessments	Peel Region, Orangeville	12-18	S. 34 psychiatric/ psychological reports requested by judge	Protocol pathway with court system Funded by YJ
Rapport Youth & Family Services	ECLYPSE Youth Drop-In, 2 sites (Targeted Prevention)	Bramalea & Central Brampton	12-24	All youth	No formal protocols; funded by United Way of Peel
Rapport Youth & Family Services	After-school program for 3 schools in Malton (Targeted Prevention)	Malton neighbourhood of Mississauga	6-10	Children attending Marvin Heights, Ridgewood & Dunrankin schools	Protocols with participating schools; funded by Ministry of Tourism, Culture and Sport; minimum 30 children/site
Rapport Youth & Family Services	Youth and Family Counselling (Counselling and Therapy Services)	Peel Region	18-24	All youth and their families	n/a; funded by United Way
Trillium Health Partners	<ul style="list-style-type: none"> RBC Urgent Care 	Mississauga Halton LHIN service area	0-18	Children, youth and families	<ul style="list-style-type: none"> Royal Bank Canada Funded by MOHLTC

CSP delivering service	Description of service (include where the service falls on the continuum)	Details of service			Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Aboriginal)	
	<ul style="list-style-type: none"> Credit Valley Hospital site - Child & Adolescent Mental Health Services (Brief Services) 				
Trillium Health Partners	<ul style="list-style-type: none"> RBC Urgent Care Credit Valley Hospital site - Child & Adolescent Mental Health Services Transitional Age Youth Program Running Group (Counselling and Therapy Services)	Mississauga Halton LHIN service area	0-18	Children, youth and families	<ul style="list-style-type: none"> Royal Bank Canada Funded by MCYS Funded by MOHLTC Donated/Foundation funds
Trillium Health Partners	<ul style="list-style-type: none"> Transitional Age Youth Program Credit Valley Hospital site - Child and Adolescent Mental Health Services (Family Capacity-Building and Support)	Mississauga Halton LHIN service area	16-24 0-18	Children, youth and families	<ul style="list-style-type: none"> Funded by MOHLTC Funded by MCYS
Trillium Health Partners	<ul style="list-style-type: none"> Transitional Age Youth Program Credit Valley Hospital site - Child and Adolescent Mental Health Services RBC Urgent Care (Specialized Consultation/Assessment)	Mississauga Halton LHIN service area	16-24 0-18 0-18	Children, youth and families	Funded by MOHLTC
Trillium Health Partners	<ul style="list-style-type: none"> Crisis Intervention Teams Emergency Department RBC Urgent Care Team (Crisis Support Services)	Mississauga Halton LHIN service area	Lifespan 0-18	Children, youth and families	<ul style="list-style-type: none"> Funded by MOHLTC Royal Bank Canada

CSP delivering service	Description of service (include where the service falls on the continuum)	Details of service			Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Aboriginal)	
Trillium Health Partners	Inpatient mental health admission for urgent mental health issues when there are no regional beds available (Intensive Treatment Services)	Mississauga Halton LHIN service area	16 up	Children, youth and families	Funded by MOHLTC
William Osler Health System	Involvement with Suicide Prevention Strategy and training of MCYS staff in SafeTALK and ASSIST (Targeted Prevention)	Central West LHIN service area	Adolescents/ adults	Train professionals who are not engaged in this initiative at a community level	n/a. Funding through Suicide Prevention Committee requests to MCYS
William Osler Health System	Brief Services available through Outpatient Psychiatry Clinic at the hospital (Brief Services)	Central West LHIN service area	0-18	Children, youth and families	Referral from Emergency Department (ED) to Outpatient Psychiatry Clinic at the hospital which can allow access to hospital Intake SW for Brief Services. Referral from ED to psychiatrists for urgent appointments. Funded by MOHLTC
William Osler Health System	Counselling and Therapy provided during Inpatient Hospitalization and in Day Hospital. Also available as After Care for up to 1-2 sessions. (Counselling and Therapy Services)	Central West LHIN service area	0-18	Children, youth and families	Referral from Inpatient psychiatrist Funded by MOHLTC
William Osler Health System	Supports provided to Inpatient and Day Hospital patients. A variety of allied health professionals support this function. Done individually and in group settings. (Family Capacity-Building and Support)	Central West LHIN service area	0-18	Children, youth and families	Part of hospital programming; referral by psychiatrist Funding provided by MOHLTC

CSP delivering service	Description of service (include where the service falls on the continuum)	Details of service			Describe the protocol/pathway if applicable (to and out of the MCYS community-based child and youth mental health sector)
		Geographic coverage	Age range	Specific population (e.g. Francophone, Aboriginal)	
William Osler Health System	Variety of Specialized Consultation/ Assessment group and individual services provided by allied health professionals. Additional supports provided by Transitional Age Youth Clinic with 6-month case management as well as team around the child/youth. (Specialized Consultation/ Assessment)	Central West LHIN service area	16-24	Transitional aged youth	Referral by physician Funding provided by MOHLTC
William Osler Health System	Crisis support provided in the ED by Crisis Workers and ED's Child and Youth Worker (Crisis Support Services)	Central West LHIN service area	0-18	Children, youth and families	Referral by psychiatrist Funding provided by MOHLTC
William Osler Health System	Intensive treatment services available in Inpatient and Day Hospital settings, along with Early Psychosis Clinic (Intensive Treatment Services)	Central West LHIN service area	0-18	Children, youth and families	Referral by psychiatrist Funding provided by MOHLTC
William Osler Health System	Access/intake services provided by hospital child and adolescent Centralized Intake, supported by SW and Intake Clinician (Coordinated Access/Intake)	Central West LHIN service area	0-18	Children, youth and families	Referral by family doctors Funding provided by MOHLTC

Services delivered by organizations other than Peel's six Core Service Providers are captured in Appendix A, Community Asset Inventory.

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

Lead agencies must build on the work undertaken in 2016/17 and assess the current state of planning mechanisms, including:

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

ASSESSMENT & UPDATES

The chart in this section, originally compiled for the 2014/15 CMHP and updated annually, summarizes existing community planning mechanisms for children and youth services in Peel. The creation of a new Community Planning Mechanism for CYMH services in Peel was the key deliverable in the 2015/16 CMHP. The Community Planning Mechanism is now listed as the first mechanism in the chart. Other updates to planning mechanisms in Peel include:

- PCYI has been removed due to its dissolution in 2017 following a loss of funding
- The mandate of PCYPG, MCYS' planning table, is being reframed per an independent review that is expected to be completed by March 2018
- Central West LHIN, which has the northern portion of Peel Region within its catchment area, has undergone significant changes to its planning structures to better support a collaborative approach to integrated care per the *Patients First Act, 2016*, including the creation of sub-regions, each with its own planning collaborative.

Recalling the assessment that led to the creation of the Community Planning Mechanism, PCC's senior team assessed Peel's plethora of planning tables/mechanisms in 2015/16. Two existing mechanisms – Peel Children and Youth Planning Group (PCYPG) and Peel Children and Youth Initiative (PCYI) – emerged as possible candidates for a CYMH planning table. PCYPG had multi-sectoral representation but its work focused on the Development Services sector. PCYI had participation from multiple sectors but none of its four planning tables was appropriate for the work. Thus, no existing mechanism was found to be suitable. However, “layering on” a new mechanism specific to CYMH was also problematic because staff across the children- and youth-serving sectors were already struggling to find time to attend the meetings and do the work of the existing tables. As such, PCC needed unbiased and forthright advice from our sector partners and decided to contract with an arm's-length consultant, Jane Fitzgerald, to conduct a comprehensive consultation. Jane lead a process beginning in 2015/16 and continuing into 2016/17, culminating in *Together in Peel - Summary Report on a Consultation to Develop a Community Planning Mechanism for Child and Youth Mental Health Services in Peel*.

In releasing *Together in Peel* in January 2017, PCC announced the launch of the Community Planning Mechanism for CYMH services in Peel by establishing the mechanism's first Working Group to develop a Community Asset Inventory of Peel's CYMH services and supports beyond its Core Services. This work was the first priority in the 2016/17 CMHP. The Working Group completed its work in fall 2017, with the compiled Community Asset Inventory appended to this report.

The CMHR's first deliverable for 2018/19 will explore opportunities to align CYMH planning/mapping with the planning efforts of the LHINs (Central West; Mississauga Halton) towards a more integrated/coordinated approach to mental health planning across the age continuum.

EXISTING PLANNING MECHANISMS

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
Community Planning Mechanism for Child and Youth Mental Health Services in Peel (developed per 2015/16 and 2016/17 CMHPs)	Funders, CYMH, adult mental health, school boards, hospitals, LHINs, primary health care, public health, child welfare, youth justice, police, developmental services, children's treatment centres, early years, youth and family services, shelters, recreation, French-language services, Indigenous services, newcomer/refugee/settlement services, faith-based groups	Convenor/leader per the CMHPs	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	<i>Together in Peel - Summary Report on a Consultation to Develop a Community Planning Mechanism for Child and Youth Mental Health Services in Peel</i> Terms of Reference for the first working group convened under the new Community Planning Mechanism Appendices A (Community Asset Inventory) and B (thematic analysis of feedback from 2017 meeting of full mechanism)
Peel Child & Youth Advocacy Centre (CYAC) – Planning Committee (meets monthly)	Child and youth mental health, child welfare, hospitals, youth justice, specialized services, newcomer/refugee/settlement	Represent CYMH (particularly Sexual Abuse Treatment & Child Witness services) to advise on programs that operate out of the CYAC	Developmental, operational planning and implementation of a Peel CYAC.	Implementation of CYAC: a child- and youth-friendly, community-based, culturally competent location where child and youth victims of abuse and violence receive the highest quality, multidisciplinary response to the investigation and treatment of child abuse.
Peel Service Collaborative (Systems Improvement through Service)	Parent representative, CYMH service providers, education, child welfare, children's treatment centres, hospitals, primary	Community participant for the CYMH sector	To support local systems to improve coordination and enhance access to mental health and addiction services Peel decided to focus on reducing ER visits by increasing capacity of	<i>Note: while the Service Collaborative is no longer running, a HCP Community of Interest continues to meet. A 6-month pilot of HCP is</i>

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
Collaboratives initiative – sponsored by CAMH)	health care, public health, youth justice, specialized services, faith-based groups, aboriginal services, francophone services, newcomer/refugee/settlement, developmental services, LHINs, early years		community planning through Holistic Crisis Planning (HCP) and Mental Health First Aid (MHFA) training (a 2-year project).	<i>occurring in the justice sector (youth and adult services). CAMH's involvement ended in Dec 2017.</i>
Peel Children and Youth Planning Group (PCYPG)	CYMH service providers, education, child welfare, children's treatment centres, hospitals, youth justice, developmental services sector, LHINs, Early Years	Community participant for the CYMH sector	<ul style="list-style-type: none"> • Strategic planning to provide a framework for agencies and to help direct MCYS funding/resources to meet the priorities and needs of Peel • Collective problem-solving of systemic issues • Sharing information, research, data to strengthen effectiveness of services • Communicating anticipated program changes and their impact on the system • Providing advice to MCYS • Advocating for children/youth • Maintaining linkages with other planning bodies • Liaising with PCYI Systems Integration Table 	Participation is most active with DS representatives. <i>Note: the mandate of PCYPG is being reframed per an independent review that began in the fall of 2017 and is expected to conclude in March 2018</i>
Service Resolution Peel – Child Review Committee	CYMH service providers, education, child welfare, children's treatment centres, hospitals, developmental services sector, LHINs	Community agency participant and representative	To review the situations of children/youth (up to age 18) and their families whose needs are sufficiently urgent, complex, extraordinary and atypical that they cannot currently be met within the existing services of agencies.	Ongoing mandate. Joint recommendations of funding for Complex Service Needs children/youth across multiple sectors

