

October 9, 2020

MULTI-YEAR PLAN, 2020/21 TO 2022/23 PEEL SERVICE AREA



Submitted by EveryMind, Lead Agency, Peel Service Area

Multi-Year Planning Process Service Area Planning Template

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Introduction

Ontario's, ***Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System*** will help improve mental health services in communities across Ontario, and support Ontarians living with mental health and addictions challenges. To support the strategy, Child and Youth Mental Health (CYMH) Lead Agencies within each of Ontario's 33 geographical service areas are being asked to provide leadership and lead local planning efforts to help move this important work forward.

One of the principal ways in which lead agencies will carry out their leadership role is through engaging with their local core service providers and community partners in a multi-year planning process and the completion of a Service Area Plan. By conducting a thorough assessment of service area needs, focusing on key priorities and establishing a new desired state or vision for the future, Lead Agencies will be better equipped to plan effectively with their community partners for system improvement. This multi-year planning process consists of the following sections to be completed by each lead agency across the province. Sections of the template include:

1. Executive summary
2. Stakeholder engagement
3. Service Area Needs
4. Service Area Plan
5. Multi-year Service Area Action Plan
6. Appendix A – 2020-21 CYMH Investment Plan
7. Appendix B – 2021-22 Service Area Resource Reallocation Plan

Based on the identified service area needs and priorities, Lead Agencies are asked to submit Appendix A – 2020-21 CYMH Investment Plan by **Monday, August 17, 2020**.

The balance of the document, including any **proposed core service resource reallocations to be implemented for April 1, 2021**, should be returned to your program supervisor by **Wednesday, September 30, 2020**. Recommended changes should support improvements to the Child and Youth Mental Health System.

Each section requires that lead agencies, in collaboration with core service providers and key community partners, collect and present quantitative and/or qualitative information to reflect the required data elements. Lead Agencies will be required to analyze and report on the highlights of this information and communicate the “*so what*” or “*meaning*” it has for the service area.

Data submitted via this template will be used by:

- The ministry to:
 - Inform investment/resource allocation decisions and changes to policy through provincial trending and analysis;
 - Strengthen transparency and accountability across the sector; and
 - Ensure taxpayer dollars are spent effectively and efficiently
- Lead Agencies to strengthen and continuously improve service planning and provision, and monitor the impact of services on clients and in the community over time; and

Lead agencies are expected to reflect the voices of children, youth, family, and caregivers in the data and information they collect.

Timeline

Each lead agency will be expected to complete the new investment template (Appendix A) and submit it to their respective Ministry of Health Program Supervisor on or before **August 17, 2020**. The balance of the plan, including resource reallocation plans, is due September 30, 2020.

The Ministry will review the submitted documents and provide feedback where appropriate.

The Ministry will review the Planning and Allocation Template 2020-21 Investment Proposal and the Resource Reallocation Plans and provide a response as soon as possible.

1. Executive summary

Vision and mission

Framed within Ontario's vision for mental health and addictions, as outlined in "Roadmap to Wellness – A Plan to Build Ontario's Mental Health and Addictions System," the Peel service area's vision is:

Access to high-quality, effective and inclusive Mental Health and Addictions supports and services for all children, youth, young adults and their families in Peel, where and when they need it.

The mission for the Peel service area is:

Together, we will build a Mental Health service system that transforms the experience of children, youth and young adults with mental health challenges and their families, so they will know what high-quality mental health services exist in our community, and how to access the services and supports that best meet their needs.

Service area overview

The Peel service area, consisting of the local municipalities of Brampton, Caledon and Mississauga, has experienced rapid growth since the 1980s and currently has a population approaching 1.6 million. Peel has the highest percentage of visible minorities of any region in Ontario (70.9% of children ages birth to 17). The service area's population is relatively young, with children/youth up to age 24 accounting for nearly a third of Peel's population. Economic hardship is a reality for many Peel families, with 18.1% of children/youth under age 18 in low-income households, 20.9% of children/youth in core housing need, and 19.7% of youth (ages 15-24) unemployed. 30% of Peel's SK students are vulnerable on at least one domain of the Early Development Instrument at school entry.

Peel's CYMH service system

Peel has four child and youth mental health (CYMH) Core Service Providers. Two are community-based agencies: EveryMind (the Lead Agency) and Associated Youth Services of Peel (AYSP; also a Youth Justice service provider.) The other two are the hospital-based child and adolescent mental health clinics at Trillium Health Partners and William Osler Health System. Until April 1, 2020, Peel had six Core Service Providers (CSPs) but a recent realignment resulted in the amalgamation of Peel Children's Centre and Nexus Youth Services to form EveryMind; the transfer of Nexus' youth drop-in services to Rapport Youth & Family Services; and the transfer of Rapport's CYMH services to EveryMind. As a result, Nexus and Rapport are no longer CSPs.

Assets and achievements

Peel's CSPs have a solid history of cooperation and partnership going back to 2000 with Peel's centralized/coordinated intake network (currently branded as WhereToStart.ca), which has had all CSPs at the network table. Peel's Lead Agency and CSPs also have successful

partnerships with a range of broader sectors (e.g. School Boards, Peel Children's Aid, Developmental Services, Hospitals, Primary Care, Youth Justice) and work collaboratively at multiple cross-sectoral planning tables.

System transformation efforts at the Core Services Delivery planning table since 2015 have been very productive, with Peel having made solid progress on three of the four priorities identified in the 2019 Provincial Priorities Report (PPR) of the CYMH Lead Agency Consortium:

1. Common Assessment: implementation of the interRAI ChYMH as a common assessment tool where clinically relevant across Peel's CSPs
2. Accessing CYMH Services: improved access to the full range of CYMH services, including key performance indicators to measure access (WhereToStart.ca partnership; common intake and common screening tool, the interRAI ChYMH Screener Plus; and common internal-transfer protocol)
3. Live-In Treatment: design and implementation of a live-in treatment service system (already delivered by EveryMind for the Peel service area; meets regional needs).

The PPR's fourth priority – Perception of Care (implementation of the Ontario Perception of Care tool as a mandated tool across CYMH agencies) – is a Core Services Delivery priority in this plan.

Significant progress has also been made on several past PPR priorities, including:

- Increased meaningful engagement of youth and families in system transformation
- Enhanced engagement/planning with the Education and Health sectors
- Improved communication with key partners and Core Service Providers.

Other Core Services Delivery achievements include the implementation of a common clinical information system (EMHware) for the community-based CSPs and CIS enhancement for submitting regional data to the Ministry's Business Intelligence (BI) solution. Core Services review/redesign work has also begun and figures prominently in this three-year plan.

On the Community Mental Health side, the conceptualization of a community planning mechanism, in consultation with a broad range of child- and youth-serving sectors, was an early achievement, as were community input into new provincial investments in CYMH services and the compilation of an inventory of CYMH supports delivered by sectors outside the Core Services Delivery system.

Greatest area of need

The biggest need in Peel's CYMH service system is planned, gradual growth in provincial transfer payments. Total Core Services/Key Processes funding of \$25,664,495 for 2019/20 served a child/youth population of 336,025 in Peel – just \$76.38 per child/youth and only half the average *per capita* CYMH funding in Ontario. While all CYMH Core Services and Key Processes are available in Peel, there are long waits to begin treatment and service volumes are far below what Peel's population warrants. If the predicted increase in demand for CYMH services occurs as Ontario moves beyond the COVID-19 pandemic, even more resources will be needed to meet the needs of Peel's

children and youth. Not to do so would negatively impact young people as they move into adulthood, increasing their likelihood of lifelong mental health issues.

Gaps and challenges

This plan includes a comprehensive gap analysis that informed the selection of the plan's goals and priorities. Several gaps are more broadly systemic than CYMH – for instance, a lack of contiguous service areas, which creates challenges for system-level work with other sectors. Notable gaps beyond what the plan's priorities address include:

- While EveryMind is reporting to Ontario's BI solution on behalf of Peel's community-based CSPs, the hospital-based clinics are not included because they are not on one of the enhanced clinical information systems. The Lead Agency hopes to work with the Ministry to resolve the question of how to support the hospital-based clinics to fulfill their data reporting obligations via the BI solution, as service area-wide data reporting would improve accountability, provincial and local planning ability, and the quality of decision-making.
- There is a dearth of appropriate mental health services for transitional aged youth/young adults (18-24 years). Funding for child and youth services ends at the 18th birthday and the adult Mental Health & Addictions system generally does not focus on this age range, which requires a different service approach than for mature adults. Within a goal of this plan, Core Service Providers are placing enhanced focus on service transitions from CYMH to adult services.
- Recent infusions of provincial funding to Ontario's school system for students' mental health challenges arising from the COVID-19 pandemic were not planned with the CYMH sector. As a result, a new school year has begun in a pandemic situation that nobody has ever experienced, with unclear knowledge on the part of service providers, students and families of the mental health services that are available in the Peel community, and how to access them.

Multi-year plan's goals and priorities

This plan identifies two overall service-area goals – one primarily for Core Services Delivery, the other for Community Mental Health.

- Review and improve pathways/transitions into, through, and out of Core Services delivery
 - Build on Core Services Delivery Plans' previous work on pathways
 - Add enhanced focus on clients' experience of transitions between sectors (e.g. from Child and Youth Mental Health to adult Mental Health and Addictions).
- Refine Peel's planning table/mechanism for Community Mental Health
 - Effective – right people at the table, with the right data to support evidence-based decision-making
 - Efficient – respectful use of members' time and talents

- Synergistic – with related tables (e.g. the Mental Health and Addictions Action Table that is part of the Region of Peel’s Community Safety and Well-being Plan)

The identified priorities for this plan are:

Core Services Delivery

- Receive approval for the recommended model and implement recommendations from Peel Core Service Providers’ Brief Services redesign
 - Single service-provider with additional capacity
- Review Counselling and Therapy services in the Peel service area
 - Develop recommendations for system improvements
- Implement the Ontario Perception of Care (OPOC) tool as per the Provincial Priorities Report #4 and the Lead Agency Consortium’s recommendation (*new*)
 - Roll out beginning with the Lead Agency, followed by Core Service Providers.

Community Mental Health

- Continue to explore opportunities to improve Crisis Response Services across the lifespan
 - Explore and introduce system efficiencies
- Supported by Project Now, co-lead with Trillium Health Partners the Stepped Care (tertiary prevention) pilot project
 - Suicide prevention; scalable to Peel Region, Ontario and beyond
- Expand Youth Engagement and Family Engagement into Child and Youth Mental Health services delivered by broader service sectors
 - Implement and evaluate the Peer Youth Support pilot project
 - Build on Peel’s foundational work to increase literacy and improve system-navigation capacity for engaged families/caregivers.

2. Stakeholder engagement

2.1 Strategy for engagement

Please provide a narrative on how you currently engage with core service and community partners in the planning process, and/or how you intend to engage with them to inform this new multi-year planning process.

Engagement strategy

Current strategy of engagement

Probing questions:

- *Do you have a current memorandum of understanding, agreements, protocols and pathways of care?*
- *What are your current mechanism(s) of communication and collaboration?*
- *Describe your CYMH community planning process.*

Core Service Providers

Core Service Provider engagement for the purpose of CYMH system planning has evolved in Peel over two decades, predating the Moving on Mental Health (MOMH) system-transformation initiative. A partnership of several CYMH service providers in Peel dates back to the launch in 2000 of centralized intake, then called “Mental Health Services for Children and Youth.” Peel Children’s Centre (now EveryMind) employed the Centralized Intake staff, with the majority of Core Services Partner agencies contributing financially to the operating costs.

In 2012 with the support of a consultant, the intake partnership, renamed the Peel Coordinated Intake Network (PCIN) to better reflect its evolving operating model, began a re-visioning of Peel’s CYMH access/intake process. The re-visioning work group involved senior leaders, key middle managers and frontline staff representing all six Core Service Providers. Also beginning in 2011/12, three community-based agencies – Peel Children’s Centre, Associated Youth Services of Peel (AYSP) and Rapport Youth & Family Services – partnered to co-deliver a new Brief Service, Tangerine Walk-In Counselling, using the Single Session Therapy model already in use at Peel Children’s Centre.

At the beginning of the MOMH initiative in 2014/15, Peel’s newly identified Lead Agency, Peel Children’s Centre, formed a Core Services Delivery planning table, building on the collaboration of Peel’s CYMH intake partnership. The Core Services Delivery planning table has been the primary CYMH planning mechanism in Peel ever since. To socialize the MOMH initiative in its initial year, engagement across Peel’s CYMH Core Services sector also included

a meeting of Board Directors of all Core Service Providers, a town-hall meeting for CYMH staff, and multiple informal meetings with a range of staff from Core Service Provider agencies.

In the initial four years of MOMH, the Core Services Delivery table was fairly large, consisting of senior leaders and middle managers from the agencies and the program supervisor from MCYS. The table settled into a rhythm of quarterly meetings with additional meetings as needed. As MOMH matured, in order to draw less on staff's time and have the right people involved for the tasks at hand, the main table shrunk to consist of senior leaders only (Executive Directors and clinical leads), with some middle managers and supervisors serving on the working group that reviewed Brief Services, the first Core Service that the Lead Agency recommended for redesign to develop recommendations for system improvements. Core Service Provider staff with a range of functions, including frontline, have also been involved on various Family Engagement and Youth Engagement working groups/committees.

The Lead Agency's system-transformation efforts included not only planning but also process improvement with Core Service Providers, e.g. mapping (and remapping) of core services and key processes; and efforts to clarify, simplify and reduce the multiple pathways into, through and out of services across Peel's CYMH system. For instance, a key piece of work was the Core Service Providers' internal transfer protocol so that once clients are into Peel's CYMH service system, they can move from agency to agency without another intake or having to line up again at the front door. This pathways work continues into the current multi-year plan, with the improvement of pathway and transitions identified as our overall Core Services Delivery goal.

Since the 2018 provincial election, engagement for the purpose of CYMH system transformation has lost some momentum. This reflected uncertainty over the future of system transformation, including Lead Agencies' A357 System Management funding; transitional challenges from the CYMH sector's move from MCYS to MCCSS to MOH; and the loss of regularity in the Ministry's annual planning, contracting and reporting cycle. With this multi-year plan, we are returning to a more regular rhythm of Core Service Provider meetings. While Core Service Providers' efforts since March 2020 have been focused on service-delivery and infrastructure changes to operate through the COVID-19 pandemic, we look forward to a renewed focus on the Lead Agency's System Management role, now framed by the government's *Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System*.

