

November 30, 2021

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



Submitted by EveryMind, Lead Agency, Peel Service Area

Multi-Year Planning Process Peel Service Area Plan, 2020-23

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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

In addition to the Service Area Plan Update template, two appendices are included to further support plan updates:

6. Appendix A – Planning and Allocation Template (**required**)
 - a. This **new** template is to provide information on three potential, scalable options to address service area activities and associated costs to help address identified service area needs/gaps. Planning activities should strive to create aligned and improved service delivery. Further information on this template can be found beginning on page 15.
 - b. **DISCLAIMER:** The request for investment scenarios to address service needs/gaps presented **does not constitute a committed or implied investment from the Ministry.** The information provided in this template will be used by the Ministry to help inform overall policy and decision-making, including decisions on budget allocations. **If new funding becomes available**, the Ministry will provide the opportunity to update to service area plans, as required.
7. Appendix B – 2022-23 Service Area Resource Reallocation Plan (optional)
 - a. This **updated** template will support requests for proposed service area reallocations to be implemented for April 1, 2022. Further information on this template can be found beginning on page 18.

Based on the updated service area needs and priorities, Lead Agencies are asked to provide any updates to their plan, including associated appendices, by **November 30, 2021**.

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 resource re-allocations to better meet local needs, as well as support overall decision making 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.

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 their plan update, including associated appendices, and submit it to their respective Ministry of Health Program Supervisor on or before **November 30, 2021**.

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

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 Senior Kindergarten 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 Mental Health Services (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 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 recent Provincial Priorities Reports (PPRs) of the CYMH Lead Agency Consortium:

1. Common Assessment: implementation of the interRAI ChYMH as a common assessment tool where clinically relevant across 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 (OPOC) tool as a mandated tool across CYMH agencies) – is a Core Services Delivery priority in this plan. A roll out of the OPOC in Ontario's lead agencies occurred in 2021. EveryMind has evaluated its use of OPOC and will share its learnings, areas of strength and opportunities for improvement in early 2022.

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 redesign/optimization 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. More recently, EveryMind partnered with CMHA Peel Dufferin to explore opportunities to improve Crisis Response Services across the lifespan, aligning with the lifespan approach of *Roadmap to Wellness*. With an initial focus on shared technology, in 2021, EveryMind and CMHA launched one number to call for 24/7 Crisis Support for all ages, thereby simplifying access to Crisis Support Services in Peel and Dufferin.

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 emerging increase in demand for CYMH

services continues as Ontario moves beyond the COVID-19 pandemic, even more resources will be needed to address the needs of Peel's children and youth. A component of this need for increased funding is salary parity for community-based CYMH staff with higher-paying sectors (e.g. school boards) to improve staff retention in and attract professional staff to the CYMH sector. Not to increase funding would negatively impact Peel's 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 (18-25 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. The 2020-21 school year was seriously disrupted, 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. With the beginning of the 2021-22 school year, EveryMind as Lead Agency engaged in discussions with the school boards to reassess students' need for and access to mental health services in schools and the community-based system.

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. Mental Health and Addictions Action Table, Region of Peel)

The revised priorities identified in November 2021 for this updated multi-year plan are:

Core Services Delivery

- Optimize Counselling and Therapy Services (involves all Core Service Providers in Peel)
 - Discovery Phase: Develop a common, collective understanding of the service streams provided by each of the four Core Service Partners in this core service, including pathways into, through and out of services, as well as deeper understanding of who we serve
 - Redesign: Develop a collective understanding of what service system improvements are necessary to achieve the most efficient, effective Counselling and Therapy Services within the Peel Service area.
- Implement the Ontario Perception of Care (OPOC) tool as per the Lead Agency Consortium's Provincial Priorities Report #4
 - Implement yearly administration at EveryMind
 - Support a plan for rollout by Core Service Providers (timing to be determined based on decisions made by the Lead Agency Consortium and Ministry of Health)
- Assess Child and Youth Mental Health system capacity to align with the new Family Engagement standard developed by the Knowledge Institute on Child and Youth Mental Health and Addictions
 - Set priorities for 2022-23 that support Family Engagement action planning and system improvements, based on initial results of Peel's Family Engagement survey conducted in partnership with the Knowledge Institute.

Community Mental Health

- Under the Umbrella of 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 activities (YE) into broader service sectors in Peel
 - *4Youth by Youth* pilot project: a collaborative partnership with Peel District School Board and York University, School of Social Work (two-credit course and co-operative educational experience with EveryMind and York University)
- Partner with other service sectors in collaborative initiatives at the regional level, including:
 - Region of Peel – Mental Health and Addictions Action Table of the Community Safety and Well-being Plan
 - Peel Regional Police – Mental Health and Addictions Strategy; Situation Table
 - Health Services Integration Committee of the Region of Peel – advocacy for equitable provincial funding of human services
 - Hills of Headwater Ontario Health Team – Community and Mental Health Support Services Working Group.

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 continued into the current multi-year plan, with the improvement of pathway and transitions identified as the plan's overall Core Services Delivery goal.

After the 2018 provincial election, engagement for the purpose of CYMH system transformation 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, Peel returned to a more regular rhythm of Core Service Provider meetings. While Core Service Providers' efforts since March 2020 have focused on service-delivery and infrastructure changes to operate through the COVID-19 pandemic, there has been 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*. In the summer of 2021, the Lead Agency reached out to the Core Service Providers' leadership table and achieved consensus on the benefits of forming a second operational table at the director/manager level.

This table, which met for the first time in October 2021, will be tasked with implementing the system-level plans made at the senior leadership table.

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 (amalgamated with Peel Children's Centre in 2020 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 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 chapters of the peer support organizations, The New Mentality and Parents for Children's Mental Health, were formed in Peel. Additionally, the Lead Agency implemented a Youth Peer Support pilot that further moved the dial on Youth Engagement.

