

January 12, 2024

MULTI-YEAR PLAN
2024 – 2027
PEEL SERVICE AREA



Submitted by EveryMind, Lead Agency, Peel Service Area

2024-25 Child and Youth Mental Health Service Area Planning Template

Introduction

Ontario's ***Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System*** is helping to improve mental health services in communities across Ontario. To support *Roadmap* implementation, Child and Youth Mental Health (CYMH) Lead Agencies within each of Ontario's 33 geographical service areas are being asked to continue to provide leadership to the sector and drive local planning in order support the creation of a mental health and addictions system where children, youth and their families have access to the right care, at the right time and in the right place.

As per O. Reg.155/18 section 26(3)(b) of the CYFSA, Lead Agencies are expected to engage all child and youth service providers, including, but not limited to, school boards, child protection services, child development and special needs services, and the broader healthcare sector (e.g., primary care, Ontario Health Teams) to inform the development of a multi-year Child and Youth Mental Health Service Area Plan. They are also expected to engage youth and families as part of the development of their plans. By conducting a thorough assessment of service area needs, focusing on key priorities of the community and establishing a desired end state or vision for the future, Lead Agencies will be better equipped to plan effectively with their community partners for system improvement.

At this time, CYMH Lead Agencies are being asked to complete a new Service Area Plan, beginning a new multi-year planning cycle, in order to re-evaluate service area goals in light of any shifts in service gaps, priorities or strategies, including those that may have been caused by the response to the COVID-19 pandemic (or other factors). The below template follows the structure of the previous Service Area Planning template to support ease of updating. 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 template two appendices are included to further support plan updates:

1. Appendix A – 2024-25 Service Area Resource Reallocation Plan (optional)
 - This template will support requests for proposed service area reallocations to be implemented prior to March 31, 2025. Further information on this template can be found beginning on page 15.
2. Appendix B – 2022-23 Child and Youth Mental Health Service Area Priorities Progress Report

2024-25 Child and Youth Mental Health Service Area Planning Template

- As the 2022-23 Child and Youth Mental Health Service Area Plan represented the final year of the previous multi-year planning cycle, the Ministry is requesting that Lead Agencies complete a progress report for the core service and community mental health priorities identified in their 2022-23 plan using the template provided in Appendix B as a guide (please see page 18).

Based on the updated service area needs and priorities, Lead Agencies are asked to complete their plan, including associated appendices, by **January 12, 2024**.

Each section requires that Lead Agencies, in collaboration with core service providers and key community partners, including school boards, children's aid societies and developmental service providers, collect and present quantitative and/or qualitative information to support their identified priorities and associated action plans. Lead Agencies will be required to analyze and report on the highlights of this information and communicate the meaning or the "so *what*" it has for the service area.

Data submitted via this template will be used by:

- The Ministry to:
 - Inform resource reallocations 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 the associated appendices (if applicable), and submit it to their respective Ministry of Health Program Supervisor on or before **January 12, 2024**. The Ministry will review the plan updates and provide feedback as soon as possible.

2024-25 Child and Youth Mental Health Service Area Planning Template

Table of Contents

| | |
|--|----|
| 1. Executive summary..... | 5 |
| 2. Stakeholder engagement | 9 |
| 2.1 Strategy for engagement..... | 9 |
| 3. Service Area Needs | 26 |
| 3.1 Population sociodemographic profile | 26 |
| 3.2 Other community assets, challenges and opportunities..... | 30 |
| 3.3 Quality and performance..... | 37 |
| 4. Service Area Plan | 43 |
| 4.1 Service Area Vision and Mission Statements..... | 43 |
| 4.2 Gap analysis | 44 |
| 4.3 Goals for your service area | 59 |
| 4.3.1 Core service priorities | 60 |
| 4.3.2 Community mental health priorities..... | 61 |
| 5. Multi-year Service Area Action Plan..... | 63 |
| 5.1 Action plan template | 63 |
| 6. Appendix A – 2024-25 Service Area Resource Reallocation Plan..... | 69 |
| 7. Appendix B – 2022-23 Child and Youth Mental Health Service Area Priorities Progress Report..... | 70 |
| 8. Appendix C – Reference Guide to Acronyms and Abbreviations Used in This Plan | 80 |

2024-25 Child and Youth Mental Health Service Area Planning Template

1. Executive summary

Service area vision and mission

Framed within Ontario's vision for mental health and addictions 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 service area's mission 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 child and youth mental health (CYMH) service area (Peel Region; includes the local municipalities of Brampton, Caledon, and Mississauga) has experienced rapid growth since the 1980s. In the 2021 census, Peel had a population of 1,451,022. The Region has the highest proportion of racialized residents (69%) in the GTA, with immigrants comprising 51.8% of the population – the highest proportion in Ontario. Children/youth/young adults up to age 25 comprise 32.4% of Peel's population, while young adults ages 20-24 and 25-29 are the Region's largest 5-year age groups. Peel has the highest proportion of children in census families in the GTA (42%). 19% of Peel households housed 5 or more persons, the largest proportion in the GTA.

Amongst Peel's socioeconomic risk factors, 31% of children were categorized as 'Vulnerable' on one or more Early Development Instrument (EDI) domains, while 15% were categorized as 'Vulnerable' on two or more EDI domains. 17% of census families are one-parent families. Peel's median individual after-tax income in 2020 was \$34,800, the lowest in the GTA. 29% of Peel households spend more than 30% of their household income on housing costs. The unemployment rate in 2021 was 13.5%, up from 8.2% in 2016.

Peel's CYMH service system

Peel has four CYMH core service providers (CSPs). Two are community-based agencies – EveryMind Mental Health Services (EveryMind; Peel's lead agency) and Associated Youth Services of Peel (AYSP), while the other two are the hospital-based child and adolescent mental health clinics at Trillium Health Partners and William Osler Health System.

2024-25 Child and Youth Mental Health Service Area Planning Template

Assets and achievements

Peel's CSPs have a long 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 service-delivery and planning/advisory partnerships with a broad range of child- and youth-serving sectors and work collaboratively at multiple cross-sectoral planning tables.

Transformation efforts dating back to 2015 at Peel CSPs' planning tables have been productive, with solid progress on three of the four priorities identified in *Better Together*, the fourth Provincial Priorities Report (PPR) of the CYMH Lead Agency Consortium (LAC):

- **Access:** The Peel service area implemented the *WhereToStart.ca* coordinated access/intake partnership, a common intake and screening tool (ChYMH Screener+), an internal case-transfer protocol, and key performance indicators (KPIs).
- **Perception of Care:** The Ontario Perception of Care (OPOC) tool was implemented at EveryMind as part of the LAC's pilot in 2021 and was administered again in 2023, with the results shared on EveryMind's [Lead Agency](#) webpage. EveryMind will support the provincial rollout of the OPOC to CSPs that is planned for the period of this new multi-year plan.
- **Common Assessment:** The interRAI ChYMH was implemented in Peel as a common assessment tool where clinically relevant, including the formation of a collaborative training team that has sustained training for new clinical staff in Peel.