Youth Engagement and Family Engagement

Youth and families have been at the core of the Lead Agency's engagement strategy throughout our system-transformation journey in Peel. Before MOMH, one of Peel's Core Service Providers, Nexus Youth Services (recently amalgamated with Peel Children's Centre to form EveryMind), had obtained an Ontario Trillium Foundation grant to fund a Youth Engagement project, including a full-time Youth Engagement Coordinator. Other Core Service Providers had also made strides in enhancing Youth Engagement, e.g. AYSP's work with 2SLGBTQ+ and marginalized youth, Rapport's work in the youth drop-in/youth hub spaces, and the two hospitals' work with transitional aged youth. Building on these efforts, the Lead Agency used a portion of its System Management funding to extend and grow Peel's Youth Engagement work across Core Service Providers, and added a part-time Family Engagement Coordinator to expand the sector's engagement efforts with families and caregivers. Efforts also included education/training for staff in all roles across the CYMH sector in meaningful family and youth engagement.

Through Peel's Core Services Delivery plans/reports, the Lead Agency shared how these efforts shaped the co-creation, with youth and families, of 'made in Peel' mechanisms for Youth Engagement and Family Engagement. New Peel chapters of The New Mentality and Parents for Children's Mental Health were formed and the CYMH sector in Peel began to implement new standards for youth engagement and family engagement that were co-developed by the Ontario Centre of Excellence in Child and Youth Mental Health with youth, families and the CYMH sector. Additionally, the Lead Agency recently implemented a Youth Peer Support pilot that further moved the dial on Peel's mechanism for Youth Engagement (more details provided in Sections 4 and 5 of this plan).

Broader sector partners

Peel's Lead Agency and other Core Service Providers have long been part of several broader-sector planning tables in Peel with a range of mandates. Each Core Service Provider also has a range of cross-sectoral Memoranda of Understanding and Agreements to define our service partnerships.

In Peel's first year of the MOMH initiative (2014-15), the Lead Agency catalogued and reviewed Peel's community tables and concluded that no existing table was appropriate to serve as the Community Mental Health planning mechanism. As such, the Lead Agency invited key representatives of multiple service sectors (Childcare/Early Years, Child Welfare, Development Services, Education, Ethno-cultural Services, Healthcare, Mental Health and Addictions, Police, Public Health, Youth Justice), LHINs, United Way and our Ministry funders to an initial series of

meetings to discuss the Community Mental Health role under MOMH. Close to 100 sector representatives attended each of these meetings.

In the following fiscal year, the Lead Agency embarked on a community process, supported by a consultant, to develop a new Community Mental Health planning mechanism. The consultant's report, *Together in Peel*, recommended an "accordion" design that would go big for broad updates and consultations, but go small (work groups) for specific tasks. The community sectors were well engaged in this process and also provided valuable input to the Lead Agency's recommendations to the Ministry for an infusion of new provincial funding to Peel's CYMH sector.

The new community mechanism was put to its test in 2017/18 when the Lead Agency led a multi-sectoral exercise to compile an inventory of Peel's CYMH community assets to understand better the CYMH services/supports being provided by other sectors, including faith-based organizations. A work group was struck, with each sector given the opportunity to have a representative(s) at the table. While several sectors embraced the work and provided comprehensive sectoral information, others either did not get involved or did not complete their data collection. As such, there were gaps in the completed inventory. At a meeting of the full planning mechanism, the Lead Agency discussed the possibility of creating a 'map' of broader-sector and informal (e.g. faith-based) CYMH services. While some sectors supported the idea, others pointed out that parallel efforts were underway at other tables (e.g. Central West LHIN supported by the Region of Peel). At this point, work with the community planning mechanism stalled. It was becoming clear that Peel's Community Mental Health work would need a modified approach and/or direction.

Since the 2018 election, EveryMind's community engagement as Lead Agency (separate from service-delivery partnerships as Core Service Provider) has been on a sectoral basis involving Adult Mental Health, Police, Hospitals, Public Health and School Boards. The Lead Agency took a hiatus from meetings of the community planning mechanism, given the lack of Provincial direction on the future of MOMH including Lead Agency planning expectations. With the reinstatement of a new multi-year planning cycle, EveryMind will "sharpen our pencils" and revisit the community planning mechanism within the context of healthcare restructuring, including the transfer of CYMH to the Ministry of Health with the adult Mental Health and Addictions sector; creation of the Mental Health and Addictions Centre of Excellence within Ontario Health; and the three new Ontario Health Teams in the Peel service area.

	<p><u>Francophone and Indigenous Engagement</u></p> <p>With the Lead Agency also being the identified French Language Services provider for Peel's CYMH sector, engagement has primarily been with key francophone service partners – the two French-language schools boards (Conseil scolaire Viamonde and Conseil scolaire catholique MonAvenir); and for a period of time, the community health team, Équipe de santé familiale Credit Valley, which had a service-delivery arrangement with Tangerine Walk-In Counselling staff to provide French-language Brief Services at their Credit Valley site. AYSP continues to be the Indigenous service lead in Peel and has provided advice on representatives to be invited to participate as part of the community planning work.</p> <p><u>Communication Mechanisms</u></p> <p>Peel's Lead Agency has communicated with broader sector and Core Service Provider audiences via <i>Peel Region's Lead Agency Progress Report</i>, a newsletter distributed by email in both official languages and also available for a broader public on the Lead Agency page of the Peel Children's Centre website. In the initial years of MOMH, the newsletter was quarterly. More recently it has been published semi-annually, with the last edition in Winter 2020 and another expected to be produced this fall to report on the resumption of the multi-year planning process. Yearly summaries of System Management efforts have also been captured in the annual reports of Peel Children's Centre (EveryMind going forward), which are distributed to a broad audience in both languages. There have also been newsletters on Peel's Youth Engagement (YE) and Family Engagement (FE) efforts, co-produced with youth and families who are part of Peel's YE and FE mechanisms.</p>
<p>Proposed strategy of engagement for multi-year planning cycle</p>	<p><i>Probing questions:</i></p> <ul style="list-style-type: none"> • <i>What are your goals, objectives, priorities and activities? How will you communicate these? How will you evaluate these?</i> • <i>What are the opportunities and challenges you currently face?</i> <p>The first half of 2020/21 saw Peel's Lead Agency, Core Service Providers and broader sector partners primarily focused on responding to COVID-19 and implementing new ways of delivering essential services under pandemic conditions.</p> <p>For Core Service Providers, switching to the provision of virtual care required significant capital investments, set-up of new devices, implementation of virtual platforms (Adracare and Zoom for Healthcare), and staff training. In the</p>

hospitals, some Child and Adolescent Mental Health clinic staff were redeployed in the emergency phase of the pandemic response. Under these conditions, CYMH system planning had to be suspended.

EveryMind reached out to other sector partners but many did not have the information or human resources needed to resume service planning and delivery conversations. More recently, discussions with the school boards have become fruitful with back-to-school planning for School-Based Services (part of Counselling/Therapy) and Day Treatment (part of Intensive Treatment). Information remains scarce about the Province's mental-health dollars that flowed to school boards and how the Peel boards' new services mesh with existing services in the school boards, the CYMH service system and the broader community mental health service system.

Even before the COVID-19 pandemic, system-level planning faced challenges with the transfer of the CYMH sector to MOH; the subsequent delay in resuming budget/service plan submissions, contracting and reporting; and the Ontario government's lack of clarity about the future of Moving on Mental Health, including the status of Lead Agencies and their System Management funding. With the reinstatement of system-level planning under the *Roadmap to Wellness* and the resumption of agency-level planning, contracting and reporting, partners have more confidence that this work will continue. The CYMH service system in Peel remains committed to moving forward but the timing of our efforts will depend on the impacts of the ongoing pandemic.

As part of this resumption of planning, one of the Lead Agency's overall goals for the Peel service area is to refine the planning table/mechanism for Community Mental Health, guided by these principles:

- Effective – right people at the table; with the right data to support evidence-based decision-making
- Efficient – respectful use of members' time and talents
- Synergistic – with related tables (e.g. Mental Health and Addictions Action Table that is part of Peel Region's Community Safety and Well-being Plan).

Lead Agency Progress Reports will continue, now framed by the *Roadmap to Wellness*. With the launch of a new website and communications platform for EveryMind (including email and social-media options), there will be opportunities for Lead Agency communications to extend their reach, better target their audiences, and become more interactive.

Additionally, as part of its amalgamation and rebranding, the Lead Agency is reviewing the Memoranda of Understanding that were catalogued as part of Peel's earlier Core Services Delivery and Community Mental Health

plans. The current focus is the service agreements with the school boards, given the impact of the pandemic on school-based service delivery. This work provides opportunities to re-engage our partners.

Youth Engagement and Family Engagement will move beyond the Core Service Provider system into the broader sectors as one of this plan's Community Mental Health priorities. This expansion will create opportunities for expanded engagement of youth and families/caregivers as well as broader-sector partners. As part of our Community Mental Health priorities, engagement synergy will also build with targeted broader-sector partners and their communication networks, e.g. Peel Region's Community Safety and Well-Being Plan and its action tables; CMHA Peel Dufferin; Peel Regional Police; and Project Now's range of sector partners.

3. Service Area Needs

3.1 Population sociodemographic profile

Please complete the following table with service area population sociodemographic data using the following indicators.*

Population health indicator by category	Description (if required)	Value	% of total service area population (where relevant)	Source	Comments
DEMOGRAPHY					
Number of children and youth from birth to 17 years old (18 years minus one day)		336,025	21.0%	MCYS/MCCSS - SIBI; 2020 projection	
Number of children and youth (birth – 3 years)		73,336		“	<u>21.8%</u> of child & youth population birth to 17
Number of children and youth (4 – 5 years)		35,605		“	<u>10.6%</u> of child & youth population birth to 17
Number of children and youth (6 – 11 years)		109,338		“	<u>32.5%</u> of child & youth population birth to 17
Number of children and youth (12 – 14 years)		58,562		“	<u>17.4%</u> of child & youth population birth to 17
Number of youth (15 – 17 years)		59,184		“	<u>17.6%</u> of child & youth population birth to 17
Number of transition youth (18 – 24 years)		155,769	9.7%	“	
GENDER and DIVERSITY					
Gender female (birth – 17 years)		163,156	48.6%	MCYS/MCCSS - SIBI; 2020 projection	
Gender male (birth – 17 years)		172,869	51.4%	“	
Francophone population (birth – 17 years)		6,805	2.2%	MCYS/MCCSS - SIBI; from 2016 Census	

Indigenous population (birth – 17 years)		2,750	0.9%	“	
New immigrants or newcomers (birth – 17 years)		20,820	6.7%	MCYS/MCCSS - SIBI; from 2016 Census	
Visible minorities (birth – 17 years)		219,445	70.9%	“	
EDUCATION					
Population aged 20+ without a high school diploma		137,810	13.5%	MCYS/MCCSS - SIBI; from 2016 Census	
OTHER SOCIO-DEMOGRAPHIC INDICATORS (added by Lead Agency)					
Low income population (birth – 17 years)		56,075	18.1%	MCYS/MCCSS - SIBI; from 2016 Census	
Children in lone parent families (birth – 17 years)		52,910	17.1%	“	
Population in core housing need (birth – 17 years)		64,620	20.9%	“	
Unemployed youth (15 – 24 years)		21,420	19.7%	“	
Early Development Instrument – students vulnerable on one or more domain		4,365	30.0%	MCYS/MCCSS - SIBI; EDI by CYMH service area	
Early Development Instrument – students vulnerable on two or more domains		2,146	14.7%	“	

Note: Lead Agencies may wish to add Geography (Ontario rurality index), Employment (Unemployment rate age 15-24), Income (Core housing need (birth-17 years, Low Income families birth-17 years), Family Composition (% of Lone-parent families) and Early Development Instrument (EDI) which consists of five domains: 1) physical health and well-being, 2) social competence, 3) emotional maturity, 4) language and cognitive development and 5) communication skills and general knowledge.

**The source of above data is two Excel spreadsheets that MCYS provided to Lead Agencies in April 2018 (covering memo from Megan Nicholson): (1) a pivot table with population estimates and projections, 2016-2026; and (2) Population profile based on Census and EDI data. Both spreadsheets provided a breakdown of data by service area.*

As documented by the Fair Share for Peel Task Force over the past 30 years, provincial funding of human services in Peel, including child and youth mental health (CYMH), has failed to keep pace with Peel’s rapid population growth. The data below demonstrate the current inequity in funding for CYMH services in the Peel service area.

2020 population ages 0-17, Ontario (SIBI projection)	2020 population ages 0-17, Peel (SIBI projection)	% of Ontario’s population ages 0-17 living in Peel, 2020	MOH’s total CYMH transfer payments, 2019/20 (2019/20 Public Accounts, pp. 2-220 and 2-223)	Total CYMH transfer payments from MOH to Peel’s Core Service Providers, 2019/20 (data provided by program supervisor)	% of MOH’s total transfer payments for CYMH allocated to Peel	Average per capita funding for CYMH, Ontario	Average per capita funding for CYMH, Peel
2,799,310	336,025	12%	\$426,851,481	\$25,664,495	6%	\$152.48	\$76.38

Peel receives just half of its “fair share” of Ministry of Health funding for CYMH services. Similar differentials are also found in Provincial funding to Peel’s other human service sectors. This is a purely population-based approach but even when other factors are taken into account, Peel’s CYMH sector has additional service pressures from a population with socioeconomic risk factors and huge diversity.

Socioeconomic risk factors (data from Peel Data Centre and/or 2016 Census):

- 18.1% of Peel’s population under 18 years – 56,075 children – lived in low income households in 2016. Peel residents under 6 years of age (19.3%) were the most likely to live in low income households.
- 23.3% of census families were lone parent families in 2016. The median after-tax income for Peel’s lone-parent families was \$56,934 compared to \$83,175 for all economic families in Peel.
- 31.8% of Peel households spent more than 30% of their household income on shelter costs.

Diversity (data from 2016 Census):

- Peel had the highest percentages of visible minorities – 62.26% – of any region in Ontario.
- Immigrants accounted for 51.5% of the Region’s overall population.
- 26.09% of Peel’s population most often spoke a non-official language at home.

A new CYMH funding allocation formula is required to incrementally correct the longstanding funding disparity between slower and faster growing communities in Ontario. In 2016 and 2017, MCYS led a process to create a new funding allocation model supported by the consulting firm, MNP and a joint working group with representatives from the Ministry, MNP and the Lead Agency Consortium. The model developed was based on child/youth population as the principal factor, with adjustments for socio-economic indicators and rurality. While the proposed model was not implemented, the need for such a model has not gone away. Even with new funding being allocated proportionately by child/youth population, the historic funding disparities continue to prevent high-growth communities from receiving the CYMH services they need in a timely manner. Peel’s 1.1% projected annual growth rate for its child/youth population, compared to the provincial rate of 0.7%, means that Peel also requires a larger funding growth rate than the provincial average.