Currently, Youth Engagement efforts are focused on a pilot project with Peel District School Board and York University, School of Social Work that will provide a co-operative educational experience in leadership, youth engagement, resiliency and mental health for youth and includes a research component. Family Engagement efforts are focused on developing an action plan for improved alignment with the new Family Engagement quality standard co-developed by the Knowledge Institute on Child and Youth Mental Health and Addictions, families and the CYMH sector.

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.

After the 2018 Ontario election, EveryMind's community engagement as Lead Agency (separate from service-delivery partnerships as Core Service Provider) was 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.

In 2020, with the publication of *A Roadmap to Wellness* replacing MOMH and the implementation of the current multi-year planning cycle, EveryMind decided to revisit the community planning mechanism within the context of a

lifespan approach to Mental Health and Addictions services, as well as broader healthcare restructuring. The latter has included the 2019 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 formation of three Ontario Health Teams in the Peel service area.

Francophone and Indigenous Engagement

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. Stakeholder engagement also occurs at local/regional tables related to French Language Services, e.g. the Mississauga Halton French Language Services Community of Practice. 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.

Communication Mechanisms

Peel's Lead Agency initially communicated with broader sector and Core Service Provider audiences via *Peel Region's Lead Agency Progress Report*, a newsletter under the MOMH banner that was distributed by email in both official languages and made available for a broader public on the then Peel Children's Centre website. The last edition was in Winter 2020 prior to the onset of the COVID-19 pandemic.

The Lead Agency is reinstating its system transformation newsletter under the revised contextual framework of *Roadmap to Wellness*, with the inaugural edition planned for the fourth quarter of 2021/22. The [Lead Agency](#) page of the new EveryMind website has been reframed within the context of *Roadmap to Wellness*. Peel's multi-year plan and other documents related to system transformation are available from it by link or download. Peel's coordinated access/intake website, [WhereToStart.ca](#), also provides information on *Roadmap to Wellness* and the Lead Agency's system-level efforts. Both websites are bilingual.

Yearly summaries of System Management efforts have also been captured in the annual reports of Peel Children's Centre and EveryMind, which are shared with 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.

Proposed strategy of engagement for multi-year planning cycle

Probing questions:

- *What are your goals, objectives, priorities and activities? How will you communicate these? How will you evaluate these?*
- *What are the opportunities and challenges you currently face?*

In 2020/21 and 2021/22, Peel's Lead Agency, Core Service Providers and broader sector partners have been focused on responding to COVID-19 and implementing new ways of delivering essential services under pandemic conditions. 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 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 was suspended for several months.

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 been fruitful with back-to-school planning for Counselling/Therapy Services and Day Treatment (part of Intensive Treatment Services). 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 Core Services 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; ongoing delays 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 *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 continues to 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).

With the planned reinstatement of Lead Agency Progress Reports, now framed by the *Roadmap to Wellness*, and the 2020 launch of a new website and communications platform for EveryMind, there are further 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 has been reviewing the Memoranda of Understanding that were catalogued as part of Peel’s earlier Core Services Delivery and Community Mental Health plans. This work provides opportunities to re-engage our partners.

Youth Engagement and Family Engagement have moved beyond the Core Service Provider system into the broader sectors. This expansion is creating opportunities for expanded engagement of youth and families/caregivers as well as broader-sector partners. (See the revised Community Mental Health priority for Youth Engagement. While not an identified priority in this plan, Family Engagement efforts with broader sector partners will be captured in EveryMind’s System Management reporting.) As part of this plan’s 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; Peel District School Board and the Dufferin-Peel Catholic District School Board; 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 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. 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.

This section also includes progress made on priorities identified in Peel’s original 2020-23 multi-year plan prior to the plan’s 2021 update.

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>Multi-Year Plan?</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.	The Peel Coordinated Intake Network (now called WhereToStart.ca) is fully operational but two deliverables remain: <ol style="list-style-type: none"> 1. Develop and implement a youth access mechanism 2. Implement the Central Intake module of EMHware 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.

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 expanding YE into the broader community sectors, including youth drop-in centres/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 but is being re-established. 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 yet reporting via the BI solution as they are not using one of the 6 enhanced CISs). 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.
Remapping of Core Services and Key Processes	Core Services Delivery Plan	Completed	Remapping was done in winter 2019 to better align with PGR #1 (Core Service and Key Process definitions) utilizing 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. The 2019 remapping is being updated in Q3/Q4 of 2021/22.
Review and Redesign of Brief Services	Core Services Delivery Plan	Completed	The review was completed and a redesign drafted in 2018. Implementation was a priority in Peel's original 2020-23 multi-year plan and took effect Apr 1, 2021. (Details on p. 21.)

Review and Redesign of Intensive Treatment Services	Core Services Delivery Plan	Not completed but no longer a priority in multi-year plan	This priority was postponed to enable progress on optimization 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 2022/23. 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 optimization 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 the C&T Core Service.
Optimization 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. In addition, as a result of COVID-19, all CSPs implemented virtual care into their C&T options.
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 and 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	Integration initiative is completed	Was carried forward as a priority in the original 2020-23 multi-year plan. See p. 22 for details on the completed priority.
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.
Receive approval for recommended model and implement recommendations from Brief Services redesign	Multi-Year Plan 2020-23 – Core Services Delivery	Completed	Brief Services have been streamlined with one Core Service Provider, EveryMind, delivering Tangerine Walk-In Counselling. (Currently brief consultations are by appointment due to public health measures to prevent the spread of COVID-19.) Service availability has expanded from 3 days/week to 5 days/week and service is available in person, virtually or by telephone, based on client preference/need. Implementation included improvements to the Tangerine website to enable online requests for appointments. There is no recommendation for reallocation of funding between CSPs, as the other previous provider of Brief Services, AYSP, has retained its A348 funding to be reallocated