Live-in Treatment, the fourth PPR priority, is captured in this plan's Core Services Delivery priorities and action plan.

Significant progress was also made on past PPR priorities, including meaningful **engagement of youth and families** through the creation of system-level committees, with projects that included a Youth Peer Support pilot and training; work to align with the Knowledge Institute's Family Engagement quality standard; co-development with youth of a course curriculum on leadership, resiliency, and mental well-being (high-school level); and co-created communications for Peel families/caregivers.

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 Peel's data to the Ministry's Business Intelligence (**BI**) solution. **Core Services optimization/redesign** work has included Brief Services (completed), Counselling/Therapy (ongoing), and Intensive Treatment Services (new priority in this plan).

For Community Mental Health (CMH), the conceptualization of a community planning mechanism, in consultation with a broad range of sectors, was an early achievement, as were community input into new provincial CYMH investments and the compilation of an **inventory of CYMH supports** delivered outside the Core Services Delivery system. More recent cross-sectoral collaboration has occurred at the **System Leadership Table** and **Mental Health and Addictions (MHA) Action Table** of Peel's Community Safety and Well-being Plan. EveryMind also partnered with CMHA Peel Dufferin to launch **one number to call for 24/7 crisis support for all ages in Peel**, aligning with the lifespan approach of *Roadmap to Wellness*.

2024-25 Child and Youth Mental Health Service Area Planning Template

Greatest area of need

The greatest CYMH area of need in Peel is for planned, gradual growth in provincial transfer payments. The total Core Services/Key Processes allocation of \$26,950,969 for Peel in 2022/23 served a child/youth (ages birth-17) population of 295,365 (2021 census) – \$91.25 per child/youth and only 50.8% of the average per child/youth CYMH funding in Ontario. While all CYMH Core Services and Key Processes are available in Peel, clients can face extremely long waitlists and/or wait times, and service volumes are far below what Peel's population warrants. If the post-pandemic trend of increasing need for mental health services continues, even more resources will be needed to support current generations of children and youth. A component of this need is salary parity for community-based CYMH staff with higher-paying sectors (e.g., school boards and hospitals) to improve recruitment and retention.

Gaps and challenges

In addition to the severe underfunding of CYMH services noted above, this plan includes a comprehensive gap analysis that informed the selection of the plan's goals and priorities. Additional gaps beyond what this plan's priorities address include:

- Cross-sectoral solutions for children/youth with complex special needs. As the Ministries of Health and Children, Community and Social Services are funding an Integrated Pathway for Children and Youth with Extensive Needs pilot, this gap is beginning to be addressed.
- A lack of CYMH-sector funding for addictions, despite evidence that substance misuse, harmful gaming and social media practices, and disordered eating often begin in the adolescent years.
- A dearth of MHA services for transitional aged youth/young adults (18-25 years). CYMH funding ends at the 18th birthday and the adult MHA system generally does not focus on this age range, which requires a different approach than for mature adults.

Multi-year plan's goals and priorities

This 2024-27 plan's service area goals are:

- Core Services Delivery – Improve access to and simplify pathways/transitions *within* Peel's CYMH sector.
- Community Mental Health – Simplify pathways/transitions *between* Peel's CYMH and related child/youth-serving sectors.

The plan's priorities are:

Core Services Delivery

1. Optimize Counselling and Therapy Services in Peel (with all Peel CSPs; continues from the 2020-23 plan).
 - Complete the current discovery phase to inform next steps.
 - Redesign and obtain Ministry of Health (MOH) approval of recommended changes.
 - Implement and evaluate.

2024-25 Child and Youth Mental Health Service Area Planning Template

2. Improve Mental Health and Addictions data quality (continues from the 2020-23 plan).
 - Contribute to provincial initiatives, e.g.:
 - Rollout of the OPOC tool to Peel's CSPs
 - CYMH reporting through the Province's BI solution
 - Data and Digital Initiative of Ontario Health's Mental Health and Addictions Centre of Excellence.
 - Continue work at Peel CSPs' leadership tables on understanding and use of CYMH data elements and KPIs.
3. Contribute to provincial efforts to improve Intensive Treatment Services (new priority).
 - Seek opportunities to evolve Live-in Treatment (LiT) in Peel within the context of new investments targeted to building a provincial approach to LiT service delivery.
 - Join the Provincial Training Initiative of the Lead Agency Consortium (LAC).

Community Mental Health

1. Align CYMH initiatives in Peel with the broader healthcare and mental health and addictions sectors to leverage ongoing integration efforts (continues from the 2020-23 plan).
 - Examples of collaboration include:
 - Ontario Health Teams – Mississauga, Central West, and Hills of Headwaters Collaborative
 - Mental Health and Addictions Action Table and related tables of Peel's Community Safety and Well-being Plan
 - Trillium Health Partners' MHA services redesign.
2. Support the implementation of the Ministry of Education's Policy/Program Memo 169 in alignment with the integrated CYMH service delivery goals of *Right Time, Right Care* (new priority).
 - Provincial planning with the Knowledge Institute, CMHO, LAC, and School Mental Health Ontario
 - Local planning and pathways simplification with Peel's school boards, CYMH Core Service Providers, and hospitals.
3. Align with and leverage opportunities to advance provincial and local Diversity, Equity and Inclusion (DEI) initiatives (new).
 - Provincially, align with CMHO's racial equity strategy and the LAC's new strategic plan, which includes a strategic objective to advance Inclusion, Diversity, Equity, and Accessibility (IDEA) across the CYMHA system.
 - In Peel, leverage DEI opportunities with broader sectors and tables, e.g.:
 - Peel CAS
 - Youth Wellness Hubs
 - Services for 2SLGBTQ+ youth
 - Indigenous services
 - Regional Diversity Roundtable
 - Anti-Black Racism and Systemic Discrimination Collective of Peel
 - Ethnocultural agencies
 - Newcomer services.

2024-25 Child and Youth Mental Health Service Area Planning Template

2. Stakeholder engagement

2.1 Strategy for engagement

The Ministry expects that Lead Agencies will have engaged with core service providers and other relevant community partners (e.g., school boards, hospitals) in their service area to develop and seek support for their proposed plan updates in order to create consensus-based changes to the greatest extent possible.

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 updates to your multi-year plan and the intended outcomes of your engagement.

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 (CSP) engagement for the purpose of CYMH system planning has evolved in Peel over a quarter century, predating the provincial government's CYMH system-transformation initiatives (*Moving on Mental Health (MOMH)* and *Roadmap to Wellness*). 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 CSP 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 CSPs. 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-

2024-25 Child and Youth Mental Health Service Area Planning Template

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. Terms of reference were drawn up in 2016. This table and its more recent iteration (separate Senior Leadership and Operations Leadership tables) have been the CYMH Core Services Delivery planning mechanisms in Peel ever since. To socialize the MOMH initiative in its initial year, engagement across Peel's CYMH sector also included a meeting of Board Directors of all CSPs, a town-hall meeting for staff from all CSPs, and multiple informal meetings with a range of CSP staff.