These data have not been reviewed by/shared with Peel's Core Service Providers, but it will be important to having an opportunity to reflect on what these numbers mean in terms of our Service Area planning for the next few years.

3.2 Existing Service Area Priorities

Please document existing priorities in your service area.

The information below reflects the last Core Services Delivery and Community Mental Health plans that EveryMind submitted to MCYS in 2018. Although a draft multi-year plan for Peel was written in 2019, it was not submitted because the plan's format and requirements had not been finalized by the Ministry. Moreover, the plan's content was incomplete, having been pared down for the Lead Agency Consortium's use in identifying priorities for its Provincial Priorities Report.

For the purpose of charting progress made between 2015 and 2019, previously completed priorities have also been included.

Finally, new priorities have been added where work began since the last submitted plans. Although no formal plans were submitted for 2018/19 and 2019/20, EveryMind continued to report on its Lead Agency priorities in the quarterly reporting to the Ministry on A357 System Management capacity-building funding.

Existing Service Area Priorities	Included in Which Plan?	Status	Comments
	<i>Core Service Delivery Plan?</i> <i>Community Mental Health Plan?</i> <i>Both?</i>	<i>Completed</i> <i>Ongoing (carrying over into new plans)</i> <i>Not completed but no longer an identified priority</i>	
Implementation of the Peel Coordinated Intake Network model	Core Services Delivery Plan	The model has been implemented. Two remaining deliverables are part of ongoing operational planning and work.	<p>The Peel Coordinated Intake Network (now called WhereToStart.ca) is fully operational but two deliverables remain:</p> <ol style="list-style-type: none"> 1. Develop and implement a youth access mechanism 2. Implement the Central Intake module of EMHware <p>The youth access mechanism will be part of ongoing Youth Engagement work. (Most youth would prefer an alternative to telephone-based intake.) Implementation of the Central Intake module was delayed by the CIS enhancement needed for the BI solution, but is expected to occur when the timing is right.</p>

Development and implementation of a system-wide mechanism for youth engagement (YE)	Core Services Delivery Plan	Ongoing; Community Mental Health priority	Staff and engaged youth have fine-tuned the YE mechanism (e.g. revised Terms of Reference for YE committee; implemented a youth peer support pilot) and are now expanding YE into the broader community sectors, including youth drop-in centres and youth hubs.
Development and implementation of a system-wide mechanism for family engagement (FE)	Core Services Delivery Plan	Ongoing; Community Mental Health priority	Staff and engaged families rolled out the proposed FE mechanism and considered priority areas for further FE efforts. The Peel chapter of Parents for Children's Mental Health (PCMH) was on a hiatus and is now impacted by the move of PCMH into CMHO. FE, like YE, is expanding into the broader sectors, e.g. through the Parent Support Team of the Family Violence Community Response Table.
Implementation of a Common Assessment/Outcome tool at all CSPs in the Peel Service Area	Core Services Delivery Plan	Completed	The interRAI ChYMH and Screener+ were implemented across Peel CSPs. The interRAI 0-3 has more recently been implemented by EveryMind's 0-6 program. (The clinic at William Osler Health System has moved away from using the ChYMH and the Screener+)
Implementation of a Common Clinical Database (EMHware) for Peel's community-based CSPs; & CIS enhancement in readiness for reporting to the Province's Business Intelligence (BI) Solution	Core Services Delivery Plan	Completed	Completed at the end of 2019/20 when current fiscal service data from Rapport Youth & Family Services were input in EMHware and the Q4 BI reporting included data for all community-based CSPs (hospital clinics are not on the BI solution as they are not using one of the 6 enhanced CIS's). With the amalgamation of Peel Children's Centre and Nexus Youth Services as EveryMind and the service realignment with Rapport, there are just two community-based CSPs, Associated Youth Services of Peel and EveryMind, effective April 1, 2020, although BI reporting still reflects 4 CSD partners.
Remapping of Core Services and Key Processes	Core Services Delivery Plan	Completed	Done in winter 2019 to better align with PGR #1 (Core Service and Key Process definitions), utilizing the work completed by the Lead Agency Consortium's Community of Practice which allowed for greater clarity in some areas. Peel's Core Service Summary was updated to reflect internal programming changes and system-wide services/funding data recently received from MOH.

Review and Redesign of Brief Services	Core Services Delivery Plan	Ongoing; identified Core Services Delivery priority	The review was completed and a redesign drafted in 2018. Implementation is pending following anticipated approval from MOH in 2020/21.
Review and Redesign of Intensive Treatment Services	Core Services Delivery Plan	Ongoing; identified as future Core Services Delivery priority	This priority has been postponed to enable progress on a review of Counselling & Therapy Services (C&T), which is required as a result of service realignment (Rapport/Nexus/EveryMind), Brief Services redesign, and funding reallocation recommendations for 2020/21. As part of remapping, William Osler Health System moved dollars previously allocated to Intensive Treatment Services (ITS), leaving 2 providers of ITS: EveryMind and AYSP. Both agencies have made some internal changes to ITS but the most impactful review work is in C&T since all CSPs provide this Core Service and the CSP service system needs to better understand how the various programs fit together or could be better aligned within this Core Service.
Review and Redesign of Counselling and Therapy Services	Core Services Delivery Plan	Ongoing; identified Core Services Delivery priority in the multi-year plan	This priority has moved up from the original planned order for the reasons noted above. All Peel CSPs deliver programs in this Core Service. Agencies have recently made internal changes in Counselling and Therapy that need to be understood and discussed.
Complete summary (Community Asset Inventory) of CYMH services/programs delivered in the service area through system partners	Community Mental Health Plan	Completed to the best of the Lead Agency's ability	The summary had incomplete information because a few sectors did not fully participate and the Lead Agency had no authority to require sectors to provide information. Nonetheless, it was a useful picture of CYMH services offered by broader sector partners, including critical partners such as the four school boards, which provided the most comprehensive picture at the time.
Develop and operationalize a CYMH Community Planning Mechanism for the Peel Service Area	Community Mental Health Plan	Completed but needs a rethink and as such, is now a Service Area goal	The mechanism was developed with input from most relevant sectors. It has an "accordion" design, going small for specific tasks and large for consultation/updates. This plan will revisit who needs to be at the table, as several community tables place competing demands on partners' time. With the current focus on the COVID pandemic, many community tables are on a necessary hiatus.

Create a Community Asset Map to represent the findings of the Community Asset Inventory	Community Mental Health Plan	Not completed but no longer a priority	The Lead Agency, with feedback from the community, concluded that a map would be difficult to develop and maintain, and would have been a snapshot in time. As such, it would not provide ongoing value to the service area's planning efforts.
Identify and document access pathways between/across the MCYS-funded Core Services sector and the Health and Education sectors	Community Mental Health Plan	Improved pathways into, through and out of Core Services Delivery remains a Service Area goal	Work continues to be needed on pathways and this plan adds an enhanced focus on client transitions between service systems. This involves all CSPs, as well as the role of the Mental Health & Addictions nurses.
Explore opportunities to align community efforts to plan/map CYMH services with LHINs' planning for adult Mental Health and Addictions services	Community Mental Health Plan	No longer a priority	Cancelled given the structural changes at Ontario Health
Explore opportunities for better alignment/integration of Peel's CYMH crisis support service with community-based adult mental health crisis support services	Community Mental Health Plan	Ongoing; identified Community Mental Health priority	As this work evolves, the scope of this priority will broaden to include hospitals (Emergency Department diversion) and police (partnering/supporting roles in crisis response with both the adult and CYMH Crisis Response services)
Explore opportunities to develop more efficient, effective and client-centred pathways out of child and adolescent psychiatric beds into community-based CYMH services in Peel	Community Mental Health Plan	Ongoing; part of the improved Pathways/ Transitions goal	Progress was made with William Osler Health System in 2018/19. Work needs to expand to include Halton Healthcare, whose in-patient unit serves south Peel; and other hospitals where Peel youth may use psychiatric beds (e.g. St Joseph's Health Centre, Toronto). The impact of Ontario Health Teams is yet to be determined. What will happen to jurisdictional boundaries over time is also unclear as healthcare system changes are made.

3.3 Other community assets, challenges and opportunities

Please indicate what additional forces and/or impacts may act as assets, challenges or opportunities within your service area (please include qualitative and/or quantitative information to support this, where possible).

Service area assets

In prior years, Peel had six Core Service Providers (CSPs) but through an amalgamation and service realignments spearheaded by the Lead Agency in 2019/20, that number was reduced to four. Nexus Youth Services, one of the former CSPs, amalgamated with Peel Children's Centre to form EveryMind. Rapport Youth & Family Services, the other former CSP, transferred its mental health programs to EveryMind while gaining Nexus' non-mental-health services and youth drop-in centre.

Effective April 1, 2020, the Peel service area for child and youth mental health (CYMH) has four Core Service Providers (CSPs):

- EveryMind Mental Health Services, Peel's Lead Agency;
- one other community-based agency, Associated Youth Services of Peel; and
- the child and adolescent mental health clinics at Peel's two hospitals, Trillium Health Partners and William Osler Health System.

Having four CSPs enables Peel to plan and coordinate CYMH Core Services delivery with greater ease than many service areas, while creating administrative efficiencies from shared infrastructure. The small number also facilitates data collection to better understand the children, youth and families that Peel's CSPs collectively serve, and to improve accountability to funders and stakeholders (discussed below under "Opportunities").

Peel has a long history of collaboration and partnership amongst its CSPs and across the broader child- and youth-serving sectors. Before the Moving on Mental Health (MOMH) initiative, all Peel CSPs were already part of a re-visioning of Peel's CYMH intake partnership and three CSPs were service-delivery partners in Tangerine Walk-In Counselling. Service partnerships already existed between various CSPs and the Region of Peel (which is also a funder), school boards, Peel Children's Aid Society and the childcare/early years, developmental services and youth justice sectors. This history made it possible for the Lead Agency to achieve early consensus with CSPs on key MOMH priorities and to obtain support from a broad range of sectors in designing a community mental health planning mechanism and developing an inventory of mental health services offered outside the CYMH sector.

When MOMH began, all Core Services and Key Processes, per PGR #1, were already being provided in the Peel service area, albeit at service volumes and with funding far below what Peel's population warrants. Peel had an intake network partnership involving all CSPs, with one number to call to reach the system access/intake team housed at the Lead Agency. The service area had already made strides in advancing youth engagement and was beginning to consider ways to enhance family engagement.

	<p>Under MOMH system transformation, Peel’s CSPs implemented the Peel Coordinated Intake Network (branded as WhereToStart.ca); a virtual intake team was created across CSPs; most CSPs implemented a common intake and the interRAI Screener+ tool; and considerable progress was made on streamlining and simplifying pathways. Alignment of intake processes also occurred with one-Link (the access mechanism for adult Mental Health and Addictions services funded by the Mississauga Halton LHIN) and was being explored with the Central West LHIN, which was then developing a new access/intake mechanism. The number of intakes completed annually by the WhereToStart.ca team increased 75% over a four-year period.</p> <p>All CSPs in Peel adopted a common assessment tool, the interRAI ChYMH, for appropriate clinical services for children/youth ages 4 and older, although one CSP – the clinic at William Osler Health System – has moved to using different tools. The interRAI tool for ages 0-3 has also been implemented at EveryMind. Before the service realignment and amalgamation at the end of 2019/20, the four community-based CSPs successfully brought their clinical information into EMHware and the Lead Agency implemented the CIS enhancement needed to report via the Province’s Business Intelligence (BI) solution. While the hospital clinics were slated to come onto the BI solution at a later phase of the project, progress on this provincial initiative is stalled and will likely remain so with the current focus on responding to COVID-19.</p> <p>As the second largest CYMH agency in Ontario, EveryMind fulfills all Lead Agency System Management responsibilities under the leadership of an experienced senior leadership team with multiple core competencies, supported by robust infrastructure. EveryMind has a System Planning and Accountability Department that encompasses performance measurement and improvement, planning, information technology, access/intake, youth and family engagement, health information and research. This department has powered and supported much of Peel’s system transformation progress. EveryMind also has communications and fundraising expertise that is not always present in CYMH agencies. Fundraising has given EveryMind a significant advantage as a Lead Agency, with its Board of Directors willing to use fundraised dollars to provide short-term funding to important initiatives, sustain some programs or projects that had fiscal funding, and provide service beyond the age cut-off of 18 years for funded children’s services.</p>
<p>Service area challenges</p>	<p>Like the other 905 regions, Peel has had rapid population growth since the 1980s with minimal corresponding growth in provincial funding for human services. Peel’s total Core Services/Key Processes funding (including fiscal dollars) of \$25,664,495 for 2019/20 served a child/youth population of 336,025 (MCCSS; SIBI population estimate for ages birth-17 in 2020) – just \$76.38 per child/youth. CYMH <i>per capita</i> funding would need to increase significantly for Peel’s CSPs to meet the projected growth in CYMH service needs as we emerge from the temporarily suppressed levels of demand experienced in the early stages of the COVID-19 pandemic.</p> <p>Peel is one of Canada’s most diverse communities, with the highest proportion of visible minorities of any region in Ontario (70.9% of children ages birth to 17). In 2016, recent immigrants comprised 51.5% of Peel’s population and 39.1% spoke a language other than English at home. With this rich diversity come challenges, though, to provide culturally sensitive, appropriate and acceptable services, and to meet the language needs of immigrant families.</p>

Additionally, Peel has substantial poverty with 18.1% of the Region's children living in low-income households. The high cost of housing means that 20.9% of children/youth are in core housing need. As such, Peel has socioeconomic stressors that can impact overall health and wellbeing, including mental health.

For Peel's Community Mental Health planning with other sectors, the lack of contiguous service-area boundaries is a challenge. For instance, one of this multi-year plan's priorities aims to improve Crisis Response Services within Peel across the lifespan. Initial discussions have occurred between EveryMind and CMHA Peel-Dufferin around Crisis Response alignment/integration. However, based on the previous Central West LHIN boundaries, CMHA Peel-Dufferin does not serve much of Mississauga which, as part of the Mississauga Halton LHIN catchment, should be served by CMHA Halton. For EveryMind to align/integrate Crisis Response across the Peel service area (local municipalities of Brampton, Caledon and Mississauga), we must work with two CMHA chapters – both of which have chunks of their service areas outside Peel.

A more recent challenge is the infusion of funding from the Ministry of Education to Ontario's school boards to address students' mental health challenges arising from the COVID-19 pandemic, without consideration of how school boards' mental health services coordinate and intersect with those delivered by the community-based CYMH sector. This new funding flowed to school boards when both school boards and the community sector were singularly focused on figuring out how to deliver their respective core services under pandemic conditions, leaving little time for discussion or collaboration.