			internally following approval of Appendix B for 2022-23. Further changes to the delivery of Brief Services in Peel may be needed to align with the implementation of a provincial virtual “walk-in” clinic (a Lead Agency Consortium initiative that has funding support from the Ministry of Health).
Continue to explore opportunities to improve Crisis Response Services across the lifespan	Multi-Year Plan 2020-23 – Community Mental Health	Initiative portion of the priority is completed; operational alignment work is ongoing	The two providers of Crisis Support Services in Peel – EveryMind (for children/youth/families) and CMHA Peel Dufferin (for older youth/adults) – decided that the technological integration of their Crisis Support telephone systems would be the initiative. That integration has been completed with one number for 24/7 Crisis Support for all ages having gone live in June 2021. Implementation included a public awareness campaign across multiple platforms and targeting key stakeholders (e.g. school boards). Operational work continues on aligning Crisis Support roles between sectors, including police and hospitals, and is now considered part of ongoing operations. Thus, it is no longer identified as a Community Mental Health priority.
Implement and evaluate the Youth Peer Support pilot project (component of Peel’s youth engagement initiative)	Multi-Year Plan 2020-23 – Community Mental Health	This component of the priority related to youth and family engagement has been completed	The Youth Peer Support pilot shifted the role of appropriate youth who had completed treatment from Advisor Advocate to Support Provider – a new direction in Peel. The pilot was successfully completed at the end of Year 1 of the multi-year plan and included adjustments in response to COVID-19 (e.g. shifting to virtual supports in place of in-person). The evaluation occurred in Year 2. The results of the project and its evaluation were presented to CSPs and the broader community at the end of March 2021 and a legacy report is being finalized. In addition to Core Service Providers, the pilot involved organizations in Peel’s Youth Hub and Family Services (counselling) sectors. While the pilot is complete, training of Youth Peer Support workers continues on an ongoing basis. Implementation of Youth Peer Support in Peel will be discussed at the CSP Operational Table to develop a plan for its integration into existing service offerings.
Support the Peel Family Engagement Advisory Committee to obtain core training, define its priorities,	Multi-Year Plan 2020-23 –	This component of the CMH priority related to Youth and Family	The new priority for Family Engagement (see section 4.3.1) is the work plan that arose from completion of this component of the original Family Engagement priority in the multi-year plan. Because the next stage will primarily involve caregivers and staff

create a work plan and reach out to families	Community Mental Health	Engagement has been completed	in Peel's Core Service Provider agencies, the new priority has shifted from the Community Mental Health section of this plan to the Core Services Delivery section.
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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	<p>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.</p> <p>Effective April 1, 2020, the Peel service area for child and youth mental health (CYMH) has four Core Service Providers (CSPs):</p> <ul style="list-style-type: none"> • 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. <p>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").</p> <p>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.</p>
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	<p>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 make strides in advancing youth engagement and was beginning to consider ways to enhance family engagement.</p> <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>
Service area challenges	<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 in the early stages of the pandemic. Since mid-February 2021, year-to-date average weekly new requests for service to</p>

WhereToStart.ca (Peel's coordinated access/intake service operated by EveryMind) have surpassed the same period in 2019. Waitlists are growing, particularly for programs in the Counselling & Therapy core service.

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.

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 the boards' mental health services coordinate and intersect with those delivered by the community-based CYMH sector. This new funding flowed when both school boards and the community sector were singularly focused on figuring out how to deliver their respective services under pandemic conditions, leaving little time for discussion or collaboration. However, in past discussions between Peel's school boards and Lead Agency, and at Peel's CYMH Community Mental Health table, Peel's Boards made it clear that they can deliver level 1 and some level 2 services but rely upon the community-based sector to provide levels 3 and 4 (counselling and therapy, crisis response, specialized consultation and assessment, and intensive treatment services).

As local demand for mental health services mounts – now being seen at WhereToStart.ca (access/intake) and Crisis Response, two of 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 higher levels of mental health need. As noted in the final paragraph of this section, expanded mental health programming in the school boards is drawing staff away from the community-based CYMH sector, contributing to an increasingly serious shortage of professional staff in Core Service Provider agencies.

Looking at others 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).

In 2020/21, EveryMind worked through the remaining 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 Youth & Family Services. The transfer of Rapport’s funding was delayed due to pandemic-related delays in the Ministry’s service-contracting processes. The transfer eventually occurred, and the former Rapport funding is expected to be integrated into EveryMind’s 2021/22 service contract.

At the beginning of the pandemic, EveryMind suspended operations at its Live-in Treatment (out-of-home) sites due to safety issues, e.g. lack of personal protective equipment (PPE). In July 2020 after the PPE supply chain had stabilized, EveryMind resumed these services but has encountered reduced willingness of caregivers to place their children away from home during the pandemic. (Children/youth continued to be supported through other Intensive Treatment modalities.) More recent challenges in providing Live-in Treatment arise from the staffing shortage being experienced at EveryMind and across the CYMH sector (see the last paragraph below). If staffing cannot be maintained at safe levels, EveryMind could be forced either to suspend Live-in Treatment. Consideration to moving away from a 24/7 service model is also underway to ensure maximum efficiency of existing resources.