In the initial four years of MOMH, Peel's 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 (e.g., to compile funding submissions). 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 senior 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. CSP staff with a range of functions, including frontline, have been and continue to be involved on Family Engagement and Youth Engagement working groups/committees.

The Lead Agency's system-transformation efforts included not only planning, but also process improvement with CSPs, 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 CSPs' 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 will continue in the 2024-27 plan, with improved access and simplification of pathways/transitions within the CYMH system as the new plan's overall Core Services Delivery goal.

After the 2018 provincial election, engagement for the purpose of CYMH transformation planning lost some momentum, reflecting uncertainty over the future of system transformation, including Lead Agencies' System Management funding; transitional challenges from the CYMH sector's move from MCYS to MCCSS, then

2024-25 Child and Youth Mental Health Service Area Planning Template

MOH; an internal focus on service continuity during the COVID-19 pandemic; and the loss of regularity in MOH's annual planning, contracting, and reporting cycle.

With the 2020-23 multi-year plan, Peel returned to CSP planning meetings on a semi-annual rather than quarterly basis. While CSPs' efforts during the 2020-21 and 2021-22 fiscal years necessarily focused on service-delivery and infrastructure changes to operate through the COVID-19 pandemic, there was 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 Peel CSPs' leadership table and achieved consensus on the benefits of forming a second operational table at the director/manager level. This table, which began to meet in October 2021, was tasked with implementing system-level plans made at the senior leadership table. However, planning with two tables may be inefficient, so consideration is being given to returning to one larger 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 CSPs, Nexus Youth Services (which 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 and the hospitals' work with transitional aged youth/young adults.

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 CSPs 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. A chapter of *The New Mentality*, "a community of passionate youth volunteers supported by adult allies who create change in the

2024-25 Child and Youth Mental Health Service Area Planning Template

child and youth mental health system in Ontario,” was also formed in Peel, supported by a memorandum of understanding between Children’s Mental Health Ontario and EveryMind.

Additionally, the Lead Agency implemented a Youth Peer Support pilot that further moved the dial on Youth Engagement, with youth co-designing the pilot, empowering both the Youth Peer Support Workers and the recipients of peer support. Ongoing Youth Peer Support training since the pilot’s conclusion in 2021 continues to empower youth, who are spreading their knowledge and skills across Peel and beyond.

More recently, Youth Engagement efforts focused on a pilot project with Peel District School Board, Dufferin-Peel Catholic District School Board, and York University’s School of Social Work to provide a co-operative educational experience in leadership, youth engagement, resiliency, and mental health for youth, including a participatory research component. While the co-operative course encountered approval barriers at the school boards, EveryMind offered a three-part workshop pilot in the summer of 2023, with implementation, including delivery of the workshop, involving youth who had co-developed the proposed curriculum.

Family Engagement efforts have focused on recruitment of Family Advisors for Peel’s Family Engagement Advisory Committee, co-design of communications to engage and empower families in Peel (available on EveryMind’s [website](#)), and action planning for improved alignment of Peel’s Family Engagement efforts with the new Family Engagement quality standard co-developed by the Knowledge Institute on Child and Youth Mental Health and Addictions with families and the CYMH sector.

Broader sector partners

Peel’s Lead Agency and other CSPs have long been part of several broader-sector planning tables in Peel with a range of mandates. Each CSP also has a range of cross-sectoral Memoranda of Understanding and Agreements to define 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) and funders (Ministries, LHINs and United

2024-25 Child and Youth Mental Health Service Area Planning Template

Way) 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. They 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). 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 2020-23 multi-year planning cycle, EveryMind decided to revisit the community planning mechanism within the context of a lifespan approach to Mental Health and Addictions (MHA) services, as well as broader healthcare restructuring. The latter included the 2019 transfer of CYMH to the Ministry of Health with the adult MHA

2024-25 Child and Youth Mental Health Service Area Planning Template

sector, creation of the Mental Health and Addictions Centre of Excellence within Ontario Health, and formation of three Ontario Health Teams with catchments (or portions thereof) in the CYMH Peel service area.

In October 2020, Peel Regional Council adopted Peel's Community Safety and Well-being Plan (CSWB), which had been jointly developed in partnership with Peel Regional Police and community partners across several sectors to meet the requirements of the *Community Safety and Policing Act, 2019*. The MHA needs of youth is one of the Peel CSWB plan's three areas of focus, with goals to:

- Promote mental wellness and positive relationships among youth and families; and
- Improve access to MHA services/supports for youth by simplifying pathways and coordinating efforts.

To implement the CSB plan's priorities, the Region of Peel established a CSWB system leadership table and five action tables, including a MHA Action Table with Peel's CYMH lead agency and core service providers, as well as organizations in other child-/youth-serving sectors, amongst its members. The MHA Action Table's initial implementation strategies were:

- Establishment of a situation table to mitigate risk in crisis situations.
- Advocacy for an equitable funding formula, with additional funding to address Peel's historic shortfalls.
- Research by the Family and Child Health Initiative at Trillium Health Partners on co-designing mental health care improvements with youth and families.

Because related sectors have devoted staff resources to the MHA Action Table and its strategies align well with the lead agency's multi-year plan, EveryMind's leadership decided not to reinstate the previous community table, but instead to use the MHA Action Table as the CYMH system table. In 2023, EveryMind's Director, Clinical Leadership and Excellence, became the community co-chair of the MHA Action Table.

The 2023-24 MHA Action Table priorities are:

1. Integrating anti-racism and culturally responsive supports, efforts and care.
2. Improving and increasing access to MHA services related to anxiety, depression, schizophrenia and substance use.
3. Co-designing how and where youth/families receive MHA services.
4. Integrating MHA work across healthcare system and community-based organizations.

2024-25 Child and Youth Mental Health Service Area Planning Template

In Spring 2023, Regional Council identified that Peel school boards need resources on community-based CYMH services to redirect students and staff, anticipating the sort of collaboration MOH requires in lead agencies' multi-year plans, and EDU in school boards' mental health action plans. A resource compilation was prepared for the 2023/24 school year. The MHA Action Table has the potential to be one of the instruments for collaboration across CYMH and school boards, although it is too soon to tell.

Finally, a broad range of service sectors participated in the post-doctoral research on CYMH multi-sectoral collaboration in Peel led by Dr. Renée Sloos of York University's School of Social Work, with funding from the academic-industry Mitacs Program and support from EveryMind. This three-year research initiative from 2020-23 aimed to develop a framework for multi-sector collaboration in child and youth mental health. Engagement included a Peel Region-wide health and social service collaboration survey, including analysis of sector connections and discussion of the implications for the Peel community. Dr. Sloos also interviewed service providers and caregivers. Webinars were offered in 2021 to discuss the purpose of the research, in 2022 on the survey findings, and in 2023 on "Best Practices for Multi-Sector Collaboration," the latter covering Dr. Sloos' interviews with caregivers of children who have accessed services as well as local service providers. Senior staff from across Peel's service agencies and family advisors from the system-level Family Engagement Advisory Committee participated in the final webinar, a facilitated dialogue for caregivers and service providers. Out of this conversation, Peel service partners will collaborate on system improvements.