Parents are hearing about additional CYMH resources available through the schools but this marketing may create false expectations about what school boards can deliver. In past discussions between Peel's school boards and the Lead Agency, and at Peel's CYMH Community Mental Health table, the Boards have made it clear that they can deliver level 1 and some level 2 services, but rely upon the community-based sector to provide level 3 and 4 services (e.g. counselling and therapy, crisis response, specialized consultation and assessment, and intensive treatment services).

As local demand for mental health services mounts – starting to be seen at [WhereToStart.ca](https://www.wheretostart.ca) (access/intake) and Crisis Response, the “front doors” to Peel's CYMH system – the school boards have new funding disproportionate to what the community-based sector has received to treat children/youth with the higher levels of mental health need.

Turning to challenges within Core Services delivery, all CSPs have been delayed in advancing their strategic priorities with the onset of the COVID-19 pandemic necessitating a series of rapid, foundational changes – from equipping staff to deliver clinical services virtually from home, to redeployment of staff from hospital clinics to more urgent assignments (e.g. long-term care).

EveryMind is working through the logistics of the Peel Children's Centre/Nexus Youth Services amalgamation and rebranding as EveryMind, as well as the integration of staff and programming transferred to EveryMind from Rapport

	<p>Youth & Family Services. The transfer of Rapport’s funding has not occurred yet due to the delay in the service-contracting processes as part of the government’s pandemic response.</p> <p>At the beginning of the pandemic, EveryMind suspended operations at its Out-of-Home (residential) treatment sites due to safety issues, e.g. lack of Personal Protective Equipment. In July, EveryMind resumed these services but has encountered reduced willingness of caregivers to place their children away from home during the pandemic. (These children/youth continued to be supported through other Intensive Treatment modalities.)</p> <p>Another challenge for the Peel service area is not having the two hospital clinics on EMHware for inclusion of their data in the Lead Agency’s reporting to the provincial BI solution. Trillium Health Partners is in the midst of implementing EPIC as the hospital’s new CIS, a transition delayed by the pandemic but expected to occur in fall 2020. Until EPIC has been implemented and the pandemic service-delivery challenges stabilized, it is unlikely that Trillium’s clinic can consider how it will meet its BI reporting obligations. Nonetheless, Trillium’s clinic is part of the virtual WhereToStart.ca access/intake team and there is a willingness to explore bringing its intake staff onto EMHware, creating efficiencies for Peel’s access/intake network. The hospital also brought its physicians fully into the access/intake network.</p> <p>Further discussion is also needed with William Osler Health System about how to integrate its independent approach to access/intake with that of the other three CSPs, as well as consider how it will meet its BI reporting obligations.</p> <p>The differences between the hospitals’ CYMH offerings also pose challenges to equitable service access across Peel. Trillium Health Partners (serving south Peel) has a good-sized clinic but no in-patient beds or day hospital programming, while William Osler Health System (serving north Peel) has a very small clinic but houses Peel’s in-patient child and adolescent psychiatric unit. The Peel service area will need to grapple with the respective hospital clinics’ roles and services vis-à-vis both the community-based system and Ontario Health Teams.</p>
<p>Service area opportunities</p>	<p>During the early years of the MOMH initiative (2014/15 onward), most of Peel’s Core Services Delivery Plan priorities focused on implementing or improving Key Processes (coordinated access; intake, eligibility and consent; identifying needs, risks and strengths; child, youth and family engagement; service planning and review; and monitoring/evaluating client response to service). Peel’s Community Mental Health Plan included priorities that, through collaboration with our Health sector partners, aimed to improve the case management/service coordination and transition planning/preparation Key Processes when the initiatives reached fruition.</p> <p>As Peel progressed through its initial priorities, the Lead Agency and CSPs turned their attention to improving Core Services. Peel’s last two Core Services Delivery Plans included a review and recommended redesign of Brief Services. There is an opportunity to implement the redesign, which would result in improved access, more efficient and effective service delivery, and alignment with revisions to the definition of Brief Services in PGR #1, as recommended by the Lead Agency Community of Practice.</p>

The Lead Agency also recommends beginning a review and redesign of Counselling and Therapy Services in Peel, with all CSPs delivering programs within the Counselling and Therapy core service. Changes from the recent service realignment with Nexus and Rapport have impacted Counselling and Therapy, as will the implementation of changes to Brief Services. Peel has its largest number of children/youth waiting and longest wait times for service within Counselling and Therapy so this is an obvious priority area for review and redesign.

Initial work on the review and restructuring of Counselling and Therapy services has begun at the agency level. For example, EveryMind implemented a telephone-based coaching model for anxiety (Family Capacity Building & Support) to clients and caregivers of Peel CSPs through the Strongest Families Institute. This is a cost-efficient way to move appropriate waiting children/youth off waitlists into evidence-based models of treatment. More recently, EveryMind worked with Capitalize for Kids in a *pro bono* partnership with Bain & Company to review and redesign EveryMind's Counselling model. Implementation of a new model has begun, with the aim of enabling clinicians to provide more direct service by freeing them of administrative tasks, e.g. client scheduling, that can be performed by a clinic coordinator.

AYSP has also made internal changes, replacing its previous Challenges program with the evidence-based Triple P Positive Parenting Program, and replacing its COPE program with Teen Triple-P.

In the future, the Lead Agency proposes conceptualizing a review of Intensive Treatment Services, which are currently delivered by Peel's two community-based CSPs. Reduced demand for some Out-of-Home programs creates opportunities to look broadly at how best to structure Peel's Intensive Treatment Services. With the closure of EveryMind's ECHO program, the Ministry dollars previously invested in beds are expected to remain in Intensive Treatment Services to support high-needs clients.

Turning to Peel's Community Mental Health Plan (CMHP) priorities, with the collaborations already being explored with Peel's adult mental health and addictions (MHA) partners, EveryMind foresees being able to coordinate/integrate the delivery of Crisis Support Services at various levels. The last CMHP focused on alignment of EveryMind's Crisis Response Service with the Crisis service operated by CMHA Peel Dufferin. This work may eventually extend to include CMHA Halton (for south Peel). Peel Children's Centre also made progress with William Osler Health System, offering crisis support to patients being discharged from the hospital's in-patient Child and Adolescent Department (CHAD). Trillium Health Partners had also expressed interest in a Memorandum of Understanding for crisis support to children/youth who seek help in its Emergency Department.

Another service area opportunity, with the movement of the child/youth sector under the same Ministry that funds the adult sector, is for the Ministry of Health to make structural changes to the funding and delivery of mental health services across the lifespan. EveryMind has absorbed Counselling and Therapy services for transitional aged youth (18-24) previously delivered by Nexus Youth Services and Rapport Youth & Family Services. However, United Way funding for these services did not transfer to EveryMind, which does not qualify for United Way funding. EveryMind can continue to deliver

these counselling services for young adults using the agency's fundraised surplus but expansion requires government funding.

Discussions around the potential for coordinated/integrated services for transitional aged youth occurred between EveryMind/CMHA Peel Dufferin and between EveryMind/Trillium Health Partners in 2018/19, when CMHA and Trillium were compiling submissions for investments in LHIN-funded services. With a dearth of appropriate services and service-system transitions for young adults, it remains our hope that a way can be found to address this enormous service gap for vulnerable young adults.

3.4 Quality and performance

Quality and performance indicators are critical for ensuring accountability and assessing the cost-effectiveness of services. While there are several indicators that are consistently measured across health and mental health, those indicators selected are: effectiveness, efficiency, safety and timeliness (these were chosen based on: the 2016 Auditor General's report, key performance indicators outlined by the former Ministry of Children and Youth Services, literature on quality and performance, and conversations with Lead Agencies). Please indicate your planned strategy for measuring the domains below, and how you will use the information you obtain to plan for your service area.

Effectiveness: measures how well mental health services achieve a desired outcome

Peel's Lead Agency and Core Service Providers (CSPs) implemented a common assessment/outcome tool, the interRAI ChYMH, in 2015/16 for use in appropriate programs in Counselling and Therapy and Intensive Treatment Services. While the ChYMH was implemented at all six CSPs, the Child and Adolescent Mental Health Clinic at William Osler Health System has moved away from its use. Peel's Child and Youth Mental Health system (specifically WhereToStart.ca) also implemented the interRAI Screener Plus for intake screening purposes (used for assessment in a small number of programs) and interRAI 0-3 for assessment/outcome monitoring of the younger population. One collaborative Peel-based interRAI ChYMH training team with representatives from across Peel's CSPs ensures that new staff continue to be trained in the use of the interRAI tools.

Additional program-specific assessment tools are also used in some specialized programs, e.g. Sexual Abuse Treatment Program; Dialectical Behaviour Therapy; Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in Adolescents; and groups for Anxiety, Obsessive Compulsive Disorder and Selective Mutism. These validated, evidence-based tools inform the clinical assessment and treatment planning process, and measure client outcomes.

An antecedent to measuring effectiveness is the use of evidence-informed practices and ensuring fidelity with interventions. Peel CSPs continue to make strides in evidence-informed practice. For instance, in 2019/20, EveryMind took steps to ensure fidelity of its clinicians' use of Cognitive Behavioural Therapy in Counselling interventions, while AYSP moved away from its Challenges program and introduced in its place Triple P Positive Parenting, which is evidence-based.

In the mapping of Peel CSPs' CYMH Core Services and Key Processes in 2014/15 and the subsequent remapping in 2018/19, the data that the Lead Agency collected for all programs included the tools used for assessment and methods of client feedback. Where an assessment tool is not used or inappropriate, Core Service Providers have indicated that client feedback is consistently collected, although currently each agency uses their own client feedback survey.

The review of Counselling and Therapy Services (a Core Services Delivery priority in this plan), including recommendations for system improvements, will consider quality and performance indicators. Another Core Services Delivery priority, the introduction of the Ontario Perception of Care (OPOC) tool for client feedback, will start with the Lead Agency and expand across the service area, eventually providing consistent data to enable service area-wide analysis and quality improvement in response to feedback on dimensions of quality.

Efficiency: measures how well mental health services achieve desired results with the most cost-effective use of resources

Accountability for the efficiency of service delivery is between each Core Service Provider (CSP) and the Ministry via agency-level service planning, contracting and reporting. While the original intent of Moving on Mental Health was to include financial management in the Lead Agency role (with a Lead Agency accountability agreement and service agreements between Lead Agency and each CSP), changes to the Lead Agency model meant that this never came to fruition.

Even so, the Lead Agency will work together with the Ministry and Peel's CSPs to ensure that services are efficient if full service-area data can be shared. It has been a challenge for EveryMind to obtain data on funding allocation, FTEs, and service targets for all Peel CSPs. Recently the Lead Agency received some of this information from Peel's program supervisor for 2019/20, which will help the Core Service Provider table better assess the overall efficiency of Peel's CYMH service system and inform our planning priorities and decision-making.

As part of Lead Agencies' responsibility for Performance Management, the enhancement of clinical information systems (in Peel's case, EMHware) for reporting to the Province's BI solution has advanced the CYMH service system's capacity to assess service efficiency. EveryMind and the Ministry will work together to fully implement Peel's reporting through the BI solution, which will contribute to understanding service and system efficiency.

With Peel's community-based CSP agencies (now EveryMind and AYSP) on EMHware, the agencies' clinical supervisors, managers and senior staff are better able to evaluate service-delivery performance by using the reports available in EMHware. EveryMind and AYSP will discuss the reports required, as much will be determined by BI reporting of the required data elements and key performance indicators. These two agencies have a data-sharing agreement to enable this work. (Data-sharing agreements also existed between EveryMind and the two former CSPs, Nexus and Rapport, for previous data reporting.)

The next step in the BI project in Peel – bringing the two hospitals' child and adolescent mental health clinics' data into the EMHware data repository to enable BI reporting – has been delayed by more urgent priorities, both provincially and in the hospitals, but remains a Peel service area goal.

At the agency level, Core Service Providers are making program changes to increase their service efficiency. A couple of recent examples are:

- AYSP's recognition that length of treatment in its previous Challenge program (mapped to Counselling/Therapy), at six to eight months, could be reduced by switching to Triple P and using its Level 4 model, with a 10-week intervention.
- EveryMind's changes to Counselling service delivery following analysis with the aid of Capitalize for Kids and Bain & Company. Efficiencies are being achieved through process improvement and the shifting of administrative tasks (e.g. client scheduling) to support staff to increase clinicians' available hours for direct service.

To measure efficiency well, the provincial CYMH service system needs to be able to provide the cost of certain outcomes. Ideally the system would move to Value-based Healthcare, which takes a more holistic approach than currently used to measure value for dollars. Outcomes are tracked across the continuum of care, taking the whole patient journey into account – the overarching goal being value for clients. (Value = outcomes that matter to clients, and the costs to achieve those outcomes.) This should be part of the longer-term plan for assessing the efficiency of healthcare in Ontario, including mental health services.

Safety: assesses potential risk of an intervention to the client or the environment, to ensure appropriate mitigation strategies are in place

All Peel CSPs are fully accredited and their accreditation standards include client and staff safety, as well as overall risk management. Peel's Lead Agency, EveryMind, has decided to pursue future accreditation with Accreditation Canada, replacing previous accreditation with the Canadian Centre for Accreditation. As a healthcare accreditor, Accreditation Canada's standards are more focused on clinical safety than are the standards of the Canadian Centre for Accreditation, which tends to be used by community health and social services. The Accreditation Canada standards will better position EveryMind as an agency primarily funded by the Ministry of Health rather than the Ministry of Children, Community and Social Services.

CSPs' policies and procedures provide frameworks to avoid harm, mitigate risk, and provide the appropriate response when safety issues arise. For instance, when Serious Occurrences occur – which is inevitable, with some CYMH clients having serious mental health challenges and/or living in homes where parental mental illness/addictions or family violence are present – staff are trained in de-escalation and EveryMind's Crisis Response Service is available 24/7/365 to provide support. Agencies' policies and procedures, based on legislative and regulatory requirements, are followed in calling police, reporting to Children's Aid, and reporting via the Ministry's Serious Occurrence Reporting system. For EveryMind, the only Peel CSP that provides Live-In Treatment (part of A353 Intensive Treatment Services), residential licensing regulations and standards provide a further framework to mitigate risk to clients.

Part of risk mitigation rests in agencies' HR practices, which ensure that staff hired to deliver clinical services have the requisite professional certifications, membership in the appropriate regulatory college, etc. for safe and accountable practice. Core Service Provider staff receive safety-oriented training (e.g. Understanding and Managing Aggressive Behaviour; First Aid and CPR; Infection Prevention and Control) that must be kept current. Staff are also trained in their duties to report suspected abuse/neglect per Ontario's *Child, Youth and Family Services Act*, and to protect clients' privacy per Ontario's *Personal Health Information Protection Act*. Requirements such as current inoculations are also monitored and enforced.