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
Peel Crisis Capacity Network (PCCN)	CYMH service providers, children's treatment centres, hospitals, public health, specialized services, developmental services, LHINs	Informal partnership	PCCN addresses support needs of individuals and families with a developmental disability and/or dual diagnosis (developmental disability and mental health needs). Its mandate is to assist families and individuals with accessing appropriate and responsive supports and services to help alleviate the individual and/or family's experience of crisis.	Crisis response service to DS sector. Has a small Flexible Services Fund to meet immediate needs of this community. Serves up to age 18.
Peel FASD Steering Committee (meets monthly)	CYMH, youth justice, child protection, education, infant development, children's treatment centres, public health, MCYS, LHIN	PCC representative for CYMH and FASD Diagnostic Team	Increase awareness of FASD and oversee the Peel FASD diagnostic team, which provides assessment for children age 0-6 years through an in-kind, virtual clinic.	This longstanding committee succeeded in securing funding for a FASD coordinator, but has struggled with sustaining funding for the coordinator, referrals, and turnover of staffing for the diagnostic team.
Peel Francophone Committee	CYMH, childcare, LHIN, education, Region of Peel, specialised (domestic violence), child protection	PCC representative for Peel Region Early Years and French Language CYMH	A coalition of service providers d committed to delivering services in French to Peel children and youth and their families. The focus is on French-speaking children and youth 0-24 years of age and their families, including their parents, foster parents, guardians and caregivers.	The committee currently places much of their effort on updating French language resource sites, sharing information, and organizing an annual francophone celebration event.
Postpartum Mood Disorder Steering Committee (Region of Peel)	CYMH, adult mental health, public health, hospital, infant development, OEYC, child protection	PCC Peel Infant Parent Program (PIPP) representative	Strives to provide a coordinated, comprehensive and sustainable continuum of services for parents experiencing mood disorders throughout the antenatal and postpartum period. Also aims to increase awareness of PMD, decrease stigma, build service capacity and advocate for funding.	Supports a newsletter phone support, and recently produced a YouTube video.

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

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

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
	child welfare; LHIN; health; social services		developmental service organizations within Peel region.	
Central West LHIN's revised (2017/18 onward) planning structures: <ul style="list-style-type: none"> Health System Strategy, Integration and Planning Steering Committee 5 sub-region collaboratives (3 are fully in Peel; 2 include parts of Peel) Patient & Family Advisory Committee Knowledge exchange forums including one for MH&A 	Health service providers (hospitals, community-based services, healthcare professionals), patients, families and a few partners (e.g. CYMH) not funded by the LHIN	LA is the CYMH representative on the Brampton sub-region's collaborative and a signatory to the sub-region's Relationship Charter	Brampton sub-region has set 3 priority goals: <ol style="list-style-type: none"> Improved access to community mental health and addictions services Improved transitions of care Improved access to palliative care 	<ul style="list-style-type: none"> Integrated Health Services Plan Central West Sub-Region Planning presentation Brampton Sub-Region Relationship Charter Brampton Sub-Region Terms of Reference Brampton Sub-Region Workplan Brampton Sub-Region Collaborative minutes
Central West LHIN Service Resolution	CYMH; hospitals; youth justice; specialized; LHIN	CYMH representative	Problem-solving specific complex cases in TAY and adult mental health systems from Central West region	
Systems Integration Group for Mental Health and Addictions (SIGMHA) – Mississauga Halton LHIN	LHIN plus: hospitals; one-LINK; CMHA; specialized services (MH&A; housing and shelters; employment; ethno-cultural services)	None; group of staff from LHIN-funded agencies	Provide oversight of LHIN-funded MH&A programs in Mississauga Halton LHIN territory	<ul style="list-style-type: none"> Strategic direction provided by Mississauga Halton LHIN Integrated Health Service Plan 2016-2019 Two initiatives: No Wrong Door; Sustaining Peer Support
No Wrong Door Champion Team – Mississauga Halton LHIN	LHIN plus: hospitals; one-LINK; CMHA; specialized services (MH&A; housing and shelters; employment; ethno-cultural services)	None; team of staff from LHIN-funded agencies	Shared commitment to work collaboratively to help people in the Mississauga Halton LHIN catchment area access the right MH&A service at the right time	<ul style="list-style-type: none"> Charter signed by all Mississauga Halton LHIN-funded MH&A agencies and 2 non-funded agencies

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
				<ul style="list-style-type: none"> “No Wrong Door” series of training videos
Regional Diversity Roundtable	Newcomer/refugee/settlement; school boards; hospitals; CYMH; adult mental health; family services; child welfare; housing/shelters; food banks; fire services; sports, recreation and culture; United Way; specialty services	Individuals representing human and public service organizations that are committed to inclusion, equity and diversity competence. Aim is to institutionalize equity in core values, structures, workforces, policies and services.		
Peel service area’s school boards (English public and separate; French public and separate): planning for mental health services that are delivered in partnership with other sectors (quarterly meetings of each board with each of the other sectors)	Separate meetings: <ul style="list-style-type: none"> school board staff/PCC; school board staff/AYSP; school board staff/ Central West LHIN mental health nurses school board staff/ Mississauga Halton LHIN mental health nurses 	PCC staff attend meetings to plan School-Based Services (SBS) that PCC jointly delivers with each Board. PCC does not typically attend the boards’ meetings with AYSP or the LHINs.	Plan with board staff (chief psychologists, chief social workers and/or social work leads, chief CYWs) to meet the mental health needs of students, particularly those with Level 3 or 4 needs	No formalized protocols; key outcome is to deliver SBS per MCYS funding criteria and service targets. More information is available in the Core Services Delivery Plan.
School Boards (English public and separate; French public and separate): internal planning mechanisms for mental health services (i.e. when a pupil’s	Board trustees; parent associations; school social work, psychology, CYWs; Special Education Resource Teachers (SERTs); principals; classroom teachers; parents of affected pupils; students age 16 or older	No role for PCC or any other CYMH agency	<ul style="list-style-type: none"> In-School Review Committees (ISRCs) review student progress and needs, review assessment data, may recommend further assessment, and may refer to an Identification, Placement and Review Committee (IPRC) 	<ul style="list-style-type: none"> IPRCs may recommend accommodation, placement and/or an array of special education support services An Individual Education Plan (IEP) is prepared for each identified student

Process/mechanism (including frequency/timing)	Partners involved (sectors)	Role of the lead agency	Purpose	Outcome/status (e.g. planning document)
exceptionality includes mental health needs)			<ul style="list-style-type: none"> • Upon receiving a written request from a student's parent/guardian, a principal must refer the student to an IPRC. Principals can also refer directly to the IPRC. • IPRCs operate at the school, field office and regional levels • Boards also have Special Education Advisory Committees (SEACs) which include representatives from local parent associations and trustees 	<ul style="list-style-type: none"> • Based on a school board's identified level of need, a Special Education Grant from the Ministry of Education provides additional funding to serve the board's exceptional pupils
Safe Centre of Peel (Peel Family Justice Centre Project) Under leadership of Catholic Family Services Peel-Dufferin	<ul style="list-style-type: none"> • Onsite partners include: child welfare; CYMH; regional sexual assault & domestic violence services; victim services; court support; legal aid; legal clinics; cultural services • Advisory committee includes Dufferin-Peel Catholic DSB; Victim-Witness Assistance Program; Peel Regional Police; Salvation Army's Honeychurch Family Life Centre; Peel Committee Against Women Abuse; Family Education Centre 	AYSP represents CYMH sector	Provides a wide range of free and confidential services for those who have experienced abuse (physical or emotional) in their relationships. For services not available onsite, the centre makes referrals and advocates for services from other agencies such as shelters, financial assistance, medical care etc.	Active partnership that has secured funding from Ontario Trillium Foundation, Canadian Women's Foundation, Region of Peel, Scotiabank and Amgen, and other supporters

Section E - Priority Identification:

Lead agencies must identify a minimum of three priorities regarding pathways and relationships with system partners. For identified priorities, the description must be accompanied by:

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

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

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

Priority #1: Working with the LHINs (Central West and Mississauga Halton), explore opportunities to align community efforts to plan/map Child and Youth Mental Health services with the LHINs' planning for adult Mental Health and Addiction services, leading to greater opportunities for integrated planning

Rationale:

When the CPM's Community Asset Inventory Working Group began in March 2017, the Working Group anticipated that after the inventory was compiled, the project's next stage would be to "map" the programs in the inventory in order to build a better understanding of the continuum of mental health services and supports, both formal and informal, across Peel. "Mapping" was not precisely defined but consideration included a physical and digital geographic map in order to make the information accessible and useful to a broad range of service sectors and/or the public. The Working Group's representative from the Region of Peel noted that Regional staff were part of a mapping project in partnership with the Central West LHIN and thought that a similar project could be possible with the CYMH sector.
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The Working Group and its consultant/project lead presented a possible path forward at the meeting of the full Community Planning Mechanism in June 2017, seeking the community's feedback. The attendees divided into breakout groups with each group completing a feedback sheet(s) and presenting a summary of its discussion and advice. After the meeting, Lead Agency staff did a thematic analysis of the participants' feedback sheets (Appendix B). Community Planning Mechanism members had many questions about how a map would be created and sustained, including concerns about the value of geographically mapping programs that serve the full region or are offered on a mobile basis, how to incorporate access mechanisms, etc. They recommended that the Working Group clearly define its goals, develop its methodology, and consider how to sustain a map beyond the "point in time" of its creation.

In November 2017, after reviewing the thematic analysis and considering their challenges collecting information for the Community Asset Inventory, the Working Group's members concluded that it would be premature to move forward with mapping of CYMH services. The inventory, while an important contribution towards understanding the continuum of CYMH services in Peel, was still missing some sectors and most informal
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services. Additionally, the Working Group saw little value in mapping CYMH services in isolation of other planning/mapping being done by the LHINs. It made more sense to explore whether it would be possible to align CYMH planning/mapping efforts with the work of the LHINs.

As such, Priority #1 embarks on that exploration with the LHINs. The Lead Agency hopes that this priority will lead to greater opportunities for integrated planning between the MCYS-funded and MOHLTC-funded mental health and addiction sectors.

This Peel Service Area priority aligns with work at the provincial level. *Open Minds, Healthy Minds - Ontario's Comprehensive Mental Health and Addictions Strategy* focused on the CYMH system for its first three years, adding the adult system to its scope in Phase 2 (2014-21). The Premier's 2016 mandate letters for MCYS and MOHLTC speak to the need for MCYS and MOHLTC to work together:

MOHLTC: "Connecting and integrating the mental health and addictions system for all patients, including co-ordination with the Ministry of Children and Youth Services, to ensure patients receive high quality care wherever they access services, following advice received from the Mental Health and Addictions Leadership Advisory Council."