Another challenge for the Peel service area is not having the two hospital clinics on EMHware or one of the other enhanced Clinical Information Systems (CISs) for inclusion of their data in the Lead Agency’s reporting to the provincial BI solution. Trillium Health Partners was preoccupied with implementing EPIC as the hospital’s new CIS, a transition delayed by the onset of the pandemic. While EPIC has since been implemented, it is unlikely that Trillium’s clinic can consider how it will meet its BI reporting obligations until pandemic-related challenges have stabilized. A more urgent priority for Core Service Providers that use the ChYMH tools (AYSP, EveryMind and Trillium) is the requirement to move away from the interRAI IDEAS research-grade database, which will shut down at the end of January 2022, onto EMHware. This transition is in progress. Trillium is also exploring bringing its intake staff onto EMHware, which would create efficiencies for Peel’s access/intake network.

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.

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>A current challenge for Peel’s Core Service Providers – indeed, for the entire community-based CYMH sector – is the increasingly acute shortage of professional staff. Vacancies have become hard to fill and staff resignations have increased. EveryMind’s exit interviews have shown that many staff leave for higher-compensating jobs in other sectors (e.g. school boards), with some (e.g. psychologists) going into private practice. Increased pay grids for community-based CYMH positions are needed to address the combination of eroded purchasing power from the Bill 124 salary caps and the inequity in salaries/benefits between community-based CYMH and higher-paying sectors that employ staff with the same qualifications. In particular, expanded mental health programming in school boards is drawing staff previously employed in the CYMH community sector. As noted above, the community sector is needed to serve children/youth with more intensive (levels 3 and 4) mental health needs. This situation will become dire if the Province does not take action to address it.</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, which was implemented in Year 1 of this multi-year plan. The Lead Agency also recommended beginning an optimization (discovery phase and redesign) of Counselling and Therapy Services in Peel in Year 2, with all Core Service Providers delivering programs within the Counselling and Therapy core service. Changes from the 2020 service realignment with Nexus and Rapport impacted Counselling and Therapy, as has the recent 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 redesign and new resources.</p> <p>Initial work on the optimization 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. AYSP 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. Both EveryMind and AYSP have been able to expand their Counselling and Therapy offerings as a result of new funding for this Core Service following the Lead Agency’s recommendation that the Ministry’s new 2020/21 investment be directed to this Core Service with Peel’s longest waitlists.</p> <p>EveryMind also worked with Capitalize for Kids in a <i>pro bono</i> partnership with Bain & Company to review and redesign EveryMind’s Counselling model. A new model was implemented 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. The new model also combines former “boutique” programs into two broader programs: Infant, Child Youth and Family</p>

Counselling (ICYF) and Trauma and Abuse Treatment Program (TATP). With a larger pool of staff in these broader programs to take on waiting clients, this realignment is expected to reduce wait times by evening out the flow of clients into EveryMind's Counselling and Therapy program streams.

Turning to Peel's Community Mental Health Plan (CMHP) priorities, following excellent progress between EveryMind and CMHA Peel Dufferin on the coordination/integration of Crisis Support Services across the lifespan, this priority has been removed from the updated multi-year plan. However, Crisis Support service alignment efforts continue as part of ongoing operational work by EveryMind with CMHA Peel Dufferin, Peel Regional Police, William Osler Health System (crisis support to patients being discharged from its Child and Adolescent Department and proposed new urgent care clinic) and Trillium Health Partners (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 absorbed Counselling and Therapy services for transitional aged youth (18-25) previously delivered by Nexus Youth Services and Rapport Youth & Family Services. However, the previous United Way funding for these services did not transfer to EveryMind, which does not qualify for United Way funding.

EveryMind continues to offer counselling for young adults (18-25) using its fundraised surplus but there are long waitlists for this service. Waiting youth have indicated that they are not interested in counselling programs in the adult mental health sector, preferring EveryMind's youth-specific approach. However, expanding this program to meet community need would require funding from the Ministry of Health for CYMH Core Service Providers in Peel to deliver services for transitional-aged youth. AYSP also has a high level of need/demand from some older youth clients to continue to receive treatment beyond their 18th birthday.

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 subsequent remapping in 2018/19 and 2021/22, 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 optimization 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, started with the Lead Agency and over time will 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. The Lead Agency received some of this information from Peel's program supervisor for 2019/20 and in the fall of 2021, requested updates from all CSPs based on their 2020/21 service contracts. Most CSPs' information has been received and will be compiled into an updated Core Services and Key Processes summary for the service area. This data will help the Core Service Provider tables 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 a multi-pronged strategy that includes: process improvement; shifting administrative tasks (e.g. client scheduling) away from clinical staff to an administrative clinic coordinator, thereby increasing clinicians' available hours for direct service; and realignment of programming away from "boutique" specialty programs into broader programs, thereby reducing wait times for the specialized services by having a larger pool of clinicians available to take on waiting clients.

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, is pursuing 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. EveryMind is expected to have achieved accreditation with Accreditation Canada's Primer Program by the end of fiscal 2021-22.

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), Live-in Treatment 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 have re-entered their facilities and resumed 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 a potential new scalable investment – considered Core Service Providers' wait data, recommending infusions of funding to those programs 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 have been one of the Lead Agency's tools of engagement with Peel's Core Service Providers, broader service sectors, and diverse and faith communities. We have also shared 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.