Moving to clinical practice, treatment interventions are recommended not only to be effective, but also to avoid harm and reduce the risks of treatment. Clients' rights and clinicians' responsibilities under the laws mentioned above are part of the discussions with clients before they begin treatment, and as needed on the treatment journey. Treatment risks are discussed with clients and their families/caregivers, who are also provided information about EveryMind's 24/7 Crisis Response Service to support their safety.

With the onset of the COVID-19 pandemic, a significant amount of agencies' time was focused on finding the safest possible ways to continue to deliver services that remained effective and efficient, while meeting clients' expectations. Now, as agencies prepare for re-entry to their facilities and the resumption of in-person services, safety continues to be paramount.

Timeliness: assesses wait times and delays for those who receive care

All CSPs compile and track wait data. For those on EMHware, wait data are available as reports and reported to the BI solution. Wait data not only serve as an indication of timeliness, but also help managers plan for additional services or examine alternative methods of service delivery. An example is the changes EveryMind has been implementing in its Counselling programs following 2019/20 work with Capitalize for Kids and Bain & Company (see above under "Effectiveness"). In the first two months (May and June 2020) following implementation of changes to its service-delivery model, EveryMind was able to reduce its Counselling waitlist by 28%.

As an example of the use of wait data in decision-making, Appendix A to this plan – the Lead Agency's recommendation for the new 2020/21 investment – was based on wait data, recommending infusions of funding to those programs (Counselling/Therapy at AYSP and EveryMind) that have the longest waitlists, with dollars apportioned based on the number of children/youth waiting.

CSPs' collection of client feedback includes Timeliness of service as a quality indicator. The Lead Agency recognizes that Timeliness is consistently the weakest indicator in Peel's community-based CYMH system, reflecting inadequate funding to meet the mental-health needs of Peel's rapidly growing child/youth population in a timely fashion. Mitigation has included an expansion of Brief Services (introduction of Tangerine Walk-in Counselling in 2012) and steps such as those described above to improve efficiency. Ultimately though, more provincial funding is required to improve this aspect of clients' experience. EveryMind cannot emphasize enough the importance of tackling waitlists as the sooner CSPs can intervene, the better the child's/youth's outcome. Getting children/youth into treatment quickly can prevent their needing a more intensive – and far more expensive – intervention, as well as mental-health issues that may follow them into adulthood. Peel and other high-growth 905 regions need more CYMH funding to make this goal a reality.

4. Service Area Plan

Please share your lead agency's vision, mission, values and strategic directions for the service area. This will help agencies set priorities for the next three-year period.

Mental Health and Addictions – Ontario's Vision:

A province where all Ontarians have access to high-Quality, easily accessible mental health and addictions support throughout their lifetime, where and when they need it.

4.1 Service area's Vision, Mission, Guiding Principles and Values:

Service area vision statement	<i>Access to high-quality, effective and inclusive Mental Health and Addictions supports and services for all children, youth, young adults and their families in Peel, where and when they need it.</i>
Service area mission statement	<i>Together, we will build a Mental Health service system that transforms the experience of children, youth and young adults with mental health challenges and their families, so they will know what high-quality mental health services exist in our community, and how to access the services and supports that best meet their needs.</i>

Statement of Guiding Principles and Values:

- To meet the mental health needs of children, youth, young adults, and their families
- To be explicitly cognizant of Peel's diversity
- To think and act as a cohesive service system
- To use evidence and data in planning, decision-making, and system improvement
- To work collaboratively, taking into account the voices and perspectives of all members
- To be respectful, inclusive, transparent and responsive
- To be accountable to each other, to our clients, and to the service system
- To engage in open and honest dialogue
- To communicate efficiently, effectively and in a timely fashion
- To exhibit a "gracious spirit" that will foster collective learning, growth and innovation
- To learn from our mistakes and celebrate our successes
- To embrace opportunities to contribute to the provincial Mental Health and Addictions agenda.

Peel's Vision statement is derived from the provincial vision of *Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System*, localizing it for the Peel service area and the children, youth, young adults and families we serve. Peel's Core Service Providers provided input on the wording of the statement as part of developing this plan.

The Mission statement updates a goal from the previous *Moving on Mental Health* initiative that EveryMind (then Peel Children's Centre), as Lead Agency, has used to anchor *Peel Region's Lead Agency Progress Reports* since 2015. The progress reports are one of the Lead Agency's tools of engagement with Peel's Core Service Providers, broader service sectors, and diverse and faith communities. We also share the Progress Reports with Peel's children, youth, young adults and families via the Lead Agency website. As such, the Mission statement provides continuity with previous community planning and engagement efforts in Peel.

We have added a Statement of Guiding Principles and Values that derives from the historical collaboration of Peel's Core Service Provider (CSP) partners. All six CSPs were part of the re-visioning of the Peel Coordinated Intake Network (now WhereToStart.ca), a partnership that predates *Moving on Mental Health* and was incorporated into the Core Services Delivery Plans for Peel. These guiding principles and values reflect the longstanding, collaborative nature of our system transformation achievements, which have truly been a shared effort on the part of staff, youth, young adults and families across Peel's Child and Youth Mental Health sector.

EveryMind considers these framing statements to be drafts, given the limited consultation that was possible to submit this plan on time. We will revisit the statements as part of our discussions with the Core Services Delivery and Community Mental Health tables, and with Peel's Youth Engagement and Family Engagement mechanisms.

4.2 Gap analysis

Please conduct an analysis of existing gaps related to both core services (in the first table below) and community mental health services (in the second table below), to identify priorities that should be considered during planning. The results from these gap analyses should inform your multiyear service area action plan outlined in Section 5.

4.2.1. Analysis of current state versus need – Core services

Current state	<i>Briefly describe the current state of core services in your service area, and identify specific qualities and/or characteristics that need improvement (3-5 sentences)</i>				
Future state	<i>Briefly describe the ideal future state of core services in your service area (3-5 sentences)</i>				
GAP ANALYSIS					
Current state	Future state	Gap identification (Y/N)	Gap description	Gap solutions/actions	Gap evaluation
<i>List specific and factual attributes in need of improvement in your service area</i>	<i>List specific idealized attributes you would like to see in the future state</i>	<i>Is there a gap between current and future states?</i>	<i>Describe issues/elements/factors that characterize the gap between the current and future state</i>	<i>List all possible solutions, with specific actions, for bridging the gap between the current and future state. These solutions should directly address factors responsible for the gap.</i>	<i>Identify how you will evaluate the effectiveness/success of your response to this gap</i>
Inadequate and inequitable provincial funding for CYMH Core Services and Key Processes has resulted in long wait times/lists for services in Peel	<ul style="list-style-type: none"> Adequate annualized funding to serve 1/5 of Peel's children/youth ages 0-17 Ideal service capacity based on Peel's child population: 0.2 x 336,025 (CIBI's 2020 projection for population ages birth to 17 yrs) = 67,205 individuals 	Yes	<ul style="list-style-type: none"> 2019/20 total funding for Core Services and Key Processes at Peel CSPs: \$25,664,495 2019/20 service data: <ul style="list-style-type: none"> Total # of clients who received Core Services across Peel CSPs (minus Rapport): 6,898 Total # of clients eligible for/consented to receive services, i.e. Access/Intake (minus Rapport): 8,240 	<ul style="list-style-type: none"> Increase provincial/federal funding New service partnerships with adult MHA sector Other sectors, e.g. schools, could deliver some Level 2 services (i.e. Targeted Prevention Services) Tertiary service-providers deliver intensive or specialized services for several service areas Increase operational efficiencies to deliver services to more clients (see Current Identified Priorities, Core Services) 	<ul style="list-style-type: none"> New population-based funding allocation formula implemented Annual funding for 62,037 unique clients across CYMH sector, phased in to enable well planned and executed service growth Predictable, periodic funding increases to reflect population growth

			<ul style="list-style-type: none"> o Total # of clients who received service coordination (minus Rapport): 3,094 • Unique client count is unavailable • Responsibility for Rapport staffing and service delivery has come to EveryMind for 2020/21 onward 		
<p>WhereToStart.ca (Peel Coordinated Intake Network) – all CSPs in Peel are network partners; implement the few remaining deliverables</p>	<ul style="list-style-type: none"> • WhereToStart’s network model is fully implemented • Youth, families and referral sources know that WheretoStart.ca is the access point for CYMH services in Peel 	Yes	<ul style="list-style-type: none"> • Two operational deliverables remain: (1) youth access mechanism to support youth-preferred options (expand beyond phone-based or in-person intake options); and (2) central intake module of EMHware to support centralized wait lists for all programs in EMHware 	<ul style="list-style-type: none"> • Work with Peel’s Youth Engagement (YE) Committee, YE Coordinator, and the Lead Agency’s IT and Performance Measurement & Improvement staff to develop and implement a youth access mechanism (a digital solution; utilize WhereToStart.ca website) • After the Lead Agency’s IT priorities have been implemented and EMHware is ready, implement the centralized intake module of EMHware • Use launch of new EveryMind website to publicize access points: WhereToStart.ca for coordinated access/intake, as well as 24/7 Crisis Response and Tangerine Walk-In Counselling 	<ul style="list-style-type: none"> • Youth access mechanism: number of youth-initiated intake interviews with youth ages 14+ have increased • Central Intake module: WhereToStart’s virtual team is trained on and using Central Intake module • Communications: metrics TBD for public awareness campaign
<p>Peel’s CYMH Core Services/ Key Processes Summary needs to be updated to reflect Core Service Providers’</p>	<ul style="list-style-type: none"> • Peel’s service map accurately reflects current service delivery and aligns with work completed by the LAC that resulted in 	Yes	<ul style="list-style-type: none"> • 2019 draft service map is close but needs to be updated to reflect recent changes in service delivery 	<ul style="list-style-type: none"> • Map will be reviewed and updated as part of the Discovery phase of the review of Counselling & Therapy services in the Peel service area 	<ul style="list-style-type: none"> • Greater system understanding and consistent interpretation of core services and key processes by CSPs

re-mapping of services, including funding and service targets	recommendations for improved definitions in PGR #1.				
System efficiencies can be achieved across Peel's Core Service Providers (historic approaches to funding and service delivery need to be revisited to achieve clarity on who does what/who should do what)	<ul style="list-style-type: none"> Agencies become centres of clinical excellence for the delivery of specific interventions within core services Improved efficiency and effectiveness Administrative burden is reduced 	Yes	Potential redundant services delivered by CSPs	<ul style="list-style-type: none"> Lead Agency and CSPs work together to review/redesign Core Services to increase efficiency and effectiveness of services (has begun; see Brief Services below) Lead Agency works with Ministry to obtain approval for recommended changes (e.g. service delivery provider) and reallocation of funding 	<ul style="list-style-type: none"> For each Core Service redesign: <ul style="list-style-type: none"> Increase in number of clients served with funding Evidence-based interventions to improve service effectiveness Improved outcomes Improved client experience ratings
Brief Services do not fully align with recommended changes to the definition in PGR #1 and the current model is inefficient. A redesign has been developed but has not yet been implemented.	<ul style="list-style-type: none"> One agency becomes responsible for one mobile Brief Services team, appropriately aligned with Peel's intake process, per the redesign recommendations. Continue to deliver consistent, evidence-based intervention and include a performance measurement framework to gather client outcomes, as well as client experience. 	Yes	<ul style="list-style-type: none"> CSPs' working group concluded its review in June 2018 and made redesign recommendations Redesign was discussed at two CSP leaders' meeting and with the previous MCYS/MCCSS Program Supervisor Approval of recommendation and further CSP discussions are pending 	<ul style="list-style-type: none"> Recommendation to Ministry for approval Develop detailed implementation plan for redesign, including evaluation framework/logic model and staffing and funding impacts Share/review implementation plan with CSP leaders Implement the redesign, including funding reallocation 	<ul style="list-style-type: none"> Implementation has occurred. Evaluation to include: <ul style="list-style-type: none"> Increase in number of clients served with funding Client experience ratings are maintained or increase Outcomes that are measured in a consistent way and built into program operations Expanded operations to 5 days/week (rather than 3 days)

<p>Counselling and Therapy Services (CTS), provided by all Peel CSPs, will need to be redesigned because changes to Brief Services will impact CTS delivery/ staffing. There will be opportunities to gain efficiencies and improve effectiveness.</p>	<ul style="list-style-type: none"> • CTS are delivered by areas of specialization (e.g. based on client need, age range, intervention used) • Maximum service delivery is achieved for the funding received • All interventions are evidence-informed or evidence-based 	<p>Yes</p>	<ul style="list-style-type: none"> • All Peel CSPs deliver CTS • \$7,200,495 was allocated to Peel for CTS in 2019/20 • Total # of clients who received CTS in 2019/20 across Peel CSPs (minus Rapport): 2,091 • Unique client count is unavailable • Some CSPs have unique specialties (e.g. Sexual Abuse treatment at EveryMind; AYSP's Youth Beyond Barriers for youth who identify as 2SLGBTQ+) • All CSPs offer non-specialized CTS using a range of clinical interventions • There are long waitlists/ times for some CTS 	<ul style="list-style-type: none"> • Determine changes needed to CTS arising from implementation of Brief Services redesign • Review to begin in 2020/21 with project charter and team • Process to include meaningful youth and family engagement • Review CTS at all CSPs (models of service delivery, evidence base for interventions, client needs, clinical outcomes, client experience etc.) beginning in 2021/22 • Working group recommends redesign features and support the development of an evaluation framework • Recommendations to Ministry for approval, as needed • Lead Agency working together with CSPs develop implementation plan • Lead agency makes recommendations to Program Supervisor for approval • Implementation 	<ul style="list-style-type: none"> • Redesign implemented. Evaluation to include measures of: <ul style="list-style-type: none"> • Service delivery efficiency • Clinical outcomes • Client experience
<p>Intensive Treatment Services (ITS), delivered by two CSPs (AYSP and EveryMind) have the highest per-service costs of the Core Services and need to be as effective and efficient as possible. Clinical</p>	<p>Intensive Treatment Services offered in Peel provide the most effective services, delivered in the most efficient manner, for children/youth who require intensive interventions.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Identified by Lead Agency and CSPs as future Core Service for review • With 2 service providers, division/delivery of services may be inefficient and lack service integration • \$8,597,361 or a third of Peel's total funding for Core Services/Key 	<ul style="list-style-type: none"> • Review to begin in 2021/22 with the development of a project charter and team • Process to include meaningful youth and family engagement • Project team recommends redesign features and helps develop an evaluation framework. • Lead agency, working together with CSPs develop implementation plan 	<ul style="list-style-type: none"> • Redesign implemented. Evaluation to include: <ul style="list-style-type: none"> • Service delivery efficiency • Clinical outcomes • Client experience

needs/ outcomes, program models, staffing and funding allocation will be reviewed.			Processes served 534 individuals (2019/20) • wait lists/times for some ITS, e.g. Day Treatment	<ul style="list-style-type: none"> • Recommendations to Ministry for approval • Implementation 	
Phase 2 of provincial BI solution (phase 1 completed in Peel)	<ul style="list-style-type: none"> • 2 hospital-based CSPs set up to submit data to the Ministry's BI solution via the Lead Agency • Lead agency submits Peel's data elements to the BI solution, in addition to individual agency submissions (via TPON) • Complete Service Area data 	Yes, although community-based CSPs are all submitting data to the Ministry's BI solution via the Lead Agency	<ul style="list-style-type: none"> • CIS enhancement occurred (EMHware) and all community-based agencies' data are being submitted to the BI solution, via the Lead Agency; but Peel's two hospital-based CSPs are not part of this data submission process 	<ul style="list-style-type: none"> • Lead agency began discussions with Trillium Health Partners' child and adolescent mental health clinic, which expressed interest in coming onto EMHware. This has been put on hold because the hospital is transitioning to EPIC as the hospital's CIS • Solution with William Osler Health System to be determined. 	<ul style="list-style-type: none"> • Lead agency can submit all required data elements for all CSPs to Ministry's BI solution • Lead agency can provide comprehensive system level data for Peel service area