Francophone and Indigenous Engagement

With the Lead Agency also being the identified French Language Services (FLS) 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. At the time of compiling this plan, EveryMind and Équipe de santé familiale Credit Valley are considering options for future FLS collaborative service delivery. Stakeholder engagement also occurs at local/regional tables related to French Language Services, e.g., the Mississauga Halton French Language Services Community of Practice.

2024-25 Child and Youth Mental Health Service Area Planning Template

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| | <p>AYSP continues to be the Indigenous service lead in Peel and provided advice on representatives to be invited to participate as part of the community planning work. As Lead Agency, EveryMind will work collaboratively with AYSB in engagement efforts with the Indigenous agencies in Peel, as needed.</p> <p><u>Communication Mechanisms</u></p> <p>Peel's Lead Agency initially communicated with broader sector and Core Service Provider audiences via <i>Peel Region's Lead Agency Progress Report</i>, 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.</p> <p>The Lead Agency reinstated its system transformation newsletter under the revised contextual framework of <i>Roadmap to Wellness</i>, with a progress report distributed in the first quarter of 2022/23. The Lead Agency page of the new EveryMind website was also reframed within the context of <i>Roadmap to Wellness</i>. 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 <i>Roadmap to Wellness</i> and the Lead Agency's system-level efforts. Both websites are bilingual.</p> <p>High-level 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 and e-blasts on Peel's Family Engagement (FE) efforts, co-produced with family advisors who are members of Peel's FE Advisory Committee.</p> <p>Lead agency communications to the community are currently paused, pending the development of this plan and its priorities, but will resume in 2024.</p> |
| <p>Proposed strategy of engagement for updates to multi-year planning cycle</p> | <p><i>Probing questions:</i></p> <ul style="list-style-type: none"> • <i>What are your goals, objectives, priorities and activities? How will you communicate these? How will you evaluate these?</i> • <i>How will your engagement participants and strategies be targeted to prioritize gaps in knowledge, pathways and services? What outcomes do you expect to generate from your engagement and how will those support the development of your service area priorities?</i> • <i>What are the opportunities and challenges you currently face?</i> |

2024-25 Child and Youth Mental Health Service Area Planning Template

EveryMind recently developed a new stakeholder engagement framework that will guide engagement efforts both internally and at the system level. The diagram below from the framework provides a snapshot of EveryMind's key stakeholders.

EveryMind's Principal Stakeholders*



* This is not a comprehensive portrait but shows key relationships and sectors



2024-25 Child and Youth Mental Health Service Area Planning Template

Core Service Providers (CSPs)

EveryMind as lead agency will continue to engage Peel's four CSPs – AYSP, EveryMind, and the child and adolescent mental health clinics at Trillium Health Partners and William Osler Health System – in planning and implementing the Core Services Delivery priorities in the new 2024-27 plan and will involve CSPs in and/or update them on the Community Mental Health priorities, as appropriate.

Engagement will also continue in ongoing system-level work that was operationalized in earlier stages of CYMH transformation, including:

- WheretoStart.ca coordinated access/intake network, case transfer protocol, and other pathways agreements (e.g., EveryMind's Crisis Response with Osler's CHAD in-patient units and urgent care clinic)
- EMHware CIS and BI Solution reporting (EveryMind and AYSP)
- Peel's interRAI Collaborative Training Team, which has been critical to sustaining the interRAI common screening and assessment tools (Screener+, ChYMH) in the Peel service area
- Youth and family engagement system-level committees.

Prior to the commencement of 2024/25, the Lead Agency will ask the CSPs' senior leaders whether their preference is to:

- Continue with the current two tables (one for senior leaders, the other for operational leaders), bringing the two tables together on certain projects/discussion topics; or
- Return to one larger leadership table (chief officers, directors, and managers) like Peel's planning table in the earlier stages of system transformation under *Moving on Mental Health*. At certain points, it may make sense to include supervisors for operating context, contribution, and alignment of CSP operations with system-level strategic priorities.

Returning to the larger table format would impact AYSP and EveryMind only. (The hospital clinics are represented by their managers at the senior leadership table.) While two tables were introduced to make progress on operational matters, experience has shown that in work such as data collection and discussion, senior leaders have offered critical insights. Also, some clinical operations managers who were members of

2024-25 Child and Youth Mental Health Service Area Planning Template

the larger table have commented that they miss the system-level understanding they derived from that involvement.

Community Mental Health

Engagement around the cross-sectoral priorities identified in the Ministry's instructions for this multi-year plan are covered in the next section on contributing or driving solutions to cross-sectoral challenges.

CMH developments since the development of the 2020-23 plan have included the activation of MHA tables at the local Ontario Health Teams:

- Hills of Headwaters Collaborative was the first OHT in Peel to identify MHA as a priority. EveryMind's Director, Clinical Leadership and Excellence, has been an active member of its Community and Mental Health Support Services Group, while the clinical manager or supervisor responsible for EveryMind's Crisis Response Service have represented EveryMind on the Integrated Crisis Response Working Group for Caledon (north Peel) and Dufferin.
- In fall 2022, the Mississauga OHT identified MHA as a priority and has since established an MHA Planning Table. EveryMind's CEO is a member of this table, which has decided to focus on the adult population with low-complexity depression and anxiety for its initial focus, with a goal of improving quick access to counselling, self-management, and peer supports through evidence-based tests of change. EveryMind has provided input to the table's areas of focus, including the missing CYMH component. It is expected that future work will include the child/adolescent population.
- In early 2023, Central West OHT identified MHA as one of its cQIP areas of focus, aiming to increase overall access to community MHA services to reduce the rate of emergency department visits as the first point of contact for MHA-related care. EveryMind (represented by a clinical manager) and CMHA Peel Dufferin are members of the MHA providers and youth working group, which has focused in 2023/24 on increasing patient and provider awareness of community-based MHA services. Future areas of focus may include: improving the loopback to primary care for patients that access community MHA services; and developing a standardized approach to collecting/integrating data from community-based MHA services.

2024-25 Child and Youth Mental Health Service Area Planning Template

A new working group was established by Ontario Health in Q3 of 2023-24 for Coordinated Access for MHA services across Central Region. The manager responsible for WhereToStart.ca is representing EveryMind.