EveryMind has 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 the original multi-year 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 <u>all</u> 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>Inadequate and inequitable provincial funding for CYMH Core Services and Key Processes has resulted in long wait times/lists for services in Peel</p>	<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 Total # of clients who received service coordination (minus Rapport): 3,094 Unique client count is unavailable 	<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"> 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' re-mapping of services, including funding and service targets</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 recommendations for improved definitions in PGR #1. 	Yes	<ul style="list-style-type: none"> 2019 draft service map is being updated in 2021/22 to reflect recent changes in service delivery, staffing, funding and evaluation 	<ul style="list-style-type: none"> Peel's service map will be reviewed and updated as part of the Discovery phase of the optimization 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
<p>System efficiencies can be achieved</p>	<ul style="list-style-type: none"> Agencies become centres of clinical excellence for the 	Yes	<p>Potential redundant services delivered by CSPs</p>	<ul style="list-style-type: none"> Lead Agency and CSPs work together to review/redesign Core Services to increase 	<ul style="list-style-type: none"> For each Core Service redesign:

<p>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)</p>	<p>delivery of specific interventions within core services</p> <ul style="list-style-type: none"> • Improved efficiency and effectiveness • Administrative burden is reduced 			<p>efficiency and effectiveness of services (has begun; see Brief Services below)</p> <ul style="list-style-type: none"> • 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"> ○ Increase in number of clients served with funding ○ Evidence-based interventions to improve service effectiveness ○ Improved outcomes ○ Improved client experience ratings
<p>Counselling and Therapy Services (CTS), provided by all Peel CSPs, need to be redesigned/optimized. Changes to Brief Services have impacted CTS delivery/staffing, as have new investments in this core service, which has the longest waitlists in Peel's CYMH service system. 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 that arose from implementation of Brief Services redesign • Project to begin in Q4 2021/22 with project charter and team • Process to include meaningful youth and family engagement • Discovery phase: review CTS at all CSPs (models of service delivery, evidence base for interventions, client needs, clinical outcomes, client experience etc.) beginning in 2022/23 • Working group recommends redesign features and supports 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 needs/outcomes, program models, staffing and funding allocation will be reviewed.</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 Processes served 534 individuals (2019/20) • wait lists/times for some ITS, e.g. Day Treatment 	<ul style="list-style-type: none"> • Planned review was postponed to focus on optimization of Counselling & Therapy services across CSPs • 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 • Recommendations to Ministry for approval • Implementation 	<ul style="list-style-type: none"> • Redesign implemented. Evaluation to include: <ul style="list-style-type: none"> ○ Service delivery efficiency ○ Clinical outcomes ○ Client experience
<p>Phase 2 of provincial BI solution (phase 1 completed in Peel)</p>	<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 	<p>Yes, although community-based CSPs are all submitting data to the Ministry's BI solution via the Lead Agency</p>	<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 was put on hold because the hospital was 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
<p>Alignment with the new Quality Standards for Youth Engagement (YE) and Family Engagement (FE) published in 2020</p>	<ul style="list-style-type: none"> • Peel's YE and FE processes consistently reflect the new standards' quality principles for YE/FE and use appropriate tools, e.g. the Knowledge 	<p>Yes</p>	<ul style="list-style-type: none"> • While much progress has been made in Peel's YE and FE processes over the past decade with support from the Knowledge Institute, current practices need 	<ul style="list-style-type: none"> • Peel's Lead Agency, FE Coordinator and FE Advisory Committee (whose membership includes caregivers and staff of Core Service Providers) are working on improved alignment with the 	<ul style="list-style-type: none"> • Assessments such as the online Perceptions of Family Engagement survey recently conducted in Peel show high levels of perceived quality on

by the Knowledge Institute on Child and Youth Mental Health and Addictions (formerly the Ontario Centre of Excellence for Child and Youth Mental Health)	Institute's suggested principle-based and project-based action plans.		to be assessed against the new quality standards and where needed, action plans developed for process improvements.	FE standard as an identified Core Services Delivery priority. <ul style="list-style-type: none"> While Peel's YE priority is focused on projects in the Community Mental Health domain, alignment with the new YE standard is part of ongoing quality improvement. 	the part of youth, caregivers and Core Service Provider staff across the quality principles for the respective standard.
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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>
Crisis Support Services (delivered by EveryMind for children/youth and their families in Peel)	<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 	Yes (progress made with launch of one number to call in June 2021; work with partners on service alignment continues)	<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 three years 	<ul style="list-style-type: none"> This was one of the multi-year plan's priorities for Community Mental Health for Years 1 & 2, culminating in the launch of one number to call. 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 	<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:

			<p>towards coordination/ integration of their respective Crisis Response services.</p> <ul style="list-style-type: none"> • 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 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. 	<ul style="list-style-type: none"> ○ 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 potentially one number to call for Crisis Response across the lifespan ○ One overnight response team (a time of low volume on the child/youth response side) ○ Restructuring to achieve efficiencies, e.g. co-location, 	<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 ○ Case management required? ○ Referral to services ○ Client outcomes and experience ○ Methods of data collection
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				shared infrastructure and joint program evaluation	
<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 	Yes	<ul style="list-style-type: none"> • Some of Peel's longest wait times/lists are for youth ages 18-25 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 17-25 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 18-25, 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 connected to the education system 	<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 MHA sectors with MOH
<p>More planning and service partnerships between CYMH and adult MHA sectors are needed</p>	<p>Where appropriate, services bridge the CYMH and adult MHA sectors (see gap analyses above re Crisis Support and services for</p>	Yes	<ul style="list-style-type: none"> • Service gaps are described above for Crisis Support (under Core Services) and TAY counselling and therapy (under 	<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- 	<ul style="list-style-type: none"> • See above

	transitional aged youth)		Community Mental Health)	episode psychosis interventions)	
<p>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</p>	<p>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</p>	<p>Yes</p>	<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) • 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 	<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 • 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 	<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

			<p>conferences for service transition</p> <ul style="list-style-type: none"> • 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 	<p>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>	
<p>CYMH service partnerships with the MCCSS-funded sectors (Child Welfare, Complex Special Needs, Developmental Services, Youth Justice) should be revisited to determine what improvement can be made to better meet the mental health needs of children/youth served by those sectors</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 the right time to best meet their needs 	<ul style="list-style-type: none"> • CEOs and operational leads of Lead Agency and other broader-sector agencies meet at various tables 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 and the other service providers. 	<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 outcomes and client experience
<p>Pathways into and out of child/ adolescent</p>	<p>Child and adolescent patients being admitted and/or</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Work began in 2018/19 with William Osler Health System 	<ul style="list-style-type: none"> • Continue efforts with WOHS around discharge planning 	<ul style="list-style-type: none"> • Discharge planners know how to connect patients to