MCYS: "Continue work with the Minister of Health and Long-Term Care to align child and youth mental health services with adult mental health services so young adults experience smooth transitions."

Reflecting these directions and input from Lead Agencies that the Health sector was challenging to engage in collaborative planning – specifically primary care (71%) and LHINs (48%) – the CYMH Lead Agency Consortium (LAC) articulated as a priority in its 2017 *Provincial Priorities* report, "Enhance engagement and integrated planning with the health and education sectors." The LAC's 2017/18 work plan included a general goal, "Build relationships to support provincial work that targets more effective pathways to services across service systems"; and more specifically for Health, "Reach out to provincial networks of LHINs, primary care, and hospitals to provide information on potential impact of lead agencies; the highest priority is the development of core messages for LHIN liaison and conducting provincial LHIN outreach." As the LAC's work progresses, its efforts are expected to intersect with the work of the MOHLTC/LHIN provincial planning tables.

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

Deliverable(s)	Task(s)	Estimated Timelines
<p>Project Definition Lead Agency's MOMH staff team</p>	<ul style="list-style-type: none"> • Research LHINS' planning structures and mapping efforts, and identify key LHIN contacts • Research the role that the Region of Peel is playing in Central West LHIN's mapping efforts and identify key Regional contacts • Define project 	<p>Q4 of 2017/18 into 2018/19</p>
<p>Consultations/meetings with key partners Lead Agency, Central West LHIN, Mississauga Halton LHIN, Region of Peel, CMHA Peel</p>	<ul style="list-style-type: none"> • Build relationships with key leaders in the LHINs, CMHA Peel and the Region of Peel • Meet with key parties to: <ul style="list-style-type: none"> ○ discuss their mapping/planning work and approaches ○ identify additional staff for discussion of relevant project work • participate in LHIN planning efforts where appropriate (e.g. PCC represents the CYMH sector on the collaborative for Central West LHIN's Brampton sub-region) 	<p>Q4, 2017/18 continuing throughout 2018/19</p>

Identification of emerging opportunities Lead Agency's senior staff	<ul style="list-style-type: none"> • Summarize parties consulted and findings (research and consultations) • Compile resources identified and collected • Identify emerging opportunities 	Q3-4
Feedback from the Community Planning Mechanism Lead Agency and representatives of all broader sector partners	<ul style="list-style-type: none"> • Plan and organize the meeting (venue, invitations, distribution list, agenda, meeting materials, presentations) • Present emerging opportunities and elicit feedback for consideration in 2019/20 work plan 	Q4 into Q1, 2019/20

Priority #2: Explore opportunities for better alignment/integration of Peel’s CYMH crisis support service with community-based adult mental health crisis support services

Rationale:

Note: Rationale should be supported by the service landscape summary (Section B), the CMHP template, client feedback, previous evaluation and/or other evidence.

Opportunities for better alignment and integration of crisis support services in Peel have been the subject of other initiatives in recent years, including the Peel Service Collaborative. The 18 Service Collaboratives established from 2011 to 2013 under *Ontario’s Comprehensive Mental Health and Addictions Strategy* had an overall goal “to support local systems to improve coordination of and enhance access to mental health and addictions services.” With sponsorship from CAMH, the Service Collaboratives were asked to identify and implement evidence-informed strategies to address gaps in children, youth and adult service pathways.

Several members of Peel’s CYMH Community Planning Mechanism, including PCC, were part of the Peel Service Collaborative, which conducted a Mental Health and Addiction Support survey in August/Sept 2013 to select an appropriate intervention. The Service Collaborative identified the need to improve effective utilization of crisis/urgent care pathways for youth with complex mental health and addiction issues, and to do so in a way that was reflective and responsive to the diverse communities of Peel. The intervention, “Building Bridges for Inclusive Care,” had two components: Holistic Crisis Planning (HCP) and Mental Health First Aid (MHFA). HCP aims to help individuals of all ages experiencing a mental health and/or addiction crisis and their families to stay safe by creating an environment wherein the individuals’ strengths can flourish. MHFA training, developed by the Mental Health Commission of Canada, is a two-day interactive course that teaches people with limited or no mental health knowledge how to help someone showing signs of a mental health problem or experiencing a mental health crisis. More than 400 service providers in Peel have been trained in HCP and have created holistic crisis plans with individuals of all ages and their families in a variety of settings, including some CYMH agencies. In addition, the Central West LHIN’s adult mental health agencies implemented HCP across their services.

Efforts to sustain the Service Collaborative did not work out and CAMH’s involvement ended in December 2017. Nonetheless, a HCP Community of Interest (CoI) continues in Peel. As noted in *Promising Practices* (December 2017) from CAMH’s Evidence Exchange Network for Mental Health and Addictions (eenet.ca), “If an accountable leadership structure emerges with a commitment to sustainability, and an openness to thinking differently about mental health and addictions supports, this initiative could be expanded to other services by building on existing resources and collaborating with informal supports in the community that are relevant to the target population.” A six-month HCP pilot is underway in the justice sector, overseen by the Human Services and Justice Coordinating Committee with involvement from youth justice services, adult services (both justice and mental health & addictions), police and probation. The CYMH sector’s HCP trainers will train the justice sectors’ trainers.

Despite the continuing impact of HCP, the Peel Service Collaborative’s intervention did not address alignment or integration of community-based child/youth and adult crisis response services. As such, lack of alignment/integration remains an issue. *Together in Peel* (January 2017), which recommended a structure for Peel’s CYMH Community Planning Mechanism following interviews with representatives of Peel’s child- and youth-serving sectors, noted that “a number of participants raised the need for more 24/7 crisis support at the community level as a way to divert from unnecessary hospitalizations and to prevent unnecessary admissions into the care of the CAS.” These comments demonstrated a lack of awareness/understanding of existing crisis support services in Peel, again highlighting the need to create an aligned/integrated system of crisis support services that Peel’s public and service providers can understand and access with ease.

Peel Children’s Centre (PCC) operates the crisis support service for Peel’s children and youth up to age 17 who are experiencing a mental health crisis. This service consists of a two-tiered response that can include an on-site visit or telephone-based de-escalation. In reviewing the operating

model of the CYMH crisis support service, it makes sense to do so in a community context with partners that provide Mental Health and Addiction crisis support services for adults so as to consider opportunities for alignment and/or integration, including potential service efficiencies.

CMHA Peel is an obvious partner in this initiative, as it operates Crisis Support Peel Dufferin with Peel Regional Police (PRP's) COAST (Crisis Outreach and Support Team), including a mobile outreach team. The joint CMHA/PRP service consists of a specially trained, plain-clothed officer and a mental health professional from CMHA Peel. CMHA also provides telephone-based crisis de-escalation beyond the mobile response hours. PCC is meeting with CMHA Peel on Feb 22, 2018 to share information about the agencies' respective services and have a preliminary discussion about how to work together to make the service system more seamless for clients in two areas: crisis support and services for youth.

The hospitals' Emergency Departments/Rooms (ERs) and crisis intervention teams are also key partners. At Peel's Core Service Provider (CSP) planning table, staff from Trillium Health Partners and William Osler Health System have reported on the strain on their ERs from children and youth in crisis, often brought to the ER by police or sent by the child's/youth's school, when ERs are not the best place to manage a mental health crisis. ERs also struggle with discharging CYMH crisis patients due to their concern for the patients' safety and the need for ongoing mental health services in the community after discharge.

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

Deliverable(s)	Task(s)	Estimated Timelines
Project definition PCC's senior leaders, MOMH team and Crisis Response staff	<ul style="list-style-type: none"> • Research past/ongoing work on crisis support service alignment/integration that could be relevant • Identify key contacts amongst sector partners • Define project 	Q4 2017/18 into 2018/19
Consultations/meetings with adult Crisis Response Services Project team and representatives from: adult crisis response (CMHA Peel); hospitals; Peel Crisis Capacity Network; Peel CSPs; WhereToStart.ca; school boards	<ul style="list-style-type: none"> • Build relationships with key sector partners • Consult with key parties to: <ul style="list-style-type: none"> ○ discuss their crisis support services and approaches ○ revisit Memoranda of Understanding between PCC's Crisis Response Service and other community partners ○ explore opportunities to better align existing crisis response services across the age continuum 	Q4 2017/18 into 2018/19
Identification of emerging opportunities Lead Agency's project team and partners identified above	<ul style="list-style-type: none"> • Summarize parties consulted and research findings • Compile resources identified and collected • Identify emerging opportunities 	Q4, 2018/19
Feedback from the Community Planning Mechanism Lead Agency and representatives of all broader sector partners	<ul style="list-style-type: none"> • Plan and organize the meeting (venue, invitations, distribution list, agenda, meeting materials, presentation) • Present emerging opportunities and elicit feedback for consideration in 2019/20 work plan 	Q1, 2019/20

Priority #3: Explore opportunities to develop more efficient, effective and client-centred pathways out of child and adolescent psychiatric beds into community-based CYMH services in the Peel service area

Rationale:

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

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

The Child and Adolescent Mental Health clinics at Trillium Health Partners (THP) and William Osler Health System (WOHS) are two of Peel's six Core Service Providers (CSPs). The hospital clinics intersect with MOHLTC-funded services (e.g. psychiatric assessments and care; inpatient care for children/youth with serious mental illness), providing a natural opportunity to discuss pathways within the hospital sector. Halton Healthcare (HH), while not a Peel CSP, has child and adolescent psychiatric beds that serve the southern part of Peel's CYMH catchment area. As such, HH will also be part of this CMHR priority.

At meetings of Peel's CSPs, WOHS representatives have reported on the challenges of moving patients out of child and adolescent psychiatric beds and the lack of clarity around pathways into Peel's community-based CYMH service system. Representatives of THP have spoken of the challenges of discharging children and youth from the hospital's Emergency Department following mental health crises and the need for clear pathways in order to keep these young people safe and provide post-crisis follow-up, support and treatment. (See Priority #2 with respect to alignment/integration of Peel's child/youth and adult crisis support services.)

As such, the third priority in this year's CMHR is to explore opportunities to develop more efficient, effective and client-centred pathways out of child and adolescent psychiatric beds into community-based CYMH services in the Peel service area.