Also in 2023, Trillium Health Partners established a Mental Health Redesign initiative rooted in but broader than its former “Project Now” child/youth suicide prevention initiative. Project Now’s tertiary prevention Stepped Care pilot was a CMH priority in Peel’s 2020-23 plan, but Trillium suspended work on Project Now to focus on its response to the COVID-19 pandemic. In 2023, Trillium reinstated the project with a broader mental health focus. The initiative continues to have donor and provincial funding. Work included:

- Established a new steering committee co-chaired by Trillium and Mississauga OHT, with former Project Now partners (EveryMind, school boards, and public health) and new partners (AYSP, CMHA Peel Dufferin, Punjabi Community Health Services), as well as patients and families with lived experience.
- Prioritized areas to use 2023/24 Project Now funding:
 - Training on the Columbia Suicide Severity Rating Scale for system-level partners towards the use of the Columbia as a standardized suicide risk assessment tool (it is used at EveryMind, the two hospitals, and in some programs at AYSO)
 - Improved service access for transitional aged youth (TAY) by sustaining EveryMind’s counselling program for TAY (ages 18+) youth until a new pathway can be developed
 - Expanding service capacity at Trillium for child/adolescent and TAY mental health (group and individual therapy)
 - Additional funding for THP’s child and adolescent urgent care clinic to improve access to stabilization service and enable ED diversion and admission/readmission avoidance.

EveryMind’s efforts will continue in 2024 onward to plan and implement a series of transformative CMH initiatives. This will include assessing whether the Peel CSWB plan’s MHA Action Table adequately meets the goals of the 2024-27 plan for cross-sectoral pathways work with school boards and other sectors. Additional engagement mechanisms will be needed for specific cross-sectoral tasks.

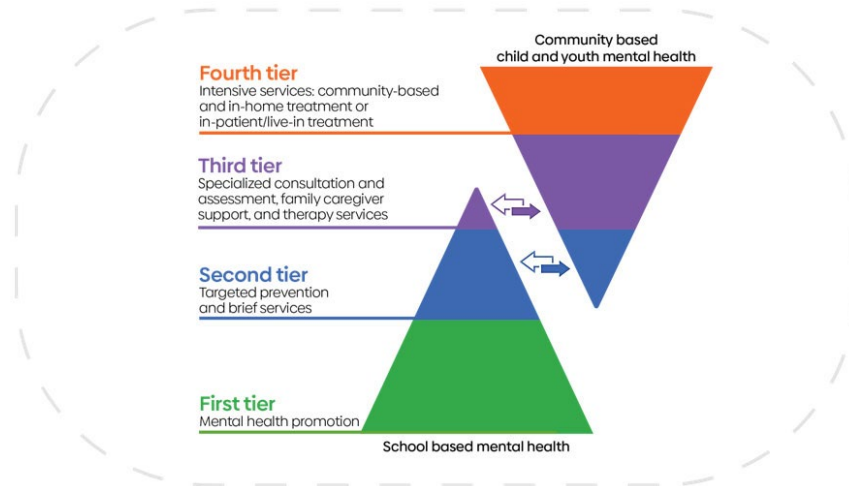
System-level youth engagement and family engagement, with planning mechanisms in place and work focused on ongoing operations and quality improvement (including training), are no longer connected to specific priorities in the 2024-27 plan. However, engagement efforts will continue with youth and caregivers in the CYMH system and partner sectors. These include the 2020-23 multi-year plan’s identified CMH priority to

2024-25 Child and Youth Mental Health Service Area Planning Template

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| | <p>work with school boards to co-develop a youth-informed course on youth mental well-being, which will now be a conversation captured under the umbrella of discussions related to PPM 169 (see the next section).</p> <p>New stakeholder engagement is expected with a broad range of ethnocultural and newcomer agencies as part of the new CMH priority to align with and leverage opportunities to advance provincial and local Diversity, Equity and Inclusion initiatives.</p> <ul style="list-style-type: none"> • Provincial efforts will include ongoing engagement with the Lead Agency Consortium and Children’s Mental Health Ontario. • Local engagement will include: <ul style="list-style-type: none"> ○ Peel Children’s Aid Society ○ Ethno-cultural agencies in Peel such as Roots Community Services, Indus Community Services, Punjabi Community Health Services, the Anti-Black Racism and Systemic Discrimination Collective of Peel, and Brampton Multicultural Community Centre ○ Youth hubs and centres, including Malton Youth Wellness Hub, City of Mississauga Malton Youth Hub, and Rapport’s ECLYPSE Youth Centres ○ Newcomer Centre of Peel and the Peel Newcomer Strategy Group ○ Agencies that serve Peel’s Indigenous residents and 2SLGBTQ+ youth. |
| <p>How do you expect that your engagement strategy will contribute to/drive solutions to cross-sectoral challenges?</p> | <p><i>Joint Local Planning with local school boards (please refer to Ministry of Education’s Policy/Program Memorandum on School Mental Health)</i></p> <p>Aligned with the collective vision in <i>Right Time, Right Care</i> of a school-community system of care, PPM 169 on School Mental Health takes effect in January 2024. EveryMind anticipates that the school boards in Peel (Peel District School Board, Dufferin-Peel Catholic District School Board, Conseil scolaire Viamonde, and Conseil scolaire catholique MonAvenir) will engage in conversations with the CYMH sector around the joint school board/community planning requirements of the PPM. School boards are required to develop a three-year MHA strategy and one-year action plans, as well as:</p> <ul style="list-style-type: none"> • Establish and share relevant information (includes standardized partnerships, protocols, etc.). • Clarify roles and responsibilities at each tier of service, and communicate about available capacity. • Establishing clear pathways to/through/from community-based mental health services. |

2024-25 Child and Youth Mental Health Service Area Planning Template

School boards leadership (superintendents and mental health leaders) are expected to actively engage with and collaborate in local planning related to student mental health and wellness. The PPM specifies that these leaders, the boards, and schools “should engage with other interrelated sectors and service delivery partners as needed, as part of system planning efforts.” The multi-tiered system of support and cross-sectoral service responsibilities are captured in this figure from the PPM.



Peel District School Board (PDSB) has released its 2023-26 strategy and one-year (2023-24) action plan, highlights of which were shared with system partners at Peel’s MHA Action Table meeting in November. A summary is posted at [PDSB Mental Health and Well-Being \(peelschools.org\)](https://peelschools.org), with its priorities being:

- Creating identity-affirming welcome school and classroom environments where all participants are represented and meaningfully/intentionally included.
- Making mental health literacy and promotion a part of everyday classroom and school environments and experiences.
- Building system capacity to understand that racism, ableism, homo/transphobia, classism, and other forms of discrimination impact the mental health and wellbeing of students, families, and staff.

Actions to achieve the board’s priorities include the following that will involve the CYMH sector:

- Enhancing pathways to, through, and from services/care
- Joint local planning with community partners
- Suicide prevention/life promotion (Trillium Health Partners’ mental health services redesign, formerly Project Now, will continue this work with community partners, including CYMH and the school boards).

PDSB is setting up mental health advisory groups “to provide consultation and input as we jointly mobilize our 2023-26 Mental Health and Addictions strategy and Annual Action Plan.” Each advisory group, including one

2024-25 Child and Youth Mental Health Service Area Planning Template

with community partners and faith leaders, will also have representation on PDSB's Mental Health Steering Committee. EveryMind foresees involvement through the advisory group and/or the steering committee.