<p>psychiatric beds from Peel's community-based CYMH services need to be more efficient, effective and client-centred</p>	<p>discharged from psychiatric beds are connected to community-based service(s) for continuing treatment/support</p>		<p>(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</p> <ul style="list-style-type: none"> • Work has not begun yet with Halton Healthcare • This is ongoing, multi-year work 	<p>processes and services to support suicidal youth</p> <ul style="list-style-type: none"> • 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 	<p>community-based services</p> <ul style="list-style-type: none"> • Increase in referrals from inpatient hospital services to community-based CYMH services • Client experience surveys to assess pathways
<p>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 the former Central West LHIN's catchment of WhereToStart.ca as the access mechanism for CYMH services in Peel.</p>	<p>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</p>	<p>Yes</p>	<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 WhereToStart.ca website. • A similar campaign is needed to reach doctors in the Central West LHIN catchment area. 	<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 • Work continues on clarification of CYMH service access points, especially WhereToStart.ca website 	<ul style="list-style-type: none"> • Number of referrals from Peel-based family physicians and pediatricians using the WhereToStart.ca e-referral form
<p>More culturally acceptable and appropriate</p>	<p>Peel residents of all ethnicities, religions, and other elements of diversity are willing to</p>	<p>Yes</p>	<ul style="list-style-type: none"> • CSP staff observe that clients' ethno-cultural backgrounds do not adequately reflect 	<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 	<ul style="list-style-type: none"> • Data on diversity elements analyzed to inform strategy

<p>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>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>Peel's diversity, but the service system has not done an analysis to verify where gaps exist</p> <ul style="list-style-type: none"> • 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) • EveryMind's current Diversity, Equity and Inclusion initiative is reviewing its culture, policies, practices, trainings and relationships 	<p>analysis by the Peel Data Centre to identify under-represented backgrounds as part of a strategy to better serve Peel's diversity</p> <ul style="list-style-type: none"> • South Asian sub-group of EveryMind'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"> • Pilot programs adjusted and replicated • Over time, clients' diversity better reflects the composition of Peel's population
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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 WhereToStart.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 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, EveryMind’s Director, Clinical Leadership and Excellence represents Peel’s CYMH sector at the Mental Health and Addictions Action Table that is part of the Region of Peel’s 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*.

Priorities	Description	Objectives	Timelines (yr 1, 2 or 3)
<p>Optimize Counselling and Therapy services (CTS) in the Peel service area</p> <p>Involves all Peel Core Service Providers (CSPs) as all deliver CTS</p>	<ul style="list-style-type: none"> The longest waitlists in Peel's CYMH system are for CTS; as such, this Core Service was recommended to receive the 2020/21 CYMH investment for Peel Senior leaders have expressed interest at the CSP table in learning more about each other's programs within this Core Service Brief Services reallocation of funding/staff has impacted this Core Service Project will have three phases: <ul style="list-style-type: none"> Discovery – sharing, learning, documenting and analyzing (Years 2-3 of this plan) Deliverables and Redesign – What do we commit to achieve? What service redesign gets us there? (Year 3 and beyond) Approval and Implementation (Beyond the current multi-year plan) 	<ul style="list-style-type: none"> Develop a common, collective understanding of the service streams provided by each of the 4 CSPs in this core service, including pathways into, through and out of services, as well as deeper understanding of who we serve (Discovery) Develop a collective understanding of what service system improvements are necessary to achieve the most efficient, effective CTS services within Peel (Redesign) Narrow the options for system changes and collectively select areas for improvement, develop recommendations and plan for implementation (Deliverables) 	Years 2-3 and beyond
<p>Implement the Ontario Perception of Care (OPOC) tool as per the Lead Agency Consortium's Provincial Priorities Report #4</p>	<ul style="list-style-type: none"> OPOC is a client feedback tool used in the adult MHA sector. CAMH worked with a small group of Lead Agencies to develop and pilot a version suitable for use with children, youth and families. The remaining Lead Agencies, including EveryMind, piloted a CYMH version of OPOC in May 2021. Lead Agencies are 	<ul style="list-style-type: none"> Similar to peel 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 and beyond

	<p>evaluating their results and considering lessons learned.</p> <ul style="list-style-type: none"> • EveryMind will share its results/experience with Peel CSPs in Q4, 2021-22. • EveryMind will implement yearly administration of the OPOC at EveryMind and support the rollout at Peel CSPs • The broader provincial rollout has resource implications for CAMH and CSPs. Timing will be determined by decisions made at the Lead Agency Consortium and Ministry of Health. • Eventually the Ministry is expected to mandate the OPOC as a common client-feedback tool in the CYMH sector. 	<ul style="list-style-type: none"> • Provincially, Lead Agencies will learn from and share their pilot experiences to inform the broader OPOC rollout at other CSPs 	
<p>Assess CYMH system capacity in Peel to align with the new Family Engagement (FE) standard developed by the Knowledge Institute on Child and Youth Mental Health and Addictions (formerly the Ontario Centre of Excellence for Child and Youth Mental Health)</p> <p><i>New priority identified in Nov 2021 update to multi-year plan</i></p>	<ul style="list-style-type: none"> • Work on this priority began with engaged caregivers, Peel CSPs' management and frontline staff, and the Knowledge Institute in Year 2 (2021-22). Progress to date includes completion of orientation and training on the new standard, as well as a baseline measurement survey. • A joint Knowledge Institute/Lead Agency report on the baseline findings will be rolled out in Q3/4. • The findings will be used to set priorities for 2022-23 that support FE action planning and system improvements. 	<ul style="list-style-type: none"> • Objectives include the development of principle-based action plans that reflect the 8 quality statements (or principles) that comprise the FE quality standard. • Evaluation of progress will be both qualitative and quantitative, e.g. <ul style="list-style-type: none"> ○ more caregivers engaged in ways they perceive to be meaningful ○ more staff understanding the FE quality standard and considering it in how they deliver service ○ improved ratings on future surveys of caregivers' and staff's perceptions of Peel's Family Engagement processes. 	<p>Years 2-3</p>