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

Deliverable(s)	Task(s)	Estimated Timelines
<p>Project definition</p> <p>Lead Agency staff working with Core Service Providers and hospitals</p>	<ul style="list-style-type: none"> • Research hospitals' services and structures in inpatient child/adolescent psychiatric units, adult mental health & addiction (MH&A) services, and emergency departments • Identify key hospital contacts • Define project 	<p>Q2</p>
<p>Consultations/meetings with hospital staff</p> <p>Lead agency staff and senior staff from: Peel hospital-based CSPs (WOHS, THP); adult MH&A services at WOHS, THP and Halton</p>	<ul style="list-style-type: none"> • Build relationships with key hospital partners • Consult with key parties to discuss: <ul style="list-style-type: none"> ○ their range of MOMH-funded mental health and addiction services ○ existing pathways out of child/adolescent psychiatric beds into community-based CYMH services, including memoranda of understanding 	<p>Q2-4</p>

Healthcare; WhereToStart.ca; Central West and Mississauga Halton LHINs' access mechanisms for MH&A		
Identification of emerging opportunities Lead Agency and partners as above	<ul style="list-style-type: none"> Summarize parties consulted and findings (research and consultations) Compile resources identified and collected Identify emerging opportunities 	Q4
Feedback from Community Planning Mechanism Lead Agency and representatives of all broader sector partners	<ul style="list-style-type: none"> Plan and organize the meeting (venue, invitations, distribution list, agenda, meeting materials, presentation) Present emerging opportunities and elicit feedback for consideration in 2019/20 work plan 	Q4 into Q1, 2019/20

Section F – French Language System Partners

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

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

WHO PROVIDES CORE SERVICES IN FRENCH

Of the six CSPs in Peel, 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/Key Processes in French:

- Coordinated Access/Intake (PCIN/WhereToStart.ca – on behalf of all CSPs)
- Targeted Prevention (School-Based Services' groups for students of the French-language school boards)
- Family Capacity-Building and Support (School-Based Services' parent groups)
- Brief Services (Single Session Counselling; Tangerine Walk-In Counselling)
- Counselling and Therapy Services (Counselling; School-Based Services' Brief Intensive Intervention Program and Alternatives)
- Intensive Treatment Services (ICF 7-17).

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

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

WHO WAS ENGAGED AND HOW WERE THEY ENGAGED

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

The two French-language school boards were engaged in discussions around service gaps/needs for Peel's Core Services Delivery Plans/Report (CSDR). Both boards were consulted as part of the process to obtain community input into the design of the Community Planning Mechanism for CYMH services in Peel. Representatives of the boards also participated in the community meeting in June 2016 at which the Lead Agency and consultant shared their interim findings and elicited the community's input on Shared Vision, Values and Guiding Principles, Mechanism Design, and further sectors/partners to consult in developing the mechanism. In 2017, the French-language boards completed the Community Asset Inventory for Peel's 2017/18 Community Mental Health Report (CMHR).

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

Voting:

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

Non-voting:

- Ministry of Children and Youth Services

The committee's projects have included: creation of a strategic plan; creation of a French database; and work on le lien français, an annual event celebrating francophone culture and heritage. Community service providers share information on French-language services at le lien. There is potential to work with this committee to engage the broader francophone community (both service providers and families) in the work of the Community Planning Mechanism for CYMH services in Peel.

ANY CHALLENGES REGARDING ENGAGEMENT WITH FRENCH LANGUAGE PROVIDERS AND STAKEHOLDERS

The greatest engagement challenge in 2017/18 was the lack of French-language capacity amongst the members of the Community Asset Inventory Working Group of the Community Planning Mechanism and the consultant who was the project lead. However, with liaison support from PCC's School-Based Services staff, the inventory was completed by the French-language school boards.

ANY IDENTIFIED CONCERNS FROM FRENCH LANGUAGE SYSTEM PARTNERS

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.

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

Conseil scolaire de district catholique Centre-Sud (rebranded as 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 not have a concept of the therapeutic process
- Complementary services (e.g. psychological/psychiatric assessment at PCC) in French
- More Tier 3 services (the Board's social workers are busy managing high demand for Tier 1 & 2 services)

- Cross-regional continuity of service, recognizing the Board's large geographic spread
- French-language capacity-building support for the Board's mental health professionals, school staff and parents.

Section G – Approvals

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

APPENDIX A, COMMUNITY MENTAL HEALTH REPORT, 2017/18 - Community Asset Inventory, Peel Service Area

Community Partner	Core Service Continuum	Brief Description (i.e., Name of Program/Service)	Geographic Coverage	Age Group Served	Specific Population	Protocol or Pathway to/out of MCYS sector if applicable	Clients Served per year	Funder/funding, Staffing
CCAC-West	Targeted Prevention	Not completed	Not completed	4-21 years (as long as registered in school)	school staff	Link child and family (with consent) to referral pathways as per MCYS protocols	1-2 sessions offered depending on need/time ask	MOHLTC salaries for 7 FTE's (RN's)
CCAC-West	Brief Services	Brief intervention with individual child/youth following hospital based services; may continue to provide support in community	Not completed	4-21 years (as long as registered in school)	Child and adolescent with mental health and addiction concerns	Link child and family (with consent) to referral pathways as per MCYS protocols	Program is brief (up to 90 days) but is available all year	Not completed
CCAC-West	Counselling/Therapy Services	Brief therapy intervention- using motivational interviewing, nursing knowledge and experience in home and school settings - will follow child/youth out of hospital into home and community	Not completed	4-21 years (as long as registered in school)	Child and adolescent with mental health and addiction concerns	Link child and family (with consent) to referral pathways as per MCYS protocols	Program is brief (up to 90 days) but is available all year	Not completed
CCAC-West	Family Capacity Building and Support	Review of medications; health teaching and medication management; diagnosis review (if present); care planning; transition of care hospital to home/school and support to families	Not completed	4-21 years (as long as registered in school)	Child and adolescent with mental health and addiction concerns and family	Link child and family (with consent) to referral pathways as per MCYS protocols	Program is brief (up to 90 days) but is available all year	Not completed
CCAC-West	Specialized Consultation / Assessment Services	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CCAC-West	Crisis Support Services	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CCAC-West	Intensive Treatment Services	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CMHA Peel	Targeted Prevention	Youthnet - mental health awareness in high schools IMPACT- addictions (13-18)	Peel	as indicated	as indicated	n/a	Not completed	2 FTE
CMHA Peel	Brief Services	BRIEF - 1-2 sessions office based through CMHA intake department (no walk in)	Brampton	16 and up	mental health and addictions	n/a	Not completed	1 FTE
CMHA Peel	Counselling/Therapy Services	Early Psychosis Intervention - Case management model focus on acquiring skills and knowledge; 4 Family Support part of team; clinical groups (anxiety, sleep hygiene, social skills, anger management)	Peel/Brampton	16 -34 Early psychosis	early psychosis less than a year of treatment	n/a	Not completed	5 FTE
CMHA Peel	Family Capacity Building and Support	Family Support - Psychoeducation 1-8 sessions counselling and groups (primarily office based)	CWLHIN	16 and up	mental health and addictions	n/a	Not completed	1.5 FTE
CMHA Peel	Specialized Consultation / Assessment Services	1. Psychiatry Consultation 2. Court Diversion- located at courts 3. Service Resolution 4. Purchase consultation through OTN (Ontario Tele-Network)	CWLHIN	16 and up	mental health and addictions	Refer directly to PCC	Not completed	Psychiatry-3 hours a week Court-2 FTE SR-1FTE
CMHA Peel	Crisis Support Services	Crisis 24/7. Access by phone. Community visits. Police/Mental Health Worker team	Peel	16 and up	mental health and addictions	n/a	Not completed	Not completed
CMHA Peel	Intensive Treatment Services	Assertive Community Treatment -Treatment and interdisciplinary. Serving individuals primary issue mental health who are living in the community	Brampton/ Bramalea/Bolton	18 and up	severe mental illness	n/a	Not completed	10 FTE
Conseil scolaire catholique MonAvenir	Targeted Prevention	<ul style="list-style-type: none"> • Pscho-educational assessment • Risk and threat assessment • Response to risk of suicide • Intervention in non-violent crises 	Peterborough to Kitchener-Waterloo. Niagara to Simcoe and all between	4 to 21	Students	7-stage process to identify the students' needs	2016/17 stats across categories: • 73 students served by Social Work in Targeted Prevention services • Social workers intervened 67 times in cases of suicidality • 523 active Social Work cases in May 2017; average of 58 incidents/worker	<ul style="list-style-type: none"> • School safety counsellors • Social workers • Behavioural counsellors • Psychometrist
		Services for internalizing mental health issues: <ul style="list-style-type: none"> • identification of the school's needs • identification of student's individual needs; individually targeted interventions • intervention in crisis situations (suicide) or systemic (ASIST i.e. Applied Suicide Intervention Skills Training interventions) • Targeted Prevention workshops offered in classes and/or therapeutic groups to address an identified need; delivered in collaboration with the community on subjects such as stress, anxiety and mental health • Interventions related to attendance 	Peterborough to Kitchener-Waterloo. Niagara to Simcoe and all between	4 to 21	Teachers, parents & students	7-stage process to identify the students' needs		<ul style="list-style-type: none"> • Social workers • Community organizations
		Services for externalizing mental health issues in 3 phases: (1) universal strategy; (2) coaching for school staff; and (3) personalized interventions and coaching <ul style="list-style-type: none"> • Support to resource teachers to guide services and to help create Individual Education Plan = Guidance Counsellor • Coaching for school staff with regard to behavioural interventions and challenges related to externalization at the elementary level (e.g. self-regulation, aggression etc.) = Behavioural Counsellor 	Peterborough to Kitchener-Waterloo. Niagara to Simcoe and all between	4 to 21	School staff; students	7-stage process to identify the students' needs		<ul style="list-style-type: none"> • Board's social workers must often partner with external community services • 42 ASIST "sentries" trained within the past year

APPENDIX A, COMMUNITY MENTAL HEALTH REPORT, 2017/18 - Community Asset Inventory, Peel Service Area