At the time of writing this multi-year plan, the other three Peel school boards do not appear to be as far along in the joint planning requirement of PPM 169.

EveryMind's engagement with the French school boards to implement the joint plans under PPM 169 should also help to improve French-language school/CYMH pathways and services, as the two French school boards are EveryMind's key French-language service partners.

Complex Needs / Complex Mental Health

Provincially, EveryMind's engagement around serving children/youth with complex or intensive mental health needs includes the Lead Agency Consortium (LAC), Children's Mental Health Ontario, the Ministry of Health (MOH), and the provincial Complex Transition Fund Approval Committee. With the LAC and MOH discussing future directions on intensive/complex needs, a cross-regional planning group may also emerge.

Local engagement to serve children/youth with complex needs/complex mental health needs includes cross-sectoral tables, e.g., the Children's Review Committee of Service Resolution Peel, and local partners (e.g., CHAD in-patient units at William Osler Health System (WOHS); Peel social services for children/youth with complex special needs). EveryMind has begun conversations with WOHS around step-up/down services, building on the Memorandum of Understanding that EveryMind and WOHS have for support from EveryMind's Crisis Response team for patients being discharged from WOHS' in-patient units or urgent care clinic.

EveryMind recently participated as a member of the LAC's Intensive Treatment Services Co-Design Working Group. The LAC is seeking government support and funding to develop and begin to deliver a provincially guided, regionally delivered, joined-up model of community treatment for Ontario children and youth with intensive needs. The LAC intends to collaborate across the province, with MOH and Ontario Health, with subject matter experts (core service providers, clinicians), and with Children's Mental Health Ontario, the Knowledge Institute and other groups to develop and implement an evidence-based model for treatment for children and youth with intensive needs in the community that addresses long-standing treatment gaps, improves equity of access and outcome, and balances the requirement for consistency and standardization of pathways, processes and performance with the optimization of existing investments and capacity, and

2024-25 Child and Youth Mental Health Service Area Planning Template

innovation. This model is intended to align and clarify system roles and responsibilities with a focus on service excellence and improved system function.

Specifically, implementation of this provincial model will:

- **Increase availability of evidence based and specialized clinical treatment** to promote better, more equitable outcomes for children and youth with intensive needs.
- Provide for **provincial co-ordination** of the model, guided by clinical expertise and strategic sector leadership, will provide value for money through timely, consistent, and high-quality treatment.
- Introduce **up to six new Regional Intensive Treatment Networks with Hubs** that will address well-documented and long-standing service gaps by adding specialized treatment capacity and optimized local **Spokes** to enable effective and joined up treatment planning for children and youth with intensive treatment needs.
- **Reduce fragmentation** and increase families' confidence in treatment and ability to navigate pathways.
- **Improve efficiency and effectiveness** of CYMH services with clarity of roles from community to hospital, and reduced burden on existing Live-in Treatment (LiT) providers to admit youth they cannot effectively treat.
- **Enable better alignment of all CYMH services and resources** when new capacity is created to address provincial, regional, and local intensive treatment needs and to clarify roles at the provincial, regional, and local levels, freeing up providers to focus with quality on locally identified treatment needs and opportunities.

A clear and transparent provincial model of intensive treatment will build increased CYMH clinical and program capacity for specialized and intensive assessment/treatment based on evidence and best practice, starting first with LiT and expanding from there. Starting with LiT for children with intensive treatment needs is responsive to the goals of the government's *Connecting Children and Youth to Care Close to Home* investment, the LAC's Provincial Priorities Report, and other longer standing recommendations. Adding specialist clinical capacity and streamlining pathways in, to and from LiT for children with very complex needs will support the whole CYMH system, and particularly intensive services, where it has been struggling to effectively respond, often on a 'one off' basis to these children with insufficient clinical capacity.

2024-25 Child and Youth Mental Health Service Area Planning Template

Better role definition and consistency at all points in the treatment journey will optimize the effective and timely use of specialized health human resources while reducing over-reliance on acute care/hospitals and reducing existing fragmentation and 'one-off' investments that have not improved the underlying challenges.

Connections with Child Welfare

EveryMind's history of connection with Peel Children's Aid includes regular meetings of the CEOs, programming partnerships (e.g., Wraparound Adolescent Team with CAS and AYSP), a referral pathway to EveryMind's Live-in Treatment (the only CYMH Live-in Treatment programs in Peel Region), and discussion of other innovative solutions. For instance, Peel CAS is exploring the establishment of a Youth Wellness Hub within its Trailblazer Youth Centre. Should that occur, EveryMind would explore new youth mental health pathways and service possibilities with Peel CAS beyond our current partnerships.

2024-25 Child and Youth Mental Health Service Area Planning Template

3. Service Area Needs

3.1 Population sociodemographic profile

Please complete the following table with any updates to service area population sociodemographic data using the following indicators.

| Population health indicator by category | Description (if required) | Value | % of total population (where relevant) | Source | Comments |
|--|---------------------------|---------|--|----------------------------------|---------------------------------|
| DEMOGRAPHY | | | | | |
| Number of children and youth from birth to 17 years old (18 years minus one day) | | 295,365 | 20.36% | Single-age data from 2021 Census | As provided by Peel Data Centre |
| Number of children and youth (birth – 3 years) | | 56,055 | | Single-age data from 2021 Census | As provided by Peel Data Centre |
| Number of children and youth (4 – 5 years) | | 30,490 | | Single-age data from 2021 Census | As provided by Peel Data Centre |
| Number of children and youth (6 – 11 years) | | 99,420 | | Single-age data from 2021 Census | As provided by Peel Data Centre |
| Number of children and youth (12 – 14 years) | | 54,165 | | Single-age data from 2021 Census | As provided by Peel Data Centre |
| Number of youth (15 – 17 years) | | 55,230 | | Single-age data from 2021 Census | As provided by Peel Data Centre |
| Number of transition-aged youth (18 – 24 years) | | 151,705 | 10.46% | Single-age data from 2021 Census | As provided by Peel Data Centre |
| GENDER and DIVERSITY | | | | | |
| Gender (birth – 17 years) | Female+ | 143,085 | 48.44% | Single-age data from 2021 Census | As provided by Peel Data Centre |
| | Male+ | 152,280 | 51.56% | Single-age data from 2021 Census | As provided by Peel Data Centre |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| Francophone population (all ages) | Knowledge of English & French | 81,965 | | 2021 Census | Data n/a for ages 0-17 |
| | Knowledge of French only | 1,005 | | 2021 Census | Data n/a for ages 0-17 |
| | First official language spoken - French | 12,385 | | 2021 Census | Data n/a for ages 0-17 |
| | First official language spoken - English & French | 11,580 | | 2021 Census | Data n/a for ages 0-17 |
| | Language most often spoken at home - French | 5,120 | | 2021 Census | Data n/a for ages 0-17 |
| | Mother tongue - French | 10,535 | | 2021 Census | Data n/a for ages 0-17 |
| Indigenous population (all ages) | | 7,430 | | 2021 Census | Data n/a for ages 0-17 |
| New immigrants or newcomers (all ages) | Arrival 2016-2021 | 104,125 | | 2021 Census | Data n/a for ages 0-17 |
| | Arrival 2011-2016 | 88,765 | | 2021 Census | Data n/a for ages 0-17 |
| | Total, 2011-2021 | 192,780 | 13.29% | 2021 Census | Data n/a for ages 0-17 |
| Visible minorities (all ages) | | 990,345 | 68.25% | 2021 Census | Data n/a for ages 0-17 |
| EDUCATION | | | | | |
| Population aged 25+ without a high school diploma | | 75,090 | 7.48% | 2021 Census | Data n/a for aged 20+ |

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.