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)
<p>Supported by Project Now, co-lead with Trillium Health Partners the Stepped Care (tertiary prevention) pilot project</p> <p><i>This project is on hold due to THP's current focus on COVID-19 response, but is anticipated to resume in Year 3</i></p>	<ul style="list-style-type: none"> • Project Now is a multi-sectoral suicide prevention initiative in Mississauga led by Trillium Health Partners (THP). 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 the early years, cultural competency, and suicide prevention awareness/education) ○ 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 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"> • Provide the right kind of intensive treatment to children/youth who require a higher level of care that is not currently available in Mississauga. • Decrease Emergency Department (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. • 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, the Province and beyond. 	Year 3 and beyond
<p>Expand Youth Engagement (YE) into the broader service sectors in Peel</p> <ul style="list-style-type: none"> • <i>4Youth by Youth</i> pilot project: a collaborative partnership with Peel District School Board and 	<ul style="list-style-type: none"> • This pilot will offer secondary students a two-credit course and co-operative educational experience to develop their knowledge and skills while gaining practical experience in youth leadership, youth engagement and participatory-action research. 	<ul style="list-style-type: none"> • Engage youth in meaningful ways that foster resilience and promote youth mental health and well-being. • Engage a key sectoral partner in Peel (Peel District School Board) to increase our collective understanding of high-quality YE processes. • Develop a collaborative, culturally sensitive offering that builds protective factors in at-risk (e.g. marginalized/ 	Years 2-3

<p>York University, School of Social Work</p> <p><i>Revised priority in Nov 2021 update to multi-year plan</i></p>		<p>racialized) students to optimize their educational attainment and life skills.</p> <ul style="list-style-type: none"> • Contribute to participatory-action research that increases the field's knowledge of successful YE practices. • Build a scalable co-operative educational model that could be implemented at other school boards. 	
<p>Partner with other service sectors in collaborative initiatives at the regional level</p> <p>Lead agency's work with regional tables supports the multi-year plan's goal to refine Peel's planning table/mechanism for Community Mental Health</p>	<ul style="list-style-type: none"> • Current EveryMind involvement includes: <ul style="list-style-type: none"> ○ Mental Health and Addictions Action Table of Peel's Community Safety and Well-being Plan (EveryMind's Director, Clinical Leadership and Excellence) ○ Peel Situation Table, an initiative of Peel's Community Safety and Well-being Plan that supports individuals at risk of harm or victimization (EveryMind signed the Situation Table's Participation Agreement) ○ Peel Regional Police - Mental Health and Addictions Strategy 2021 (EveryMind provided input to the development of the strategy) ○ Health Services Integration Committee, Region of Peel (EveryMind provides information to support Council's regional integration efforts and advocacy with the Province) ○ Hills of Headwater OHT – Community and Mental Health Support Services Working Group; members include EveryMind's Director, Clinical Leadership and Excellence. (This was the only OHT in Peel that initially made MHA an area of focus. The Hills of Headwater catchment includes the Town of Caledon in Peel Region.) 	<ul style="list-style-type: none"> • Overall objective is to strengthen sectoral collaboration and partnership to better meet the mental health needs of Peel's children, youth and families. Specific tables objectives include: <ul style="list-style-type: none"> ○ MHA Action Table has established 2 youth-oriented goals: <ol style="list-style-type: none"> 1. Promote mental wellness and positive relationships among youth and families 2. Improve access to MHA services and supports for youth by simplifying pathways and coordinating efforts ○ Peel Situation Table: leverages members' expertise to provide timely and effective interventions to reduce/mitigate acute risk factors, including MHA ○ Region of Peel's Health Services Integration Committee: has collaborated with EveryMind and CMHA Peel Dufferin in its advocacy towards addressing funding inequities and MHA system integration challenges 	<p>Years 1-3 and beyond</p>

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. Optimize Counselling and Therapy services in the Peel service area	Kathy Sdao-Jarvie, Chief Officer, System Planning & Accountability, EveryMind	<ul style="list-style-type: none"> System Management Team, Lead Agency Peel CSPs' Senior Leadership and Operational Tables Consultant as needed for project coordination/support FE/YE manager, coordinators and family/youth representatives EveryMind's Performance Measurement and Improvement staff (support) Program Supervisor, MOH 	<ul style="list-style-type: none"> Cross-CSP project team including family/youth voice Project charter and work plan Service mapping and gap analysis Redesign recommendations including reallocation of funding/staffing, if/as needed Consensus amongst Lead Agency and CSPs Ministry approval Implementation plan Communications with stakeholders/public Implementation and report Evaluation and adjustments 	<p>Year 2: Begin discovery phase – project charter and work plan, review, gap analysis and remapping</p> <p>Year 3 and beyond: Deliverables and Design phase – areas for system improvement, redesign, and consensus on recommendations to MOH</p> <p>Beyond Year 3: Approval and implementation</p>
2. Implement the Ontario Perception of Care (OPOC) tool as per the Lead Agency Consortium's	Kathy Sdao-Jarvie	<ul style="list-style-type: none"> System Management Team, Lead Agency Peel CSPs' Senior Leadership and Operational Tables 	<ul style="list-style-type: none"> Work plan Lead Agency staff training Lead Agency implementation Client and caregiver feedback compilation, analysis and reporting 	<p>Year 1: plan for implementation of pilot at Lead Agency</p> <p>Year 2: project charter, Lead Agency's training</p>