<i>Community Partner</i>	<i>Core Service Continuum</i>	<i>Brief Description (i.e., Name of Program/Service)</i>	<i>Geographic Coverage</i>	<i>Age Group Served</i>	<i>Specific Population</i>	<i>Protocol or Pathway to/out of MCYS sector if applicable</i>	<i>Clients Served per year</i>	<i>Funder/funding, Staffing</i>
Conseil scolaire catholique MonAvenir	Brief Services	<ul style="list-style-type: none"> • Counselling interventions including CBT, DBT, Mindfulness, Brief Solution-Focussed Therapy, problem-solving • Brief interventions offered per the Brief Intervention for School Clinicians (BRISC) model of School Mental Health ASSIST • Phase 3: Targeted intensive intervention between the behavioural counsellor, student and teacher to model strategies 	Peterborough to Kitchener-Waterloo. Niagara to Simcoe and all between	4 to 21	Students	7-stage process to identify the students' needs	Board's Behavioural team offered 17 trainings/workshops: <ul style="list-style-type: none"> • 8 2-day sessions for administrators, resource teachers, teaching assistants & 	<ul style="list-style-type: none"> • Social workers • Behavioural counsellors
Conseil scolaire catholique MonAvenir	Counselling/Therapy Services	Counselling is offered in cases of grief, anxiety, divorce and mental health problems	Peterborough to Kitchener-Waterloo. Niagara to Simcoe and all between	4 to 21	Students	Not completed	Spec.Ed. teachers on common behavioural challenges & de-escalation methods	Social workers
Conseil scolaire catholique MonAvenir	Family Capacity Building and Support	<ul style="list-style-type: none"> • Presentations available to parents, at the request of schools, on mental health and mental health challenges • Psycho-education concerning mental health ('capsules') 	Peterborough to Kitchener-Waterloo. Niagara to Simcoe and all between	4 to 21	Parents of students	Not completed	• 3 workshops for teachers on common challenges associated with behavioural issues	<ul style="list-style-type: none"> • Social workers • Social workers who specialize in Mental health
Conseil scolaire catholique MonAvenir	Specialized Consultation / Assessment Services	<ul style="list-style-type: none"> • interRAI ChYMH comprehensive assessment • Bio-psychosocial assessment • Discussions of clinical cases 	Peterborough to Kitchener-Waterloo. Niagara to Simcoe and all between	4 to 21	Schools (school staff and management)	Not completed	• 2 workshops for teachers on empathetic & collaborative problem-solving approaches	<ul style="list-style-type: none"> • Social workers • Manager of Social Work Services • Manager of Behavioural Services
Conseil scolaire catholique MonAvenir	Crisis Support Services	<ul style="list-style-type: none"> • ASIST intervention (Applied Suicide Intervention Skills Training) • Referrals to external agencies and Crisis Support Services in each region 	Peterborough to Kitchener-Waterloo. Niagara to Simcoe and all between	4 to 21	Students	Not completed	• 4 workshops for community on MH or behavioural challenges and de-escalation	Social workers
Conseil scolaire catholique MonAvenir	Intensive Treatment Services	<ul style="list-style-type: none"> • Assessment on a case-by-case basis of the student's needs from a systemic and ecological frame of reference • Referral to school mental health nurses and other community services to respond to the student's needs • Specialized supports offered by external resources: PCC - Brief Intensive Intervention Program (BIIP) and Alternatives to Day Treatment (ALT); Community Health Centre Niagara-Hamilton; Centre Francophone; CMHA • Case management (between school and specialized services) • Support at the level of risk/ threat assessment and safety planning • Interventions that pertain to attendance 	Peterborough to Kitchener-Waterloo. Niagara to Simcoe and all between	4 to 21	Students	Not completed	<ul style="list-style-type: none"> • offered universal strategies & resources to each class in 49 elementary schools • 432 behavioural case files as of May 2017 • Behavioural support average: 23 days/school/year • 354 staff certified in physical techniques & 397 staff certified in verbal techniques for 	<ul style="list-style-type: none"> • Social workers • Community organizations
Conseil scolaire Viamonde	Targeted Prevention	Currently provided by Board staff on demand or on request to PCC. To ensure uniformity in all our schools and minimize paperwork by families, we wish to provide more in-house targeted prevention. We are in the process of exploring evidence based programming.	Viamonde has a large catchment area (Central, Southern and Southwestern ON) but the services here apply to students attending schools in Peel.	4-21	Francophone students enrolled the Board's schools	Request to PCC in bi-annual planning meeting	Not completed	Not completed
Conseil scolaire Viamonde	Brief Services	Assessment and referral or crisis intervention by Board Social Workers	Viamonde has a large catchment area (Central, Southern and Southwestern ON) but the services here apply to students attending schools in Peel.	4-21	Francophone students enrolled the Board's schools	Case conference with Board and PCC Clinical Supervisors/front-line staff on request of Board or parents refer directly to community programs.	Not completed	Not completed

APPENDIX A, COMMUNITY MENTAL HEALTH REPORT, 2017/18 - Community Asset Inventory, Peel Service Area

<i>Community Partner</i>	<i>Core Service Continuum</i>	<i>Brief Description (i.e., Name of Program/Service)</i>	<i>Geographic Coverage</i>	<i>Age Group Served</i>	<i>Specific Population</i>	<i>Protocol or Pathway to/out of MCYS sector if applicable</i>	<i>Clients Served per year</i>	<i>Funder/funding, Staffing</i>
Conseil scolaire Viamonde	Counselling/ Therapy Services	Counselling is offered individually by Board Social Workers. Therapeutic groups are possible, but are not frequently offered due to high caseloads.	Viamonde has a large catchment area (Central, Southern and Southwestern ON) but the services here apply to students attending schools in Peel.	4-21	Francophone students enrolled the Board's schools	Case conference with Board and PCC Clinical Supervisors/front-line staff on request of Board or parents refer directly to community programs.	Not completed	Not completed
Conseil scolaire Viamonde	Family Capacity Building and Support	Board Social Workers offer psycho-education and support/referral for parents regarding how to best support child.	Viamonde has a large catchment area (Central, Southern and Southwestern ON) but the services here apply to students attending schools in Peel.	4-21	Francophone students enrolled the Board's schools	Case conference with Board and PCC Clinical Supervisors/front-line staff on request of Board or parents refer directly to community programs.	Not completed	Not completed
Conseil scolaire Viamonde	Specialized Consultation / Assessment Services	Psycho-educational assessments are provided by the Board Psychometrist where warranted. CCAC Mental Health and Addictions Nurses (MHAN) are available for consultation, assessment and referral.	Viamonde has a large catchment area (Central, Southern and Southwestern ON) but the services here apply to students attending schools in Peel.	4-21	Francophone students enrolled the Board's schools	Conference between front-line and supervisory Board staff, followed by consultation with MHAN and written referral. Continued case conferencing.	Not completed	Not completed
Conseil scolaire Viamonde	Crisis Support Services	Board Social Worker provides crisis assessment, support, problem solving, referral, and continued intervention	Viamonde has a large catchment area (Central, Southern and Southwestern ON) but the services here apply to students attending schools in Peel.	4-21	Francophone students enrolled the Board's schools	Hospital ER if required. Case conference with Board and PCC Clinical Supervisors/front-line staff on request of Board or parents refer.	Not completed	Not completed
Conseil scolaire Viamonde	Intensive Treatment Services	Board Social Worker provides short sessions where family refuses community intervention. Board Social Workers also offers sessions in conjunction with community treatment team.	Viamonde has a large catchment area (Central, Southern and Southwestern ON) but the services here apply to students attending schools in Peel.	4-21	Francophone students enrolled the Board's schools	Hospital ER if required. Case conference with Board and PCC Clinical Supervisors/front-line staff on request of Board or parents refer.	Not completed	Not completed
Dufferin-Peel Catholic District School Board	Targeted Prevention	The Board offers a spectrum of programs and supports (for all, some, few) that foster Catholic conditions for learning, mindful of mental well-being. These services are offered as appropriate and based on need. Targeted prevention programs vary by school. Examples include Cameron Helps; bereavement groups; programs offered in cooperation with Big Brothers, Big Sisters; Go Girls/Game On; Circle of Friends; One Voice, One Team; Stop-Now-And-Plan (SNAP); and Young Minds at Play. Every school has a multi-disciplinary school team. Support services staff support the development of IEPs. Attendance support. Psychological assessment. Response to risk of suicide, safeTALK, and ASIST. Targeted professional learning around mental health concerns (e.g., anxiety).	Peel Region and Dufferin County	Varies by program; 4-21 as well as parents/caregivers and families	At-risk populations	Through each school's individual school team and/or Board level supports and services as appropriate.	Not completed	Not completed
Dufferin-Peel Catholic District School Board	Brief Services	Support services professionals may provide intervention to individual students and their families. They may also provide services through a group format (e.g., CBT groups for students with anxiety). Board-wide and individual school educational parent events (e.g., evening presentations around specific topics such as anxiety). Assessment to inform brief services.	Peel Region and Dufferin County	4-21, plus parents/ caregivers and families	Children or youth with immediate or presenting needs	Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate	Not completed	Not completed

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<i>Community Partner</i>	<i>Core Service Continuum</i>	<i>Brief Description (i.e., Name of Program/Service)</i>	<i>Geographic Coverage</i>	<i>Age Group Served</i>	<i>Specific Population</i>	<i>Protocol or Pathway to/out of MCYS sector if applicable</i>	<i>Clients Served per year</i>	<i>Funder/funding, Staffing</i>
Dufferin-Peel Catholic District School Board	Counselling/Therapy Services	All schools have access to psychology, social work, and child and youth work support. These support services professionals may provide intervention to individual students and their families. They may also provide services through a group format (e.g.CBT groups for students with anxiety). In addition, the board has access to MHAN. All schools have a multi-disciplinary school team. All schools have access to case consultation with a consulting psychiatrist.	Peel Region and Dufferin County	4-21	Children and youth experiencing mental health concerns	Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate	Not completed	Not completed
Dufferin-Peel Catholic District School Board	Family Capacity Building and Support	Support services professionals may provide intervention to individual students and their families. They may also provide services through a group format (e.g., CBT groups for students with anxiety). Board-wide and individual school educational parent events (e.g., evening presentations around specific topics such as anxiety).	Peel Region and Dufferin County	4-21	Parents/guardians/ caregivers/families of children and youth with mental health concerns	Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate	Not completed	Not completed
Dufferin-Peel Catholic District School Board	Specialized Consultation / Assessment Services	The psychology department has a mental health diagnostic team, an autism spectrum disorder team, and a neuropsychology team, which all schools can access. The board also has a psychiatrist available for consultation. In addition, the board has access to MHAN.	Peel Region and Dufferin County	4-21	Children and youth with identified mental health concerns	Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate	Not completed	Not completed
Dufferin-Peel Catholic District School Board	Crisis Support Services	All schools have access to psychology, social work, speech and language, and child and youth work support as part of a responsive school team approach. The board has a Tragic Events Response Team (TERT) as well as ASIST trained professionals. Our MHAN supports are also available in the event of a crisis. Support with system navigation and referrals to other resources. All schools have a multi-disciplinary school team.	Peel Region and Dufferin County	4-21	Children and youth experiencing an imminent mental health crisis or situations where there is serious risk	Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate	Not completed	Not completed
Dufferin-Peel Catholic District School Board	Intensive Treatment Services	The board offers specialized classroom settings (e.g., Care classroom, Sanctuary) that provide time-limited support within the confines of the school day (participating students are also linked to other mental health supports). In addition, the board has access to MHAN. Case management. Support with system navigation and referrals to other resources. Community partnerships (e.g., with AYSP and PCC).	Peel Region and Dufferin County	4-21	Children and youth with significant mental health concerns	Through each school's individual school team/Family of Schools and/or Board-level supports and services as appropriate	Not completed	Not completed
ErinoakKids	Targeted Prevention	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ErinoakKids	Brief Services	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ErinoakKids	Counselling/Therapy Services	Social Work Services - Individual and Family Counselling Medical diagnoses and other identified special needs place unique stresses on young people and their families. These stresses may further exacerbate difficult periods that arise from time-to-time in the life of any family. Social Work Services can assist clients and families to negotiate these periods, enabling them to return to a more balanced life.	Brampton, Mississauga	clients 0-19 and their caregiver(s) and siblings as appropriate	Clients of ErinoakKids who receive a core service from ErinoakKids (e.g. Infant Hearing, PT,OT, SLP, Physician)	n/a	1125 unique clients accessed SW support (including support group, workshops, individual and family counselling) in fiscal year 2016/2017. SW support may or may not be related to Mental Health challenges.	5 SW FTE
ErinoakKids	Family Capacity Building and Support	Social Work facilitated Support Groups and Workshops: Mother's Group, Father's Group, Understanding and Managing Anxiety workshop, Effective Advocacy workshop. SW support may or may not be related to Mental Health challenges.	Brampton, Mississauga	parents/caregivers of client accessing ErinoakKids services	Clients of ErinoakKids who receive a core service from ErinoakKids (e.g. Infant Hearing, PT,OT, SLP, Physician)	n/a	1125 unique clients accessed SW support (including support group, workshops, individual and family counselling) in fiscal year 2016/2017.	5 SW FTE
ErinoakKids	Specialized Consultation / Assessment Services	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ErinoakKids	Crisis Support Services	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ErinoakKids	Intensive Treatment Services	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Peel CAS	Targeted Prevention	None - No children's mental health services targetted at prevention	Peel	n/a	n/a	n/a	n/a	n/a
Peel CAS	Brief Services	None - No brief services to address children's mental health needs	Peel	n/a	n/a	referrals to Tangerine, AYSP, Crisis Supports	n/a	n/a