2024-25 Child and Youth Mental Health Service Area Planning Template

Provincial funding of human services, including child and youth mental health (CYMH), has failed to keep pace with Peel’s rapid population growth over the past four decades. The data below demonstrates the current inequity in funding for CYMH services in Peel.

| 2021 population ages 0-17, Ontario (Census single-age data table for Ontario) | 2021 population ages 0-17, Peel (Census single-age data table for Peel) | % of Ontario’s population ages 0-17 living in Peel, 2021 | MOH’s total CYMH transfer payments, 2022/23 <small>(2022/23 Public Accounts of Ontario, Ministry Statements/Schedules, p. 2-265)</small> | CYMH transfer payments allocated to Peel’s Core Service Providers, 2022/23 <small>(expenditures will be less but are not yet available for all CSPs)</small> | % of MOH’s total transfer payments for CYMH allocated to Peel | Average per child/youth funding for CYMH, Ontario | Average per child/youth funding for CYMH, Peel |
|---|---|---|--|---|--|--|---|
| 2,731,035 | 295,365 | 10.8% | \$490,710,141 | \$26,950,969 | 5.5% | \$179.68 | \$91.25 |

Peel is allocated just 50.8% of its “fair share” of Ministry of Health funding for CYMH services. Similar differentials are found in Provincial funding to Peel’s other human service sectors. Yet Peel’s population grew by 69,000 between 2016 and 2021, the highest share of people in the GTA. While this is a population-based approach to funding, Peel’s CYMH sector has additional service pressures from socioeconomic factors including a young population, cultural diversity, and economic risk.

Socio-economic risk factors (data from 2021 Census unless indicated otherwise):

- 31% of children in Peel were categorized as ‘Vulnerable’ on one or more Early Development Instrument (EDI) domains, while 15% were categorized as ‘Vulnerable’ on two or more EDI domains. *(2018 EDI data, Peel Data Centre)*
- 10% of Peel’s population aged birth-17 lived in low-income households in 2020. While this is a decline from the 18.1% rate in 2015, the drop is being attributed to temporary COVID-19 income support benefits at the time of the Census. (67% of Peel residents aged 15 and over received COVID-19 government income supports and benefits.)
- Peel’s median individual after-tax income in 2020 was \$34,800, the lowest in the GTA.
- 17% of census families in Peel are one-parent families, which are more vulnerable to financial pressures and have less support to weather economic challenges.
- 29% of Peel households spend more than 30% of their household income on housing costs. 15% of Brampton households have 3 or more maintainers (those responsible for payments to run the household), the highest in the GTA. 59,800 Peel households (13.7%) were in core housing need in 2021.
- Peel’s unemployment rate increased to 13.5% from 8.2% in 2016.

2024-25 Child and Youth Mental Health Service Area Planning Template

Families and households (data from 2021 Census):

- Peel has the largest average household size in the GTA. 19% of Peel households have 5 or more persons, the largest proportion in the GTA.
- Peel has the largest proportion of children in census families in the GTA (42%), with an average of 1.8 children per census family.
- 10% of households are multigenerational, shared by three or more generations. This is the highest rate in the GTA.

Age (data from 2021 Census):

- The average age in Peel, at 39, is the youngest in the GTA. Peel has the lowest proportion of seniors (15%) in the GTA.
- Young adult age groups have grown since 2016, likely due to teenagers growing up and the younger age of newcomers (international students and immigrants). Peel's largest 5-year cohorts in 2021 were aged 20-24 (113,810) and 25-29 (110,190).
- The child population, on the other hand, has shrunk slightly since 2016 (310,185 comprising 22.4% of Peel's population in 2016, vs 295,365 comprising 20.36% Peel's population in 2021). It will take another Census to determine whether this is a trend, or if the COVID-19 pandemic temporarily impacted birth rates.

Diversity (data from 2021 Census):

- Peel has the highest percentage of racialized residents (69%) in the GTA. Peel's racialized population was 990,345 in 2021. The racialized population in Peel has increased by 72% since 2006.
- Peel has the highest proportion of immigrants (51.8%) of any region in Ontario, with 104,125 having landed since 2016.
- 50% of people in Peel have a non-official mother tongue.

Demographic differences between Peel's cities (data from 2021 Census):

It is worth noting key demographic differences between the cities that could impact future planning of CYMH services.

- Brampton and Caledon are seeing greater population growth than Mississauga, as new homes are being built on former agricultural lands. Brampton has the highest growth rate among Canada's largest municipalities.
- Mississauga saw a small drop in population since the 2016 census, but intensification in the City Centre and Lakeview areas will likely add to the city's population by the next census.
- Brampton and Caledon have younger populations than Mississauga, as new home construction in Brampton and Caledon is providing dwellings for young families. Mississauga residents are aging in place (adult children moving out while parents remain).
- The predominant household size in Brampton is 5 or more (26%), while the predominant household size in Mississauga and Caledon is two people.
- Median after-tax household income is highest in Caledon (\$113,000) followed by Brampton (\$98,000), then Mississauga (\$89,000).
- The proportion of racialized residents in the municipalities are: 81% in Brampton, 62% in Mississauga, and 33% in Caledon.

2024-25 Child and Youth Mental Health Service Area Planning Template

- Indian is the predominant ethnic origin in Brampton and Mississauga, while Italian is the most reported in Caledon.
- 50% of recent immigrants (2016-2021 arrivals) live in Mississauga, 48% in Brampton, and 2% in Caledon.
- Punjabi is the predominant non-official language spoken most often at home in Brampton and Caledon, while in Mississauga, it is Urdu. (33% of Peel residents speak a non-official language at home.)

3.2 Other community assets, challenges and opportunities

Please indicate any updated forces and/or impacts that may act as assets, challenges or opportunities within your service area (please include qualitative and/or quantitative information to support this, including Child and Youth Mental Health Business Intelligence (CYMH-BI) data where possible).