4.2.2. Analysis of current state versus need – community mental health

Current state	<i>Briefly describe the current state of community mental health services in your service area, and identify specific qualities and/or characteristics that need improvement (3-5 sentences)</i>				
Future state	<i>Briefly describe the ideal future state of community mental health services in your service area (3-5 sentences)</i>				
GAP ANALYSIS					
Current state	Future state	Gap identification (Y/N)	Gap description	Gap solutions/actions	Gap evaluation
<i>List specific and factual attributes in need of improvement in your service area</i>	<i>List specific idealized attributes you would like to see in the future state</i>	<i>Is there a gap between current and future states?</i>	<i>Describe issues/ elements/factors that characterize the gap between the current and future state</i>	<i>List all possible solutions, with specific actions, for bridging the gap between the current and future state. These solutions should directly address factors responsible for the gap.</i>	<i>Identify how you will evaluate the effectiveness/success of your response to this gap</i>

<p>Crisis Support Services (delivered by EveryMind for children/youth and their families in Peel)</p>	<ul style="list-style-type: none"> • Coordination or integration of children/youth and adult Crisis Support where it makes sense, e.g. one number to call; joint infrastructure; response partnerships with police 	<p>Yes</p>	<ul style="list-style-type: none"> • EveryMind's Crisis Response serves Peel children/youth 0-17 and their families. CMHA Peel Dufferin provides Crisis support to adults in its service area. • CMHA and EveryMind have been in discussions for the past two years towards coordination/integration of their respective Crisis Response services. • In Jan 2020, CMHA Peel Dufferin and Peel Regional Police launched a two-car Mobile Crisis Rapid Response Team (MCRRT) working out of two (12 and 22) of the police's four divisions. • MCRRT aims to reduce the number of people brought to hospital, instead linking them to community-based services. In the initial month of MCRRT service, 70% of calls were referred to community support rather than brought to hospital. 10% of calls were referred to EveryMind. • In July 2020, Peel Regional Council 	<ul style="list-style-type: none"> • This is one of the multi-year plan's priorities for Community Mental Health (more detail in Section 4.3.2). • Previous years' work included: <ul style="list-style-type: none"> ○ shadowing by CMHA and EveryMind Crisis Response teams of the other agency's team to learn how they work ○ Review of CMHA's new phone technology and work space for Crisis Response ○ EveryMind staff presentation to MCRRT on effective engagement of youth/families in high-risk/-stress situations ○ Process for EveryMind to do named and unnamed consultations with MCRRT to enable rapid access to Crisis support for children/youth ○ Joint agency discussions with Peel Regional Police, Regional Council, and the Mental Health and Addictions Action Table (part of Peel's Community Safety and Well-Being Plan) ○ "Journey map" for children/youth who are in Crisis ○ EveryMind Crisis Response internal evaluation and service-model changes, including the implementation of standardized screening tools • Options to consider include: <ul style="list-style-type: none"> ○ Integration of technology towards greater efficiency, reduced cost, and 	<ul style="list-style-type: none"> • EveryMind process-mapped and evaluated its Crisis Response service in 2019/20. The evaluation report will serve as a baseline from which to make further service changes. • Evaluation included: <ul style="list-style-type: none"> ○ Screening tool used ○ Number of calls received ○ When calls are received (day of week; time of day/night) ○ Response time ○ Location of caller (municipality) ○ Call initiator (client or other) ○ Client age, sex etc. ○ Presenting issues ○ Risk to self, others ○ First or repeat user; how many Crisis episodes ○ Police or CAS involvement needed? ○ Mobile or phone response ○ Type of stabilization ○ Discharge status
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			<p>passed a motion to expand MCRRT and make a mental health worker the lead or co-lead with police on apprehension calls. This change would require Mental Health Act amendments.</p>	<p>potentially one number to call for Crisis Response across the lifespan</p> <ul style="list-style-type: none"> ○ One overnight response team (a time of low volume on the child/youth response side) ○ Restructuring to achieve efficiencies, e.g. co-location, shared infrastructure and joint program evaluation 	<ul style="list-style-type: none"> ○ Case management required? ○ Referral to services ○ Client outcomes and experience ○ Methods of data collection
<p>Dearth of services for transitional aged youth (TAY) 18-24 years who have aged out of CYMH services and are having difficulty transitioning to services in the adult MHA service system.</p>	<ul style="list-style-type: none"> • Transitional aged youth know how to access service, use the access mechanism(s), and receive the right services at the right time • Strengths-based services meet the mental health needs of Peel's emerging adult population 	<p>Yes</p>	<ul style="list-style-type: none"> • Some of Peel's longest wait times/lists are for youth ages 18-24 needing Counselling and Therapy; even longer wait times for specialized counselling for LGBTIQQ2S youth • Despite the interest of some adult MHA service providers in partnering with the CYMH sector, LHIN investments were in very limited/restricted program areas such that partnership opportunities were not realized. • Existing services for this population are not well coordinated with the Youth Hub strategy (provincial or local). 	<ul style="list-style-type: none"> • Inventory of existing services/service utilization, including services available in the adult MHA sector, is compiled to understand TAY service landscape • CYMH and adult MHA systems work together to improve transitions of youth ages 17.5+ into adult services • Youth ages 17-24 are engaged in planning and designing new access mechanisms/TAY services • MOH recognizes this service gap and prioritizes it for funding with support coming to CYMH sector • Service capacity is developed for 1/5 of youth ages 18-24, i.e.: 0.2 x 155,769 youth (SIBI population projection for 2020) = 31,154 unique clients • Youth outreach and public awareness campaigns include post-secondary institutions (Sheridan College, Humber College, University of Toronto at Mississauga) and means to reach youth who are not 	<ul style="list-style-type: none"> • Transition planning is occurring on a consistent basis and may need to begin at age 16 • Youth access mechanism(s) are in place and being used • New TAY services, using expanded age range (18-25) are operational • Gradual implementation of new services; eventually serve 28,230 youth/year • Evaluation to include clinical outcomes and client experience • Build on experience with assessment tools in both community CYMH and hospital inpatient services; TBD jointly by CYMH and adult

				connected to the education system	MHA sectors with MOH
More planning and service partnerships between CYMH and adult MHA sectors are needed	Where appropriate, services bridge the CYMH and adult MHA sectors (see gap analyses above re Crisis Support and services for transitional aged youth)	Yes	<ul style="list-style-type: none"> • Service gaps are described above for Crisis Support (under Core Services) and TAY counselling and therapy (under Community Mental Health) 	<ul style="list-style-type: none"> • See above for Crisis Support and TAY services. Discussions are ongoing between PCC and CMHA Peel Dufferin • There may be other partnership opportunities (e.g. concurrent disorders; first-episode psychosis interventions) 	<ul style="list-style-type: none"> • See above
Peel CSPs experience challenges delivering school-based services, yet the school system is where CSPs could reach nearly all children/youth ages 4 to 17 and school boards acknowledge that they cannot meet the mental health needs of students at levels 3 and 4 of the needs continuum	Clearly defined pathways and service partnerships with the four school boards in Peel (English public and Catholic; French public and Catholic), documented in MoUs/protocols and clearly understood by all CYMH sector and board/school staff, so students receive client-centred mental health services from both school- and community-based workers	Yes	<ul style="list-style-type: none"> • Pathway issues remain, e.g. Boards building preferential pathways directly to programs within CYMH instead of consistently using WhereToStart.ca (also applies to CYMH sector's work with mental health nurses) • Education sector's contracts can make it difficult to partner where there are comparable positions in both sectors. Role clarity is needed for each sector's workers. • EveryMind has had issues accessing schools to provide Specialized Consultation/ Assessment services (e.g., in-school observations by psychologists and psychiatrists have been an issue) 	<ul style="list-style-type: none"> • Provincial policies/directives to clarify "who does what" in providing mental health services for students • Shift or new infusion of provincial funding to recognize the role that CYMH sector can and should play in the delivery of specialized CYMH services • Provincial-level discussions between School Mental Health Ontario and Lead Agency Consortium on a framework for system coordination have begun • Peel Lead Agency and school boards' leadership discuss potential solutions at the system/sectoral levels • CYMH clinical supervisors/managers meet with school boards' staff to problem-solve at the pathway and program levels (e.g. referral issues; planning for group services delivered by CSPs) • Improved service navigation by mental health nurses, possibly by positioning them in CYMH sector 	<ul style="list-style-type: none"> • Provincial policies, directives and funding provide role clarity • Updated MoUs define pathways and service partnerships • Progress in the integration and/or coordination of school-based services will be measured by: <ul style="list-style-type: none"> ○ Service targets ○ Clinical outcomes ○ client experience ○ Metrics TBD for public awareness campaigns

			<ul style="list-style-type: none"> • Schools do not consistently obtain timely consents from parents, which can delay treatment at CSPs • Some boards could be more responsive to the CYMH sector's requests for case conferences for service transition • Social workers at the French boards rotate across several schools so students can wait weeks for a referral to EveryMind, designated FLS provider in the Service Area • With the COVID-19 pandemic and focus on back-to-school planning, there has been inadequate time for collaborative planning to meet students' mental health needs 	<ul style="list-style-type: none"> • Outreach campaign for school staff (possibly via education-sector unions) about mental health and how to help students get connected to services • School-based public awareness strategies re three primary access points to Peel's community-based CYMH services (WhereToStart.ca, Crisis Response; Tangerine Walk-In Counselling/virtual single session), e.g. information on schools' TV screens; social media; materials go home with elementary students and are printed in secondary students' agendas. 	
<p>CYMH service partnerships with the MCCSS-funded sectors (Child Welfare, Complex Special Needs, Developmental Services, Youth Justice) should be revisited to determine what</p>	<p>Peel children and youth in care receive the right mental health services, at the right time, to optimize their mental health</p>	<p>Yes</p>	<ul style="list-style-type: none"> • CYMH services have been developed with separate pathways from other sectors to selected programs/services; thus, it is not always clear if children/youth being served by the MCCSS-funded sectors receive the right CYMH services at 	<ul style="list-style-type: none"> • CEOs of Lead Agency and other broader-sector agencies meet regularly to discuss service challenges and opportunities • As part of service expansion, Peel's CYMH sector needs to review its partnerships and MoUs with these sectors. The review should engage staff and youth/caregivers of Peel CSPs 	<ul style="list-style-type: none"> • Review has occurred; recommendations shared with both sectors • Changes have been planned, funded and implemented • Evaluation to include service targets, clinical

improvement can be made to better meet the mental health needs of children/ youth served by those sectors			the right time to best meet their needs	and the other service providers.	outcomes and client experience
Pathways into and out of child/ adolescent psychiatric beds from Peel's community-based CYMH services need to be more efficient, effective and client-centred	Child and adolescent patients being admitted and/or discharged from psychiatric beds are connected to community-based service(s) for continuing treatment/support	Yes	<ul style="list-style-type: none"> • Work began in 2018/19 with William Osler Health System (WOHS), with work focusing on discharge planning e.g. EveryMind's Crisis workers joining WOHS staff for discharge-planning rounds; but more remains to be done • Work has not begun yet with Halton Healthcare • This is ongoing, multi-year work 	<ul style="list-style-type: none"> • Continue efforts with WOHS around discharge planning processes and services to support suicidal youth • Based on these learnings, approach Halton Healthcare to jointly develop a plan on how to improve pathways and transition planning • Formalize efforts in MoUs, protocols, and discharge/intake procedures 	<ul style="list-style-type: none"> • Discharge planners know how to connect patients to community-based services • Increase in referrals from inpatient hospital services to community-based CYMH services • Client experience surveys to assess pathways
Gaps exist in the Peel CYMH service system's connections with primary care. Work is needed to raise physician awareness in Peel, especially physicians in Central West LHIN's catchment of WhereToStart.ca as the access mechanism for	Peel physicians in both Mississauga Halton and Central West LHIN service areas know about WhereToStart.ca and are referring patients using the WhereToStart.ca referral form for doctors	Yes	<ul style="list-style-type: none"> • The Lead Agency's work with Trillium Health Partners and one-Link (MHA access point for Mississauga Halton LHIN) resulted in improved pathways and distribution of WhereToStart.ca promotional materials, including referral forms to physicians. Work began in 2018 and access to physician referral forms is now part of the 	<ul style="list-style-type: none"> • Outreach to physicians continues via the hospital partnerships with WhereToStart.ca and eventually, through the Ontario Health Teams in Peel • William Osler Health System's support is critical. This issue is broader than physician awareness, as it includes WOHS' role in the Peel CSPs' WhereToStart.ca partnership • More opportunities may arise with the public awareness campaign associated with the formal launch of the EveryMind brand in fall 2020 	<ul style="list-style-type: none"> • Number of referrals from Peel-based family physicians and pediatricians using the WhereToStart.ca e-referral form

<p>CYMH services in Peel.</p>			<p>WhereToStart.ca website.</p> <ul style="list-style-type: none"> • A similar campaign is needed to reach doctors in the Central West LHIN catchment area. 	<ul style="list-style-type: none"> • Work continues on clarification of CYMH service access points, especially WhereToStart.ca website 	
<p>More culturally acceptable and appropriate CYMH services are needed:</p> <ul style="list-style-type: none"> • 62.26% of Peel residents are visible minorities • Recent immigrants comprise 51.5% of Peel's population • 39.1% of Peel residents speak a language other than English at home • There is profound stigma around mental health challenges within some cultures in Peel 	<p>Peel residents of all ethnicities, religions, and other elements of diversity are willing to seek help for mental health challenges. Peel's CYMH service sector is able to support (directly or through partnerships) diverse children and youth with culturally acceptable services/supports.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • CSP staff observe that clients' ethno-cultural backgrounds do not adequately reflect Peel's diversity but the service system has not done an analysis to verify where gaps exist • With a few exceptions (e.g. some services for South Asian families), Peel's CYMH programming is not culturally specific • CYMH services have been developed to serve youth who identify as 2SLGBTQ+ but the depth and breadth of service are inadequate to address demand, especially for transitional aged youth (18-24 years) 	<ul style="list-style-type: none"> • Peel's CYMH system has the capacity to analyze diversity-elements data in EMHware and compare the findings to analysis by the Peel Data Centre to identify under-represented backgrounds as part of a strategy to better serve Peel's diversity • South Asian sub-group of PCC's Diversity and Inclusion Committee helped to inform culturally sensitive early years programming for South Asian families. More such partnerships are needed. • CYMH sector can build on progress made with settlement workers • Lead Agency has relationships via community tables, e.g. Peel's Diversity Roundtable and Mental Health & Addictions Action Table, to help build new partnerships • A pilot program(s) could be co-created with community partners and evaluated for acceptability and appropriateness, as well as clinical outcomes 	<ul style="list-style-type: none"> • Data on diversity elements analyzed to inform strategy • Pilot programs adjusted and replicated • Over time, clients' diversity better reflects the composition of Peel's population

4.3 Goals for your service area

Considering your vision, mission and gaps as identified above, please document two main goals for your service area, one for core services and another for community mental health.