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Peel CAS	Counselling/Therapy Services	Individual Child Treatment Program (ITP) covers counselling/therpay services to address mental health needs of children and youth. Our ITP is a comprehensive program that purchases the services, if that service is not available in the community in a timely manner. This program is open to children in our care and with protection families; our child in care population is spread across the province, as around 25% is placed outside of our Region. The program covers play therapy, art therapy, grief counselling, trauma counselling, CBT, DBT and parent-teen conflicts etc.	Peel	3 years to 21 years	Child in the care of Peel CAS and children/youth served by Peel CAS to maintain placement in home if at all possible	Central Intake process is accessed - same process as community	n/a	PEEL CAS (core funding) \$120,000
Peel CAS	Family / Caregiver Skill Building and Support	None	Peel	n/a	n/a	Refer to Family Education Centre (targeted parenting programs provided for CAS clients)	n/a	n/a
Peel CAS	Specialized Consultation / Assessment Services	Psychological Services - Assessments - This progarm offers emotional, psycho-educational and forencic, FASD, developmental, trauma, TAY and other relavant psychological assesements as part of CAS case management. This program also covers assessment expenses of children in CAS care who are placed outside of the Peel region.	Peel	6 years to 21 years (includes CCSY)	Child in the care of Peel CAS and children/youth served by Peel CAS.	Referral sought from family doctor to psychiatrist (would like to build a partnership with mental health to assist in crafting safety plans)	n/a	PEEL CAS (core funding) \$65,000
Peel CAS	Crisis Support Services	CAS responds when parents unable to manage and reach out to crisis services/police	Peel	n/a	n/a	Given high number of level 4 children/youth, would like to establish a specialized pathway to mainin children/youth in home placements/divert from out of home placements	n/a	n/a
Peel CAS	Intensive Treatment Services	Provide no direct services but do refer to OPR services and PCC Day Treatment and Residential Services	Peel	n/a	n/a	n/a	n/a	n/a
Peel District School Board	Targeted Prevention	Individualized therapy for students/parent. Psychological assessments. Applied Behaviour Analysis. Cool Kids (Pilot) Attendance Intervention Gay Straight Alliance Suicide Awareness	Peel	4 - 21 4 - 21 4 - 21 Age 12 and 13 4 yrs - 21 yrs 13 - 21 yrs	MH/Social emotional difficulties Teacher training Anxious students School avoiders LGBTQ School staff students	Central Intake	1800 1500 1800 20 students 2000 students 600 approx. 600	SW-61 FTE Psych-64 FTE SLP-51 FTE ABA-3 \$21,063,258
Peel District School Board	Brief Services	Range of interventions based on the need of the child/youth. i.e. CBT solution focused, assessment, crisis intervention, counselling therapy, referral SW/Psych/SLP	Peel	4 - 21	MH/Social emotional difficulties	n/a	900	Psychology Social Work SLP
Peel District School Board	Counselling/Therapy Services	Range of interventions based on the need of the child/youth. i.e. CBT solution focused, assessment, crisis intervention, counselling therapy, referral - longer term intervention SW/Psych/SLP	Peel	4 -21	MH/Social emotional difficulties	Central Intake	950	Psychology Social Work SLP
Peel District School Board	Family / Caregiver Skill Building and Support	Family support for youth with MH diagnosis	Peel	4 -21	MH/Social emotional difficulties	n/a	300	Psychology Social Work
Peel District School Board	Specialized Consultation / Assessment Services	Assessment/Consultation for mental health diagnosis	Peel	4 -21	Mental Health Concerns	n/a	3200	Psychology Social Work
Peel District School Board	Crisis Support Services	Response to student crisis/MH	Peel	4 - 21	Mental Health Crisis	n/a	4000	Psychology Social Work

APPENDIX A, COMMUNITY MENTAL HEALTH REPORT, 2017/18 - Community Asset Inventory, Peel Service Area

Community Partner	Core Service Continuum	Brief Description (i.e., Name of Program/Service)	Geographic Coverage	Age Group Served	Specific Population	Protocol or Pathway to/out of MCYS sector if applicable	Clients Served per year	Funder/funding, Staffing
Peel District School Board	Intensive Treatment Services	Alternative Programs	Peel	4 - 21	MH/Social emotional Difficulties	Formal agreements between School Board and Community Agencies	1500	\$1,875,546
		Behaviour Services			MH/Social emotional Difficulties		400	\$3,2118,199
		Mental Health Classes			MH/Social emotional Difficulties		16	\$395,810
		Home Instruction - Tier 3 level			MH/Social emotional Difficulties		20	\$400,156
		Mental Health and Addiction Nurses			Mental Health Assessment/ Counselling/System Navigation/Transition/Case Management		150	MHLTC
Section 23	MH/Social emotional Difficulties	191	\$4,883,163					
Punjabi Community Health Services	Targeted Prevention	Mental Health Forum once per year primarily geared towards childre and youth mental health	Peel	All age groups can attend	South Asian community	n/a	103 clients	PCHS supports from own fundraising; n/a FTEs
Punjabi Community Health Services	Brief Services	Family Enhancement Program - Work with women who are in abusive situations and have children and youth. Work with families that have a family member going through addiction and mental health.	Peel	Children aged 12 + only. All others are referred to other agencies.	South Asian community	n/a	50 clients	PCHS supports from own fundraising; n/a FTEs
Punjabi Community Health Services	Counselling/Therapy Services	Addictions Day Group Program - 1. Women experiencing violence at home and their children/youth. 2. Youth aged 16+ 3. Men with addiction and violence issues and their children 16+/youth.	Peel	Women, men, both parents, children 12+, and youth	South Asian community	n/a	123 clients	Funding \$86,551 from Central West LHIN; 1 FTE
Punjabi Community Health Services	Family Capacity Building and Support	Better Families Program - United Way PCHS is a family centered organization. We work with the entire family. We provide parenting skills to parents and grandparents. This may include specific skills related to addiction and/or mental health issues or child protection issues. The educational sessions take place at PCHS office in the evenings and or on the weekends.	Peel	Women, men, both parents, children 12+, and youth	South Asian community	n/a	46 clients age 1-25 9 clients age 26-65 Total 55 clients	Funding \$70,700 from United Way of Peel Region; 1 FTE
Punjabi Community Health Services	Specialized Consultation / Assessment Services	Early Psychosis Intervention - These services are limited to youth and parents. PCHS does not provide consultation and assessment for children under 12.	Peel	Women, men, both parents, children 12+, and youth	South Asian community	n/a	21 clients	Funding \$97,250 from Central West LHIN; 1 FTE
Punjabi Community Health Services	Crisis Support Services	PCHS provides crisis services only in Violence Against Women services. Covered in Family Enhancement Program.	Peel	Women and children 12+ and youth	South Asian community	n/a	Covered in Family Enhancement Program	Covered in Family Enhancement Program
Punjabi Community Health Services	Intensive Treatment Services	Not provided by PCHS	n/a	n/a	n/a	n/a	n/a	n/a
Region of Peel	Targeted Prevention	Public Health • Healthy Babies, Healthy Children The program promotes optimal physical, cognitive, communicative and psychosocial development in children through a system of prevention and early intervention services for families. It is a home visiting program involving public health nurses. <i>Note: Families are not necessarily at risk for mental health issues.</i>	Peel Region	Child-bearing aged women (pregnant or have a child under the age of 6 - must have custody)	Families who are identified at risk by the Healthy Babies Healthy Children screening tool	Promote access to and use of needs-based services and supports (formal and informal) for children whose families have been identified with risk. <i>Note: Parents are the target of the program with children receiving indirect benefits.</i>	Not completed	MCYS (100%); 42.9 FTE (24 Public Health Nurses and 18.9 Family Home Visitors)* *2015 data
		Public Health • Peel Postpartum Mood Disorder Program The Peel Postpartum Mood Disorder program aims to build the community's capacity to respond to families by raising awareness of PMD in the community, education service providers, decreasing stigma, enhancing services and accessibility for Peel region's diverse community, advocating for sustainable funding. <i>Note: the purpose of this program is to educate providers. The target is not children with mental health directly.</i>	Peel Region	Adults (providers)	Providers	Peel Children's Centre is a member of this community network.	Not completed	<i>*Note: Still verifying administration and funding for this program [MOHLTC (75%) and Region of Peel (25%) for the 1 paid FTE* position to coordinate the program. *2015 data]</i>

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Community Partner	Core Service Continuum	Brief Description (i.e., Name of Program/Service)	Geographic Coverage	Age Group Served	Specific Population	Protocol or Pathway to/out of MCYS sector if applicable	Clients Served per year	Funder/funding, Staffing
		<p>Public Health</p> <ul style="list-style-type: none"> • Teen Education and Motherhood (TEAM) Peel District School Board; • Parenting and Catholic Education (PACE) Dufferin Peel Catholic District School Board. <p>The TEAM and PACE programs offer an alternative learning environment for pregnant and parenting women under the age of 21. A Public Health Nurse is available in the classroom 1/2 day every 2 weeks for 1:1 support, prenatal education and group presentations on a variety of lifestyle and parenting topics.</p> <p>Note: These are Board of Education programs with occasional Public Health Nursing staff provided to support the program.</p>	Peel Region	Secondary school-aged youth	Pregnant and parenting youth	Public Health Nurses and Social Workers (social workers are from the school boards) provide referrals to community and health services agencies as needed.	Not completed	*Note: Still verifying administration and funding for this program. [MOHLTC (75%) and Region of Peel (25%); 0.5 FTE* *2015 data]
		<p>Public Health</p> <ul style="list-style-type: none"> • Healthy Start <p>The Healthy Start program provides prenatal education, individual support and confidential health counselling provided by Public Health Nurses (PHN) to women in need and newcomers to Canada. Each site also has access to Registered Dietitian and a Social Worker who also provide group C67 education and individual counselling and support. The Social Worker attends each site 2 times per month.</p> <p>Note: This is a BridgeWay Family Centre program with some support from public health nurses.</p>	Peel Region	Parents (mainly mothers)	Women in need and newcomers to Canada	Not completed	Not completed	*Note: Still verifying administration and funding for this program. [Region of Peel, Peel Public Health, Public Health Agency of Canada; 4 FTE* *2015 data]
		<p>Public Health</p> <ul style="list-style-type: none"> • Teen Prenatal Supper Clubs (3 locations: Mississauga, Brampton and Bramalea). <p>Opportunity for young, pregnant women to: learn to stay healthy during pregnancy; cope with labour and birth; learn about breastfeeding; learn to care for their newborn; learn to cook easy meals; meet other new moms over dinner; talk with Public Health Nurses and other health care professionals; receive food vouchers and prenatal vitamins.</p> <p>Note: This is a BridgeWay Family Centre program with some support from public health nurses.</p>	Peel Region	Under age 25	Pregnant women under age 25. Support persons are also welcome.	Not completed	Not completed	Added after inventory was completed. This information was not provided.
		<p>Public Health</p> <ul style="list-style-type: none"> • Multi-channel Contact Centre <p>Residents have access to a Public Health Nurse through a phone line, email or Facebook.</p>	Peel Region	All ages	Various needs	A Public Health Nurse can provide information, advice and referral to other services.	Not completed	MOHLTC (75%) and the Region of Peel (25%)
		<p>Human Services & Public Health</p> <ul style="list-style-type: none"> • Families First (through the Ontario Works program) <p>An optional program for sole support parents currently receiving Ontario Works social assistance to help parents become independent and improve conditions for their children. It offers employment, recreation, childcare and public health nurse services. The Public Health Nurse component consists of one on one visits in the community or clients' homes for teaching, supportive counselling, advocacy and case management.</p>	Peel Region	Adults	Sole parents receiving Ontario Works	A Public Health Nurse may be involved in one-on-one visits to support client, including ensuring proper referrals for mental health needs.	Not completed	Region of Peel; 9.6 FTE* *2015 data
		<p>Public Health</p> <ul style="list-style-type: none"> • Harm and Risk Reduction <p>Provision of harm reduction supplies and education to injection-drug users. The program also provides sexual health services to populations who have challenges accessing conventional services.</p>	Peel Region	Among other age groups, the program serves transition-aged youth or young adults (18-30)	Injection drug users and those challenged to access conventional services.	Not completed	Not completed	MOHLTC (75%) and Region of Peel (25%); 5 FTE* *2015 data
		<p>Human Services</p> <ul style="list-style-type: none"> • Peel Infant-Parent Program <p>To support parents as they develop a healthy relationship with their child, this program provides:</p> <ol style="list-style-type: none"> parent-child group session on-site run by an Early Childhood Resource Consultant from the Region of Peel as well as in-home individualized counselling by a Child and Family Clinician from Peel Children's Centre 	Peel Region	Parents of infants	Parents may self-refer or be referred by a community agency	Not completed	Not completed	Region of Peel and Peel Children's Centre