<p>(LAC) Provincial Priorities Report #4</p>		<ul style="list-style-type: none"> • EveryMind’s Performance Measurement and Improvement staff • FE/YE coordinators • Caregivers/youth • Program Supervisor, MOH • Possible roles: LAC; CAMH 	<ul style="list-style-type: none"> • Evaluation/adjustment of OPOC tool • if needed • CSP education and implementation • Service area-wide data compilation and analysis • Service area report to MOH 	<p>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>
<p>3. Assess CYMH system capacity in Peel to align with the new Family Engagement (FE) standard developed by the Knowledge Institute on Child and Youth Mental Health and Addictions</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 • Peel’s Family Engagement Advisory Committee • Peel CSPs’ Senior Leadership and Operational Tables • Family Engagement Specialist, Knowledge Institute on Child and Youth Mental Health and Addictions • EveryMind’s Performance Measurement and Improvement staff (support) 	<ul style="list-style-type: none"> • Cross-CSP project team including FE Advisory Committee and FE Specialist from Knowledge Institute • Project charter • Orientation and training of caregivers and CSP staff on new FE quality standard • Administration of baseline survey on caregivers’ and staff’s perceptions on CSPs’ alignment with new standard • Review/report on survey results including gap analysis • Consensus on areas of focus for FE process improvements • FE principle-based action plan for system improvements • Implementation of selected areas for improvement • Evaluation including repeat survey on caregivers’ and staff’s perceptions on CSPs’ alignment with new standard 	<p>Initial stages are done, including administration of the baseline survey and the report on the survey results. Review of the report is ongoing.</p> <p>Remaining for Years 2-3 and beyond:</p> <ul style="list-style-type: none"> • Consensus on areas of focus for FE process improvements • FE principle-based action plan • Implementation of selected actions • Evaluation

COMMUNITY MENTAL HEALTH PRIORITIES

<p>1. Supported by Project Now, co-lead with Trillium Health Partners the Stepped Care (tertiary prevention) pilot project</p>	<p>Zoë Dawe, Director of Clinical Leadership & Excellence, EveryMind & Pamela Freitas, Clinical Manager, Mental Health, Trillium Health Partners (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 • Sustainability plan for future funding • Evaluation of project • 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 2 into 3 – delayed launch • Year 3 – regular reporting to PMO, Management and Executive Committees • Beyond Year 3 – evaluation; sustainability plan; implementation
<p>2. Expand Youth Engagement (YE) into the broader service sectors in Peel</p> <ul style="list-style-type: none"> • <i>4Youth By Youth</i> pilot project: a collaborative partnership with Peel District School Board & York University, School of Social Work (2 credit course and co-op educational experience with EveryMind and York University) 	<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 Manager and Coordinator, EveryMind • Peel District School Board staff (senior leadership; managers responsible for course implementation; teacher) • York University, School of Social Work – research team led by Prof. Maria Liegghio • Youth volunteers for co-design phase • Peel District School Board students for co-op course 	<ul style="list-style-type: none"> • Development & co-design: <ul style="list-style-type: none"> ○ Recruitment of youth volunteers ○ Orientation sessions for youth volunteers ○ Co-design sessions to develop course units on Leadership; Resilience & Youth Engagement; Mental Health & Well-Being; and Celebration/Showcase • Student recruitment: <ul style="list-style-type: none"> ○ Co-op applications, interviews and selection • Delivery of co-op course: <ul style="list-style-type: none"> ○ Orientation ○ In-class portion ○ Co-op placements ○ Summative assignments 	<p>Year 2: Development & co-design</p> <p>Year 3: Recruitment and implementation (course is anticipated to begin in Sep 2022)</p> <p>Beyond Year 3: Evaluation; replication/adjustment of model; scaling to other school boards</p>

		<ul style="list-style-type: none"> • EveryMind’s Performance Measurement and Improvement staff (support) 	<ul style="list-style-type: none"> ○ Celebration/Showcase • Evaluation and next steps 	
<p>3. Partner with other service sectors in collaborative initiatives at the regional level</p> <ul style="list-style-type: none"> • Lead agency’s work with regional tables supports the multi-year plan’s goal to refine Peel’s planning table/mechanism for Community Mental Health (CMH) 	<p>Ceri Harnden, Chief Executive Officer, EveryMind</p>	<ul style="list-style-type: none"> • EveryMind’s Senior Leadership and Lead Agency teams • Region of Peel – members of Council’s Health Services Integration Committee; staff leads of the Community Safety and Well-being Plan initiative, including the Mental Health and Addictions Action Table • Broad range of community sectoral partners at regional collaborative tables, including those mentioned above and the Peel Situation Table • Peel Regional Police – developers of its Mental Health and Addictions Strategy 2021 • Staff and partners at Hills of Headwater OHT’s Community and Mental Health Support Services Working Group 	<ul style="list-style-type: none"> • Use EveryMind’s expertise, networks and resources to support implementation of the tables’ collective-impact deliverables • Towards the goal of refining Peel’s planning mechanism for CMH, assess the relevance of each table: <ul style="list-style-type: none"> ○ Does this table address system challenges in CYMH service delivery? In moving to a lifespan approach to integrating MHA service delivery? ○ Can this table be a platform for achieving the Lead Agency’s CMH priorities or does the table have a divergent purpose? ○ Are key child/youth-serving sectors at the table? ○ Do key sector leaders have adequate time to attend a different/new CMH table? • Decide whether the Lead Agency needs to re-create a CMH planning mechanism and if so, whether the previous “accordion” model is optimal or should change 	<p>Years 1 to 3 (ongoing)</p>