Goal 1:

Review and improve pathways/transitions into, through, and out of Core Services delivery:

- Build on Core Services Delivery Plans' previous work on pathways
- Add enhanced focus on clients' experience of transitions between sectors (e.g. from Child and Youth Mental Health to adult Mental Health and Addictions).

Rationale:

Efforts to improve pathways were part of Core Service Providers' joint work on the Peel Coordinated Intake Network model, later branded as WhereToStart.ca. Progress was also made on coordination between local CYMH and adult access/intake mechanisms: WhereToStart.ca for CYMH services and one-Link for adult Mental Health and Addictions services in the Mississauga-Halton LHIN catchment area. This work was facilitated by Trillium Health Partners, leveraging the hospital's connections with one-Link. Before the 2018 election, the Central West LHIN was developing a new access/intake mechanism for Mental Health and Addictions, and had involved senior staff from the Lead Agency and WhereToStart.ca in its community discussions. However, the mechanism had not been implemented before the current provincial healthcare restructuring, including the dissolution of the LHINs.

Work remains to understand pathways into/through/out of Core Services delivery that do not involve EveryMind.ca. Core Service Provider and/or program-specific pathways remain within and between Core Service Providers, and with external service partners and referral sources, e.g. School Boards, Peel Children's Aid Society, Developmental Services, Youth Justice, Hospitals, and Adult Mental Health. In some cases, there is a good rationale for separate pathways; but from a client perspective, one access point (WhereToStart.ca) provides clarity and simplicity. In addition, multiple entry points can require clients to tell their stories over and over again. Separate pathways have sometimes evolved because sectoral partners have requested their own pathway. Such pathways pose a risk of preventing fair triage based on mental-health need.

An enhanced area of focus will be clients' transitions between service systems. Some work was done in 2018/19 with William Osler Health System on transitioning clients from the hospital's CHAD in-patient unit to community-based support and care, working with the Crisis Response Service operated by EveryMind. Rudimentary discussions also began between EveryMind and CMHA Peel-Dufferin around the need to improve young adults' transitions between CYMH and young-adult services. These sorts of discussions need to continue and expand to include other key partners. As the OHTs mature, new pathways will also be needed from the three Ontario Health Teams (OHTs) within the Peel service area.

Goal 2:

Refine Peel's planning table/mechanism for Community Mental Health:

- Effective – right people at the table; with the right data to support evidence-based decision-making
- Efficient – respectful use of members' time and talents
- Synergistic – with related tables (e.g. Mental Health and Addictions Action Table that is part of the Region of Peel's Community Safety and Well-being Plan)

Rationale:

Creating a community planning mechanism was an early priority in Peel's System Transformation journey. In 2015, the Lead Agency brought multiple child- and youth-serving sectors together for discussions around how best to allocate new funding to Peel's CYMH service system. Several sectors, diverse communities and faith organizations also enthusiastically participated in consultations as part of the development of a recommended "accordion" model for Peel's CYMH community planning table. However, as noted earlier, the first deliverable done through this new model – a Community Asset Inventory of CYMH services/supports provided by other sectors – demonstrated the challenges of this cross-sectoral work, with some sectors either not participating or not completing their data collection.

The Lead Agency understands that with several planning tables in Peel and only so much time to spend on these tables' varying mandates, some sectors have not been able to play as active a role as others. That is why, after the 2018 provincial election and with the uncertainty over the future of the Lead Agency's system-planning role, EveryMind moved away from using Peel's community planning mechanism, instead working with specific sectors where joint work was progressing. Members of the broader community planning table have continued to receive Lead Agency Progress Reports, which have also reported on changes to the provincial landscape that have impacted the Lead Agency's operating context.

With the reinstatement of system-level multi-year planning in 2020/21 and the eventual passing of the COVID-19 crisis, the Lead Agency will focus on refining the community planning mechanism to make it as effective and efficient as possible, and to create synergy with other tables. For instance, the CEO of EveryMind represents Peel's CYMH sector at the Mental Health and Addictions Action Table that is part of the Region of Peel's new Community Safety and Well-being Plan. Opportunities exist with this table, as well as Project Now in Mississauga (which involve three of Peel's four Core Service Providers), to leverage cross-sectoral contributions, refresh the planning table's membership, and create synergy in the table's work.

4.3.1 Core service priorities

From the goals identified above, please list *up to three* priorities aimed at addressing core service gaps in the table below.

The three priorities below arise more from the gap analysis than the new Core Services Delivery goal, which is an over-arching Key Process improvement but does not focus on Core Services *per se*. Two of the three priorities are continuing work that had already been defined and/or begun in previous years' Core Services Delivery Plans/Reports.

Priorities	Description	Objectives	Timelines (yr 1, 2 or 3)
<p>Receive approval for recommended model and implement recommendations from Brief Services redesign (involves EveryMind and AYSP)</p>	<ul style="list-style-type: none"> Peel's Brief Services were reviewed by a CSP working group in 2017/18, and the working group's recommendations were discussed with CSPs' senior leaders in 2018/19. MOH approval is required prior to implementation. Some realignment of Brief Services has occurred because on Apr 1, 2020, EveryMind absorbed staff from Rapport who deliver Brief Services Ministry approval will require submission of Appendix B (reallocation recommendation) following discussions between EveryMind, AYSP and the MOH program supervisor Assuming approval from MOH, proceed with the redesign starting in Year 2 Implementation will include incorporation of the virtual service-delivery option introduced in response to COVID-19. 	<ul style="list-style-type: none"> Objectives of the redesign included: streamline access, improve service efficiency, continue service efficacy (same model), and expand service volume and geographic locations Achieve agreement amongst impacted agencies and MOH with respect to reallocation of funding/staff Ensure continuity of service through the transition to a single provider 	Years 1-2
<p>Review Counselling and Therapy services in the Peel service area (involves all Core Service Providers)</p>	<ul style="list-style-type: none"> All Peel CSPs deliver Counselling and Therapy services Longest waitlists in Peel's CYMH system are for Counselling and Therapy; as such, this Core Service is recommended to receive the 2020/21 CYMH investment for the Peel service area 	<ul style="list-style-type: none"> Understand "who does what" in Counselling and Therapy across the Peel service system, update the service map, and identify service gaps ("Discovery" phase) 	Years 1-3

	<ul style="list-style-type: none"> • Leaders have expressed interest at CSP planning table in learning more about each other's programs within this Core Service • Brief Services reallocation of funding/staff is expected to impact this Core Service • Project will have three phases: <ul style="list-style-type: none"> ○ Discovery – sharing, learning, documenting and analyzing (Years 1-2) ○ Deliverables and Design – What do we commit to achieve? What service redesign gets us there? (Year 3) ○ Approval and Implementation (end of Year 3 and beyond) 	<ul style="list-style-type: none"> • Narrow the options for system changes that could improve service access, effectiveness, efficiency and/or volume • Select areas for system improvements • Develop recommendations and an implementation plan • Obtain approval to proceed 	
<p>Implement Ontario Perception of Care (OPOC) tool as per Provincial Priorities Report #4 and Lead Agency Consortium's recommendation</p> <p>(starts with Lead Agency; will eventually involve all Core Service Providers)</p> <p><i>New priority</i></p>	<ul style="list-style-type: none"> • OPOC is a client-feedback tool used in the adult MHA sector • CAMH has worked with a group of Lead Agencies to develop and pilot a version suitable for use with children, youth and families. CAMH's work on the tool has been delayed but implementation is expected to begin around April 1, 2021. • Lead Agencies are the initial focus of implementation, to be followed by Core Service Providers • MOH is expected to mandate switching to the OPOC as a common client-feedback tool in the CYMH sector 	<ul style="list-style-type: none"> • Similar to CSPs' move to the interRAI ChYMH as a common assessment tool, use of the OPOC by all Peel CSPs would enable aggregated data on a range of quality elements to improve service delivery, inform decision-making and enhance accountability 	Years 2-3

Should one of these priorities (e.g. implementation of Brief Services redesign) conclude before the end of the three-year plan, a future consideration as a new third priority beginning in Year 3 would be:

- Conceptualize Review of Intensive Treatment Services (this review would involve all Core Service Providers).

4.3.2 Community mental health priorities

From the goals identified above, please list *up to three* priorities aimed at addressing community mental health gaps in the table below.

Priorities	Description	Objectives	Timelines (yr 1, 2 or 3)
Continue to explore opportunities to improve Crisis Response Services across the lifespan	<ul style="list-style-type: none"> Builds on foundational work by EveryMind and CMHA Peel Dufferin over the past two years, as reported in EveryMind's System Management Capacity-building Reports Also involves Peel Regional Police, who collaborate with CYMH Crisis Response and are co-responders with CMHA in Peel's new Mobile Crisis Rapid Response Team Opportunities to involve Trillium Health Partners and William Osler Health System (Emergency Department diversion) 	<ul style="list-style-type: none"> Develop a better understanding of the similarities and differences between child/youth and adult crisis response programs, including service-delivery partnerships Identify opportunities to implement system efficiencies between the CYMH and adult Crisis Response programs (e.g. shared technology; shared space) Streamline/simplify Crisis Response in Peel across the lifespan (e.g. one number to call) Strengthen public awareness of Peel's Crisis Response options and people's capacity to obtain the most appropriate help for a mental-health crisis Where appropriate, divert mental-health patients from Emergency Department to community-based service options Where possible, minimize police involvement in mental health crises 	Years 1 to 3
Supported by Project Now, co-lead with Trillium Health Partners the Stepped Care (tertiary prevention) pilot project	<ul style="list-style-type: none"> Project Now is a multi-sectoral suicide prevention initiative in Mississauga led by Trillium Health Partners. The Stepped Care tertiary-prevention pilot is one of three work groups, the other two being: <ul style="list-style-type: none"> Build a Community Around Our Children/Youth (primary prevention; focus on early years, cultural competency, and suicide prevention awareness/education) 	<ul style="list-style-type: none"> Provide the right kind of intensive treatment to children who require a higher level of care that is not currently available in Mississauga Decrease ED visits, ensure the most appropriate use of ED resources, and facilitate keeping the child at home, in school, and in outpatient treatment Incorporate family participation as a critical component of treatment 	Years 1 to 3

	<ul style="list-style-type: none"> ○ Youth Empowering Students for Mental Health or YES4MH (secondary prevention; youth peer support in grades 6-8) ● The Stepped Care pilot will focus on high risk children/youth ages 13-18. Collaborating partners include the Peel District School Board and Dufferin-Peel Catholic District School Board. 	<ul style="list-style-type: none"> ● Follow that care through the continuum using a stepped-care model, supporting children and families when the child transitions to and from a less intensive model of care (through Project Now partnership with EveryMind and the school boards) ● Develop a tertiary prevention model that is scalable to Peel Region, Ontario and beyond 	
<p>Expand Youth Engagement (YE) and Family Engagement (FE) into Child and Youth Mental Health services delivered by broader service sectors</p> <ul style="list-style-type: none"> ● Peel's YE and FE priorities are shifting from the Core Services Delivery Plan to the Community Mental Health Plan ● The YE and FE initiatives are at different stages of development but both have organically begun to spread into Peel's broader sectors 	<ul style="list-style-type: none"> ● Work in Year 1 continues from the YE and FE priorities in the CSDP: <ul style="list-style-type: none"> ○ Implement and evaluate the Peer Youth Support pilot ○ Support the Peel Family Engagement Advisory Committee to obtain core training, define its priorities, create a work plan and reach out to families ● The Youth Peer Support pilot shifts the role of appropriate youth who have completed treatment from Advisor/ Advocate to Support Provider – a new YE direction in Peel ● YE and FE are considering how to move from organic spread to a more intentional expansion into the broader sectors ● The Discovery phase (Years 1- 2) is an opportunity to learn and select sector(s) for future focus from options such as: <ul style="list-style-type: none"> ○ Youth drop-in centres/hubs ○ Family services ○ Schools (provide mental health services; point of commonality to reach most children/youth) ○ Hospitals (patient advisory groups; services for transitional aged youth) ○ Adult mental health/addictions 	<ul style="list-style-type: none"> ● Expand Peel's YE and FE mechanisms to include children/youth and families/ caregivers receiving CYMH support from broader sector partners ● Connect youth who use other community or social services with mental health services and support ● Develop communication strategies to reach youth/families in the broader sectors to increase their knowledge of ways to get involved or stay informed ● Engage youth and families to inform service sectors' access mechanisms, program offerings, service-delivery methods, evaluation and governance ● Empower youth and families to be knowledgeable consumers and navigate a range of service systems ● Provide youth who have completed treatment and families with lived experience the option of training to become peer-to-peer support providers ● Learn from and build synergies with YE and FE mechanisms in other sectors 	Years 1-3

	<ul style="list-style-type: none">Youth and families/caregivers, via Peel's engagement mechanisms, will be part of the Discovery phase and will inform all subsequent work in Years 2 and 3		
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Should any of these priorities be completed before the end of Year 3, the next priority for future consideration is:

- Explore opportunities for collaboration with the Mental Health and Addictions sector (focus on Addictions and on significant service gaps that exist for youth and young adults).