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		Human Services • Wellness Success Program (through the Ontario Works program) This program is offered in partnership with community agencies to help people on Ontario Works who are seeking employment to overcome the obstacles caused by addiction and mental health.	Peel Region	Working-age adults	Individuals accessing Ontario Works Employment Supports who have mental health and/or addictions challenges.	Supports include information and referral access to community services.	Not completed	Ministry of Community and Social Services
		Human Services • Peel Outreach Team The Peel Outreach team is a responsive, mobile, multi-disciplinary team of professionals who work together with individuals who are homeless or at imminent risk of homelessness.	Peel Region	All ages	Individuals who are homeless or at imminent risk of homelessness.	Not completed	Not completed	Region of Peel (in partnership with Canadian Mental Health Association (CMHA)/Peel Branch, Peel Addiction Assessment and Referral Centre (PAARC), and St. Leonard's Place Peel
Region of Peel	Brief Services	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Region of Peel	Counselling/Therapy Services	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Region of Peel	Family Capacity Building and Support	Human Services • Peel Inclusion Resource Services PIRS is a partnership between special needs resourcing programs and licensed child care providers that offer services to families and children before they start school. * Also mapped to Targeted Prevention	Peel Region	Early years (0-12)	Support to centre based and home child care providers; Support to children and families with special needs, or children requiring additional supports who attend or plan to attend licensed child care.	Referral by parent, child care provider, resource consultant or health or other professional.	Not completed	Ministry of Education and Region of Peel
Region of Peel	Specialized Consultation / Assessment Services	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Region of Peel	Crisis Support Services	Peel Regional Paramedic Services responds to 911 emergencies, including those related to child/youth mental health and addictions.	Peel Region	All ages	Persons in crisis or emergency situations.	n/a	Not completed	MOHLTC (50%) and Region of Peel (50%)
Region of Peel	Intensive Treatment Services	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Service Resolution Peel	Targeted Prevention	n/a	Not completed	Not completed	Not completed	Not completed	Not completed	Not completed
Service Resolution Peel	Brief Services	n/a	Not completed	Not completed	Not completed	Not completed	Not completed	Not completed
Service Resolution Peel	Counselling/Therapy Services	Not completed	Not completed	Not completed	Not completed	Not completed	Not completed	Not completed
Service Resolution Peel	Family Capacity Building and Support	Not completed	Not completed	Not completed	Not completed	Not completed	Not completed	Not completed
Service Resolution Peel	Specialized Consultation / Assessment Services	Supports complex, urgent, extraordinary, and atypical situations in the children's mental health and developmental sectors, for the age range of 0 to 18.	Peel Region	0-18	complex, urgent atypical cases	Is the access mechanism for Complex Special Needs	Not completed	MCYS funded
Service Resolution Peel	Crisis Support Services	Not completed	Not completed	Not completed	Not completed	Not completed	Not completed	Not completed
Service Resolution Peel	Intensive Treatment Services	Is the access mechanism for Complex Special Needs (CSN) consideration of designation with MCYS requirements; single point of access for referrals to the Child Parent Resource Institute (CPRI), Coordinated Access to residential Services (CARS) in Toronto, and the other Service Resolution mechanisms within the former Central West Region of MCYS (Waterloo, Wellington, Dufferin, Halton & Peel)	Peel Region	0-18	complex, urgent atypical cases	Is the access mechanism for Complex Special Needs	Not completed	MCYS
Youth Justice Services	Targeted Prevention	Morneau Shepell Inc. Service clients Open Custody Open Detention Peel Region Reintegration Services, Assisting youth with reintegration back into the community after a period of open custody or open detention. Elizabeth Fry Marjorie Amos (female facility), Cuthbert and Macmillian Youth Centre (both male facilities)	Peel Region	12 to17 at the time of the offence	youth justice involvement, youth detained by court or sentenced to open custody by a judge	youth justice involvement, youth detained by court or sentenced to open custody by a judge	Not completed	Not completed
		Brampton Multicultural Centre Gang Intervention and Prevention Program (New Directions)	Peel Region	12 to17 at the time of the offence	Youth at risk of gang involvement from the community or YJ clients	referral from self, community agency, schools or probation	Not completed	Not completed

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<i>Community Partner</i>	<i>Core Service Continuum</i>	<i>Brief Description (i.e., Name of Program/Service)</i>	<i>Geographic Coverage</i>	<i>Age Group Served</i>	<i>Specific Population</i>	<i>Protocol or Pathway to/out of MCYS sector if applicable</i>	<i>Clients Served per year</i>	<i>Funder/funding, Staffing</i>
		Employment program/ life skills, Attendance Centre community based alternative interventions to reduce offending, address reparation of harm, based on cognitive behavioural principles and interventions best practices consultation, evidence informed and evidence based integrated with other services provided to youth within government and in the community.	Peel Region	12-17 at the time of offence	youth justice involvement	Probation referral	Not completed	Not completed
Youth Justice Services	Brief Services	Psychologist 1-1 sessions for 1 hour Hope Outpatient Expertise with Youth Justice full range of direct psychological services. Screening process to identify mental health, brief counselling up to six sessions, consultation with Probation Officers	Peel Region	12-17 at the time of offence	youth justice involvement	Probation referral	Not completed	Not completed
Youth Justice Services	Counselling/Therapy Services	Not completed	Not completed	Not completed	Not completed	Not completed	Not completed	Not completed
Youth Justice Services	Family Capacity Building and Support	see Targeted Prevention Direct Counselling AYSP- MST	Peel Region	12 to 17 at the time of offence	youth justice involvement	Probation referral	Not completed	Not completed
Youth Justice Services	Specialized Consultation / Assessment Services	Peel Children's Centre - Completion of YCJA Section 34 Reports, Psychological and Psychiatric Reports	Any youth who attend court at A. Grenville & William Davis Court House who are charged court services Peel Region	12 to 17 years old	youth justice involvement	Judges only can order the section 34 report	Not completed	Not completed
		Youth Court Mental Health Worker at Brampton Court	Any youth who attend court at A. Grenville & William Davis Court House who are charged court services Peel Region	12 to 17 years old	youth justice involvement	Probation referral	Not completed	Not completed
Youth Justice Services	Crisis Support Services	Elizabeth Fry Society - Female Crisis Mobile Support victims of Human Trafficking	Peel and Halton regions	12 to 17 years old	youth in contact with police (not specific to YJ clients)	Police referral	Not completed	Not completed
Youth Justice Services	Intensive Treatment Services	AYSP direct counselling (including MST Multi-Systemic Therapy) to improve overall functioning and positive social behaviour, increase skills and ability, decrease re-offending, increase youth engagement with supports. TAYO - a counselling program for youth who are experiencing on-going mental health challenges and are likely to transition into adult services.	Peel Region	12 to17 at the time of the offence	youth justice involvement	Sentenced youth justice clients, probation develops a treatment plan proposal	Not completed	Federal government funding
		IRCS Intensive Rehabilitative Custody Supervision for YJ clients is intended to provide treatment for a young person with mental health needs who has been found guilty of a serious violent offence, or guilty of an offence during the commission of which the young person caused or attempted to cause serious bodily harm, and for which an adult would be liable to imprisonment for a term of more than two years, and the young person had previously been found guilty at least twice of such an offence. The young person must be suffering from a mental illness or disorder, a psychological disorder or an emotional disturbance. It provides for enhanced, intensive rehabilitative programming throughout the young person's custodial and community portions of his/her sentence. The Youth Justice Court may order IRCS for any young person if the sentencing criteria are met.	Peel Region	12 to17 at the time of the offence	youth justice involvement	Sentenced youth justice clients, probation develops a treatment plan proposal	Not completed	Federal government funding
		Kinark Child and Family Services Intensive Support and Supervision Program is a community sentencing option available to the Youth Justice Court for young persons who may have been sentenced to custody but can be appropriately supported and supervised in the community. The ISSP sentencing option is available to the court only if the Provincial Director has determined that a program to enforce the order is available. The ISSP program is currently in a pilot phase, designed to specifically target young persons who have been diagnosed with a serious mental health illness or disorder.	Peel Region	12 to 17 at the time of offence	youth justice involvement	Judges can include a condition on a sentence to participate in ISSP or probation can make a referral, program is also voluntary	Not completed	Not completed
		Sec 23 Program 2 locations provides educational services for students unable to attend regular or special education classes within the community schools.	Peel Region	12 to17 at the time of the offence	youth justice involvement	Probation referral	Not completed	Not completed

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APPENDIX B, COMMUNITY MENTAL HEALTH REPORT, 2017-18

Community Planning Mechanism Meeting, June 26, 2017 Summary of Breakout Sessions – Advice to Lead Agency

1. Does the integrated model for the development of a Community Asset Map make sense? What questions do you have?

Most participants concluded that the model (integrating the Core Services/Continuum of Need Framework with geographic mapping) made sense.

Advantages noted include:

- Bringing the two frameworks (MOMH Core Services and Continuum of Need, levels 1 to 4) together will help people map their services accurately.
- The integrated framework should allow us to highlight foundational services, i.e. universal prevention, that are not part of the CYMH Core Services framework.
- The integrated model will be holistic for the benefit of the whole community.
- Service providers that deliver many different services can be accounted for.
- The model makes sense for program planning, awareness and development.
- Developing the inventory and map provides an opportunity for agencies to work together.
- It will be great to have a visual representation of the range of services.