5. Multi-year Service Area Action Plan

Based on the priorities identified above, please describe specific action plans for each priority that will help you to address existing needs and challenges, as well as make improvements to the core services, key processes, pathways and protocols within the service area over a three-year period.

5.1 Action plan template

Priority	Most responsible person (MRP)	Team	Deliverable(s)	Timeline(s)
CORE SERVICE PRIORITIES				
1. Receive approval for recommended model and implement recommendations from Brief Services redesign	Kathy Sdao-Jarvie, Chief Officer, System Planning & Accountability, EveryMind	<ul style="list-style-type: none"> System Management Team, Lead Agency Executive Director and Service Director, AYSP Director of Clinical Leadership & Excellence, EveryMind Core Service Providers' Planning Table EveryMind's Performance Measurement and Improvement staff (support) Program Supervisor, MOH 	<ul style="list-style-type: none"> Agreement by impacted CSPs (EveryMind and AYSP) on redesign Staffing and funding reallocation proposal Implementation plan Ministry approval Communication with stakeholders/public Implementation Evaluation and adjustments 	<p>Year 1: CSP agreement, reallocation proposal, implementation plan and MOH approval</p> <p>Year 2: communications, implementation and evaluation</p> <p>Year 3: service adjustments</p>
2. Review Counselling and Therapy services in the Peel service area	Kathy Sdao-Jarvie	<ul style="list-style-type: none"> System Management Team, Lead Agency Core Service Providers' Planning Table For 'deep dives': clinical managers of all CSPs Consultant as needed for project coordination/support EveryMind's Performance Measurement and Improvement staff (support) 	<ul style="list-style-type: none"> Cross-CSP project team including family/youth voice Project charter and work plan Review including gap analysis Adjusted service map Redesign recommendations including reallocation of funding/staffing, as needed Consensus amongst Lead Agency & CSPs Ministry approval 	<p>Years 1 & 2: Discovery phase – project charter and work plan, review, gap analysis and remapping</p> <p>Year 3: Deliverables and Design phase – areas for system improvement, redesign, and consensus on</p>

		<ul style="list-style-type: none"> • FE/YE manager, coordinators and families/youth • Program Supervisor, MOH 	<ul style="list-style-type: none"> • Implementation plan • Communication with stakeholders/public • Implementation • Evaluation & adjustments 	<p>recommendations to MOH</p> <p>End of Year 3 and beyond: Approval and implementation</p>
<p>3. Implement Ontario Perception of Care (OPOC) tool as per Provincial Priorities Report #4 and Lead Agency Consortium's recommendation</p>	Kathy Sdao-Jarvie	<ul style="list-style-type: none"> • System Management Team, Lead Agency • Core Service Providers' Planning Table • EveryMind's Performance Measurement and Improvement staff • FE/YE coordinators and families/youth • Clinical managers (as needed) • Program Supervisor, MOH • Possible role: CAMH 	<ul style="list-style-type: none"> • Project charter and work plan • Lead Agency staff training • Lead Agency implementation • Client feedback compilation, analysis and reporting • Tool evaluation/adjustment if needed • CSP education and implementation • Service area-wide data compilation and analysis • Service area report to MOH 	<p>Year 2: project charter, Lead Agency's training and implementation, analysis and feedback</p> <p>Year 3: expansion to CSPs – training, implementation</p> <p>Will continue into Year 1 of next 3-year cycle</p>
COMMUNITY MENTAL HEALTH PRIORITIES				
<p>1. Continue to explore opportunities to improve Crisis Response Services across the lifespan</p>	Zoë Dawe, Director, Clinical Leadership & Excellence (EveryMind)	<ul style="list-style-type: none"> • System Management team, Lead Agency • Clinical leaders, EveryMind and CMHA Peel Dufferin • Crisis Response managers/supervisors • FE/YE coordinators and families/youth • Peel Regional Police • Trillium Health Partners and William Osler Health System – inpatient unit (Osler) and emergency departments (both) 	<ul style="list-style-type: none"> • Identification of opportunities for Crisis Support coordination/integration • Selection of areas for system efficiencies • Work plans including technical specifications • Agreements/Memoranda of Understanding and, if needed, funding to proceed • Stakeholder communications • Implementation of changes • Evaluation and adjustments 	<p>Years 1-2: Finish Discovery phase and begin Deliverables/ Design phase (identify/document opportunities; select focus of improvements; define deliverables)</p> <p>Years 2-3: Plans for implementation; agreements/MOUs; communications; begin implementation</p>

				Year 3 and beyond: completion and evaluation
<p>2. Supported by Project Now, co-lead with Trillium Health Partners the Stepped Care (tertiary prevention) pilot project</p>	<p>Zoë Dawe, EveryMind & Pamela Freitas, Clinical Manager (interim), Mental Health, Trillium Health Partners</p> <p>(Tertiary pilot co-leads)</p>	<ul style="list-style-type: none"> • System Management Team, Lead Agency (CEO and Chief Officer sit on Project Now's Executive and Management Committees respectively) • Project co-leads • Other members of work group (includes AYSP, Peel District School Board and Dufferin-Peel Catholic District School Board) • Project Now's PMO, Management and Executive Committees 	<ul style="list-style-type: none"> • Pilot launch with reporting to Project Now's PMO, Management and Executive Committees • Evaluation framework and sustainability plan for future funding • Evaluation of project and implementation of sustainability plan 	<p>Projects is delayed as a result of the pandemic. Adjusted timelines expected to be:</p> <ul style="list-style-type: none"> • Year 1 – delayed launch • Year 2 – regular reporting to PMO, Management and Executive Committees • Year 3 – evaluation; sustainability plan • Beyond Year 3: implementation
<p>3. Expand Youth Engagement and Family Engagement into Child and Youth Mental Health services delivered by broader service sectors</p>	<p>Julia Margetiak, Manager, Access, Intake and Health Information, and Family and Youth Engagement Initiatives; EveryMind</p>	<ul style="list-style-type: none"> • System Management Team, Lead Agency • YE/FE Manager and Coordinators, Youth Peer Support Workers and Peel's YE and FE mechanisms • Key sectoral staff representatives • YE/FE mechanisms in other sectors • EveryMind's Performance Measurement and Improvement staff (support) 	<ul style="list-style-type: none"> • Discovery phase: <ul style="list-style-type: none"> ○ Project charter ○ Work teams that include youth and families ○ Documentation of how/ where YE and FE in Peel's CYMH sector have spread to other sectors ○ Identification of other Peel sectors' YE and FE mechanisms ○ Consultation with successes outside Peel (e.g. Natalie Markoff and Parents Lifeline of Eastern Ontario) • Design & Deliverables phase: 	<p>Years 1-2: Discovery phase</p> <p>Years 2-3: Design/ Deliverables phase</p> <p>Late in Year 3 and beyond: begin to move to Implementation phase</p>

			<ul style="list-style-type: none">○ Identification of potential sector(s) for focus and potential deliverables, including “low lying fruit” for early implementation○ Co-created YE and FE work groups with the selected sector(s) and their engaged youth/families○ Co-developed plans for implementation and evaluation	
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6. Appendix A: Planning and Allocation Template for 2020-21 CYMH Investment Proposal

In the event that the plan identifies a core service provider receiving funding under more than one detail code, please complete one row per core service detail code

Please also complete the included Excel document

[Insert Name of Service Area] Planning and Allocation Template 2020-21 Investment Proposal					
Core Service Provider Name	Community Mental Health Need Being Addressed (please tie this into identified service area gaps and priorities with consideration for performance indicators and performance outputs)	Detail Code	Activity (describe what is being paid for)	Identified Target(s) (increases in data elements for identified detail code)	2020-21 Allocation to Core Provider

By signing below, the lead agency is confirming that all service providers that are identified in the proposal understand and agree to the commitments outlined in the proposal:

Name

Signature

Instructions:

- Please complete and submit this template and submit to your MOH Program Supervisor by **August 17, 2020**.
- Please ensure that the total amount allocated in the plan does not exceed the service area's total 2020-21 investment amount.
- Identify Community Mental Health needs or service gap being addresses (forward any supporting documentation as an appendix to plan).
- Please ensure that proposed activities meet the criteria for investment which includes program and service delivery costs required to establish and/or expand a service (e.g. offer programs/services at a higher frequency, increasing hours of existing staff in order to serve a higher volume of clients, etc.). Associated program cost to the agency (e.g. supervision, administration costs) are also eligible.

Out of Scope: Lead agency system management activities and functions, addressing existing program pressures except in circumstances where the addressed pressure contributes to an increase or measurable improvement in services.

Column Title Descriptions

- Core Service Provider Funding Recipient: the name of the Core Service Provider to that will be contracted to receive funding.
- Community Mental Health Needs being addressed: the rationale for providing the service to address the identified need in alignment with gaps/needs analysis and **Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System**.
- Detail Code: The detail code that the funding will be attributed to.
- Activity: Describe the plan to implement the new service. What are the program and service delivery costs to establish/expand the service?
- Identified Target: Please identify the increase in service data elements that will be achieved with the investment.
- 2020-21 Allocation to Service Provider: Identify the proposed allocation amount to this agency for the specified activity.

Ministry Review Criteria

The ministry will review plans against the following criteria. Where the plan does not satisfy all criteria, the ministry will work with the lead agency to resolve the issue.

Criteria
✓ <i>All sections of the plan have been completed, including all service provider signatures</i>
✓ <i>Plan is consistent with the uses of funding outlined in the funding submission guidelines</i>
✓ <i>If applicable, start-up and/or one-time service-related activities are reasonable and needed, and estimated costs represent value-for-money. There is sufficient rationale to justify the cost.</i>
✓ <i>Plans demonstrate that service needs were identified through past or current community consultation</i>
✓ <i>Plans identify anticipated results and performance measurement</i>
✓ <i>Detailed budgets only include eligible expenditure categories</i>

Child and Youth Mental Health Core Services Detail Codes

Detail Code	Description
A348	CYMH Brief Services
A349	CYMH Counselling/Therapy Services
A350	Crisis Services
A351	Family/Caregiver Skills Building and Support
A352	Coordinated Access and Intake
A353	Intensive Treatment Services
A354	Case Management and Service Coordination
A355	Specialized Consultation/Assessment Services
A356	Targeted Prevention

7. Appendix B – 2021-22 Service Area Resource Reallocation Plan

Please complete the following table if you intend to propose resource reallocations **to implement April 1, 2021**. This table will be used to support a dialogue between the lead agency and the ministry and will be used by the ministry as a key input into service area resource allocation for **April 1, 2021**. It is important to note that where changes are to be proposed the change must be actionable for April 1, 2021.

Service Area	Proposed change and rationale: <ul style="list-style-type: none"> • <i>Detail directly impacted service provider(s), and proposed funding/service target changes</i> • <i>Provide a clear rationale supported by data/evidence</i> • <i>Demonstrate alignment with system goals / priorities and PGR expectations</i> 	Description of community engagement: <ul style="list-style-type: none"> • <i>Describe any discussions to date regarding the proposed change</i> • <i>Outline the confirmed/anticipated stakeholder perspective (impacted service provider; community etc.)</i> 	Proposed Implementation: <ul style="list-style-type: none"> • <i>Outline implementation considerations including timing of proposed change</i> 	Other: <ul style="list-style-type: none"> • <i>Detail any other information you think the ministry needs to be aware of in assessing this proposed change</i>

At the time of submitting this plan, EveryMind is not requesting any realignment of dollars but realignment may be required in-year as the Peel service area begins our Core Services Delivery work (i.e. approval of the Lead Agency’s Brief Services recommendation per the Core Service priorities).

Proposal Summary

Please include a separate proposal summary table for each proposed change identified above. The table should clearly indicate the reallocation of funds and/or service targets from one or more agencies to others.

Example: Proposed Change #1

	Agency A	Agency B	Agency C	Agency D	Agency E
2021/22 Core Service Code	A348	A	N/A	N/A	N/A
2020/21 Allocation	100,000	150,000			
Change being proposed (increase or decrease)	-50,000	+50,000			
2021/22 Proposed Allocation	50,000	200,000			
2020/21 Service targets	50	100			
Change being proposed (increase or decrease)	-25	+25			
2021/22 Proposed Service Targets	25	125			
Rationale	Not enough demand for this service to justify funding allocation.	Waitlist for service will be addressed by the increase in funding.			

Note: The sum of the 2020/21 Allocation row needs to be the same as the sum of the 2021/22 Proposed Allocation row. Please speak to your program supervisor with further questions.

Guidelines and Definitions

Evidence/Supporting Documentation

- Evidence/documentation to support the Lead Agency's proposed resource reallocation recommendation must be linked to the Multi-Year Planning Process: Service Area Planning priorities (either pre-existing or new) and relevant to the proposed change or rationale for proposed change in reallocation between core service providers and/or across CYMH core service and key process detail codes.
- When weighing the evidence/documentation provided, consider:
 - The sufficiency of the evidence (e.g. based on the significance of the proposed change, how many meaningful consultations took place and with how many impacted service providers);
 - The reliability of the evidence (i.e. source of the evidence); and,
 - The timeliness of the evidence (i.e. most current data available)

Non-acceptance of a Lead Agency Recommendation

- Criteria for non-acceptance of a proposed resource reallocation recommendation:
 - Recommendation promotes change that will make significant changes to the service landscape **without** broad consultation, Mental Health and Addiction Programs Branch and stakeholder buy-in, and a well-articulated and understood implementation plan.
 - Recommended change is **not** consensus-based i.e. program supervisor cannot verify that impacted core service providers are in agreement/support of the proposed change.
 - The evidence presented is **not** relevant to the proposed change or does not provide support of the recommended change or the rationale for change.
 - The change **will not** reasonably result in enhanced experience of the service system by children, youth and their families.
- Non-acceptance of a proposed resource reallocation will be communicated to lead agency through the Mental Health and Addiction Programs Branch Director.

Definitions

Significant community concerns: Impacted core service providers express concerns regarding proposed resource reallocation recommendation and the concern is assessed as reasonable.

Clear rationale: Evidence/documentation presented is current, relevant and sufficient to support the recommendation with a direct link to addressing service gaps or service area needs. Upon review of evidence/documentation to support the proposed resource reallocation recommendation, it is at the discretion of the Program Supervisor, to decide if there is a clear rationale for the recommended change.