Suggestions included:

- Keep the model practical.
- Keep the model sustainable.
- Be creative.
- Develop a schedule/cycle for updates. Designate responsible parties to keep it updated. Make it possible for partners to update the inventory themselves, similar to the Peel CIOC database. (x3; similar advice)
- The United Way could reach out to other agencies to facilitate the completion of the inventory.
- Piggyback on existing inventories/maps such as Portraits of Peel; mapping of Early Years services by Regional government; Peel Data Centre and Peel 211 (x4)
- Use the Region of Peel map instead of LHIN maps for consistency. This would allow us to break out services by Ward rather than LHIN neighbourhood.
[See comment from Jessica Kwik on p. 4 of the meeting summary about how it is possible to juxtapose LHIN units onto the map of the Region.]
- The map needs to represent the needs of all in the community.
- Make the map available online and share it widely.
- Mapping should be done provincially to achieve alignment across regions/service areas and keep us informed of what other regions are doing. (x2)
- The adult system needs a map, too.

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Attendees had many **Questions** about the model. The questions are clustered below by theme.

Uses of the map, audience etc.

- Who will create the map and where will it be available?
- Who are the audiences for the map? Is it primarily for service providers or service users? (x3)
- How will the map be used to make decisions?
- What might the map's purpose be down the road?
- Is there a way to capture areas of rapid population growth that will create increased need for service? Areas where the demographics (e.g. age of residents) are changing? Areas with greater/lesser population density? (x4; similar questions)
- Can mapping capture clinical outcomes?
- Is there a way to overlay the CYMH service map with demographic features, e.g. poverty, population density and sociodemographic data? (x2)
- How does this map link to physical health?

Methodology/Process

- How do we ensure that everyone mapping services understands the common definitions of Core Services?
- How do we define informal services, and how do we map them?
- How is the Working Group linked with the Core Service Providers, and how are Core Services being represented/integrated at the Working Group table?
- How frequently will the map be reviewed?
- Who will have access to the map and who will be able to change/update it? (x3)
- How do we account for constant change across the sectors? (A map is a moment in time.)
- How do we ensure that informal service providers have access to the map and know what services are available in the community?
- Could the map be shared with sponsors of newcomers?

Sectors to include in Inventory

- How will ethno-cultural clinical services (beyond Punjabi Community Health Services) be captured? x3
- Is the Settlement Services sector part of the consultation and mapping?
- Will LGBTQ services be mapped?
- Will Regional programs (e.g. public health; early years) be included?
- Can primary healthcare (physicians, clinics) be included? (x3)
- Can FAME (Family Association for Mental Health Everywhere) be included?
- Can we include informal (youth/parent) support groups? (x2)
- Will Early Years services be mapped, including prevention and parental support? (x3)
Examples offered include: Ontario Early Years Centres; childcare; healthy attachment, e.g. Mother Goose; programs for Post-Partum Mood Disorder (PPMD); "Kids Have Stress Too"

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- Will Special Needs be mapped?

Content of the Map

- What are the criteria for including services in the map?
- Will the services be defined for service users? Or for service providers?
- What information would actually be on the map, e.g. Who is the agency? What are their services? Their hours? Their budgets? Resources for families and youth? (x4)
- Will the map include Level 4 needs that are not wholly Mental Health, e.g. Dual Diagnosis? Concurrent Disorders? Addictions?
- Will the map include culturally-specific services at the neighbourhood level?
- Can the map include prevention programs that are universally available rather than Targeted Prevention, e.g. those that increase resiliency, healthy lifestyles, and mental health promotion? (x4)
- What about private (user pay) services? Or will the map be restricted to publicly funded services? How do we account for private billing psychologists? (x2)
- Will the map show capacity/availability of services? (x5) And what about wait times? (x2)
- Can the map indicate different service modes, e.g. office-based, in-home, out-of-home, outreach/mobile, online, Skype/FaceTime, telephone? (x4)
- Can transportation options be indicated, e.g. for Bolton/Caledon?
- Can we show which services are accessible to persons with physical disabilities?
- Can the model show how/if youth and families are engaged as part of the services?

Design of the Map

- How will the map capture access to services? Access is as important as the services themselves.
- Will people be able to look up services by need?
- Why/how do we geographically map programs that have a central location that serves all of Peel Region?
- Service location and catchment area questions: (x7)
 - How will boundaries/catchments be captured?
 - Is a service location where an agency's office is located, or where the client lives?
 - How do we map in-home (as opposed to in-office) services?
 - How do we map the services of a mobile outreach worker who covers several geographic areas?
 - How do we map services that have mobile clients (e.g. homeless/living in shelters)?
 - How do we map services with catchments that extend beyond the Region of Peel?
 - How do we map services based outside of Peel that serve residents of Peel?
- Informal supports provided by the faith and ethno-cultural communities could be another "layer" in the map

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What opportunities does a Community Map like this create for planning and service delivery?

Useful tool

- Creates a tangible tool/visual representation for other service providers to identify the locations of services in their area (x4)
- Tremendous tool for planning

Collaborative planning and service delivery

- Contributes to working together as one service system; identifies opportunities to collaborate in planning/provision of services between organizations (x4)
- Opportunity to bring other sectors on board
- Opportunities for data sharing
- Will help us understand and establish pathways, both internal and external (x3)
- Will help define roles and responsibilities of each service provider (x2)
- Opportunity to understand agencies' waitlists and service capacity
- Opportunities to integrate safety planning across service providers
- Opportunities for office space-sharing
- Could result in greater alignment of services/boundaries across sectors (x2)
- Opportunities for inter-Ministerial planning/service delivery

Service gaps and needs

- Helps to identify service gaps, duplication and overlapping services; where are services lacking; which services are lacking? (x8)
- Helps to identify geographic needs (e.g. pockets of need), contributing to effective service planning; could identify discrepancies between concentration of needs and concentration of services (x4)
- Increasing awareness of services could lead to increases in service capacity; but this is a double-edged sword if demand exceeds service capacity and funding (x2)
- Could lead to innovative or evolving service delivery to meet the different needs of different neighbourhoods (e.g. virtual/mobile services)

Role of informal and faith sectors (x5; similar themes)

- Acknowledges the important roles of the faith community and informal service providers
- Builds understanding of the types of support the faith and informal sectors provide
- Could increase the use of informal supports
- Identifying more informal supports could help alleviate the strain on the formal service system

Collaboration with primary healthcare (x3)

- Opportunities to place Mental Health access information, resources and questionnaires in physicians' waiting rooms, e.g. walk-in clinics

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- Walk-in medical clinics could be good locations for walk-in counselling (Tangerine)
- Opportunity to connect MDs with newcomers who have Mental Health needs

Other mapping opportunities

- Postal codes of clients could be used to define/quantify the specific areas served
- Census data could be used to understand neighbourhoods
- Peel 211 and Peel Data Centre are excellent mapping resources

2. What challenges and opportunities do you foresee in moving this work forward?

Challenges

Approach

- Moving from being reactive to proactive
- Mapping does not tell us about service quality

Sectoral agendas/roles

- Overlap between MCYS and MOHLTC agendas (x2)
- How to effectively integrate sectors' respective services
- Different processes in the hospitals versus community agencies
- Too many referral processes across the sectors; no standardization of processes (x2)
- Different mandates and reporting requirements across sectors
- Two different LHINs with two different approaches
- Sectoral silos
- Shifting roles and responsibilities (x2)
- Identifying the multitude of informal services and supports, including those provided by the faith communities (x2)

Maintaining inventory/map (x3)

- Sustainability
- Inventory and map are moving targets; how do we keep them up to date?

Scarcity of resources (financial, staff and service)

- How to use limited resources efficiently; need more capacity-building funds; more government funding (x6)
- "Transformation fatigue" – multiple transformation agendas mean that staff are spread thin; multiple planning tables; insufficient time for committee work (x3)
- Long waitlists; what are the roles of referring service providers while clients wait for service at another agency/sector?
- Geographic access to service
- Budget for this inventory/map – is it sufficient to make the map electronic (an app)?

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For Children and Youth

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Communication (x5)

- How to communicate this sector's work, and how to keep informed of other sectors' initiatives; need to support communication across sectors and with the public

Barriers to seeking service

- Pathways that do not support clients (losing the opportunity to serve/support them)
- Fear on the part of parents that their children will be taken away; anonymity is important

Opportunities

New ways of working

- Breaking down silos, e.g. schools know their communities; link students to doctors to help with identification of needs; get support from faith groups as well as formal sectors (x2)
- Alignment with work of other Ministries/sectors
- Sharing tools, resources, knowledge, practices
- Changing "old ways" of doing things; reviewing mandates/policies

Increased family/youth engagement

- Being preventive to help families engage earlier
- Public education: educating parents about signs to look for when their children may need professional help
- Create opportunities for parents to access resources/services related to healthy living

3. What else would be important for us to consider at this time in the evolution of Peel's Community Planning Mechanism?

Project definition/goal (x3)

- What is the ultimate decision that needs to be made/question that needs to be answered? Ensure that it will be answered by the work that is being done.
- What are the questions we want to answer?
- What will be the benefit of doing the inventory/map? How will it improve the service system or our understanding of it?

Common understanding and language (x3)

- Develop shared, commonly understood language of what the services actually look like.
- Create definitions before moving forward.

Sustainability and resourcing (x2)

- Consider how to sustain the project and its resourcing.

Fluid, timely process (x4)

- Process needs to be iterative and fluid, taking into account population growth/changes.

Moving on Mental Health

A System That Makes Sense
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- Communities and families change all the time – need to be timely.
- Keep the process dynamic and the community frequently updated.
- Anticipate obstacles to the work in order to move it forward in a timely fashion.

Family and Youth Engagement (x4)

- How do we incorporate the views of service users i.e. children, youth and families/caregivers?
- Need meaningful engagement with youth and families as part of this work
- Need to hear authentically from children, youth and families; get their representation on the Working Group ASAP!

Evaluation

- How do we measure success?
- Will the FE and YE voices/efforts be evaluated? If so, how?

Inclusive approach to community Asset Inventory and Map (x4)

- Ensure that the missing/incomplete sectors are included and considered throughout this work. Those mentioned included:
 - Early Years
 - Primary healthcare
 - Diverse communities
- Consider the work of the Peel Service Collaborative

Alignment, streamlining and integration of planning and service delivery

- We need to reduce the number of planning tables in Peel. (x2)
- Can we align with other transformation agendas, e.g. LHINs; Special Needs? (x3)
- Focus on breaking down silos and barriers between sectors.
- How do we integrate planning such that it translates into on-the-ground service delivery?
- It is very difficult to transfer complex-needs kids who are involved in multiple systems. Work on service continuity and simplification of referral processes.
- Consider how to bridge informal supports/services with mainstream formal services; pathways to be developed/formalized.
- No client should have to wait more than once when entering the service system.
- Work towards integration of services/supports at all levels (formal and informal; all sectors)
- Consider integrating the Core Services Delivery Plan and the Community Mental Health Plan into one master plan

Pathways/intake processes (x3)

- Define what “urgent” looks like. Pathways need to define and protect urgent referrals.
- Can there be triaging at intake to ensure those with urgent needs get prioritized?