Updated Service
area assets

Core Services Delivery

As described comprehensively in Peel's 2020-23 plan, historic collaborative relationships across CSPs, small number of CSPs (four: two community-based and two hospital-based), track record of transformative Core Services Delivery initiatives, and system-level youth and family engagement progress continue to be service area assets. Highlights include:

- **Core Services Delivery planning tables** (senior leadership and operational leadership), which provide input to the Peel service area's plans and funding submissions, and co-develop transformation initiatives
- **WhereToStart.ca**, Peel's coordinated access/intake network, a partnership across all core service providers, including a virtual team with members from all Peel CSPs
- **interRAI** common tools (Screener Plus and ChYMH Assessment), which continue to be used at EveryMind and AYSP, and maintenance of Peel's interRAI Collaborative Training Team to ensure sustainability without dependence on external trainers
- **EMHware** common clinical information system (CIS) used by both community-based agencies (EveryMind and AYSP), including a Peel EMHware support team
- **Business Intelligence (BI) Solution reporting** by EveryMind as lead agency for itself and AYSP, with William Osler Health System having submitted a letter of intent to migrate to a CIS option that will enable future reporting to the BI Solution

2024-25 Child and Youth Mental Health Service Area Planning Template

- **Brief Services review and redesign**, with the process having informed the current Core Services Delivery priority to **optimize Counselling/Therapy** services.
- **Youth Engagement and Family Engagement** mechanisms, with involvement of clients, caregivers, and staff from Peel's CSPs on system-level committees, as well as a Peel chapter of The New Mentality, the Children's Mental Health Ontario (CMHO) youth-led advocacy and support organization.
- **One Stop Talk/Parlons maintenant** as a Brief Services option in Peel, including evenings and weekends, and with a French Language Service option.

Community Mental Health (CMH)

Since the *Moving on Mental Health* transformation priorities of 2014-18, when EveryMind created a system-level table with members from across Peel's child/youth-serving sectors, CMH planning has shifted to reflect the priorities of broader health sector transformation, the *Roadmap to Wellness* plan for a lifespan approach to Mental Health and Addictions (MHA) service delivery, and the identification of MHA as one of three areas of focus in Peel's Community Safety and Well-being (CSWB) plan. Current CMH assets include:

- **Peel CSWB plan's Mental Health and Addictions Action Table**, which is currently functioning as the CMH planning mechanism for CYMH, with EveryMind's Director, Clinical Leadership and Excellence, serving as the table's Co-Chair until Dec 31, 2024.
- **Peel Situation Table**, a sub-table created by the Mental Health and Addictions Action Table to provide timely and effective interventions to reduce/mitigate acute risk factors in crisis situations.
- **EveryMind and CMHA Peel Dufferin Crisis Response partnership**, which enabled implementation of one number to call in Peel for 24/7 crisis support for all ages. EveryMind has also supported CMHA's advocacy to secure funding for a 24/7 crisis walk-in for the population ages 16 and older, the design of which received seed funding from the Region and its MHA Action Table in 2022.
- **Local Ontario Health Team** tables focused on MHA:
 - Hills of Headwaters Collaborative OHT's Mental Health and Addictions Working Group and Integrated Crisis Response Working Group
 - Mississauga OHT's Mental Health and Addictions Planning Table
 - Central West OHT's cQIP Mental Health and Addictions Provider/Youth Group.

2024-25 Child and Youth Mental Health Service Area Planning Template

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| | <ul style="list-style-type: none"> • Analysis of multi-sectoral relationships in delivering CYMH services in Peel, a post-doctoral research project by Dr. Renée Sloos of York University’s School of Social Work, supported by EveryMind and with funding from the academic-industry Mitacs Program. This project involved multiple child-/youth-serving sectors, CYMH service providers, and families. <p>In addition to these system-level assets, Peel CSPs have cross-sectoral service delivery partnerships at the agency level (e.g., EveryMind with school boards for Day Treatment; AYSP with the youth justice sector; both agencies with child welfare; hospital clinics with psychiatry, emergency, acute care, and primary care) that benefit CMH planning and relationship-building. CSPs’ existing and developing relationships with grassroots organizations that serve Peel’s diverse communities, and with youth hubs/centres (including the Youth Wellness Hub in Malton), are also benefitting our CMH planning work.</p> |
| Updated Service area challenges | <p><u>Core Services Delivery</u></p> <p>Emerging from the COVID-19 pandemic, there was broad speculation that a “Fourth Wave” of poor mental health and well-being would emerge among children, youth, and families. The growth in numbers of clients at Peel CSPs’ front doors supports this prediction. Key service area challenges in Peel include:</p> <ul style="list-style-type: none"> • Inadequate and inequitable CYMH funding – As demonstrated in section 3.1, Peel receives slightly more than 50% of the average provincial per child/youth funding for CYMH. This level of inequity built up over four decades of rapid population growth without corresponding funding adjustments. • Long wait lists/times – In January 2023, Peel’s CYMH sector had more than 1,650 children and youth ages birth to 17 on waitlists for CYMH core services, including 1,279 waiting for Counselling/Therapy. These were the longest waitlists in the history of Peel’s CYMH sector. An additional 140 were waiting for EveryMind’s counselling program for ages 18-25. In January 2024, waitlists remain long, with 900 children/youth waiting for Counselling/Therapy at EveryMind and 120 youth waiting for Youth Counselling (ages 18+). Also see the gap analysis below for recent data from EveryMind and AYSP that was submitted to the Province’s BI solution. • Recruitment/retention of CYMH staff – The compensation differential between the institutional and community healthcare sectors has created a staffing crisis, as demonstrated in the Ontario Community Health Survey by 10 provincial associations, including Children’s Mental Health Ontario. “This is despite the fact that community health care requires a specialized skillset due to highly complex |

2024-25 Child and Youth Mental Health Service Area Planning Template

patients often facing multiple severe and chronic conditions, often 24/7 service delivery responsibilities and obligations, and limited resources relative to hospitals” (News release, Dec 12, 2023). Staff have also been leaving the CYMH sector for less stressful jobs, private practice, and the private mental health service sector, as mental health is becoming a competitive, mainstream business line within private industry.

- **Limited funding to the CYMH sector for Addictions services** – Peel’s CYMH sector is not funded for addictions other than a very small allocation for Concurrent Disorders. However, the incidence of substance use, problematic social media/gaming, and disorder eating amongst adolescents makes the lack of Addictions funding in the CYMH envelope a service gap. (See the gap analysis, which uses data from CAMH’s 2021 Ontario Student Drug Use and Health Survey). Peel’s MHA Action Table also identified “Increasing focus on youth addictions and treatment options” as a 2022-23 priority for service delivery improvements and access to services.
- **No funding to the CYMH sector for transitional aged (18-21) youth** – Young adults are the fastest growing demographic in Peel but youth ages 18+ are waiting an average of 24 months for EveryMind’s limited Counselling/Therapy program for young adults, which is funded by approval of EveryMind’s Board of Directors using fundraised dollars. The waiting youth are advised of other options at intake, e.g. counselling in Peel’s adult MHA system and Ontario Structured Psychotherapy. However, those waiting prefer Youth Counselling to address their mental health needs. A stopgap may be available through funding for Mental Health Redesign (formerly Project Now) at Trillium to help with the current waitlist, but a new pathway to appropriate TAY services needs to be developed for this underserved demographic. EveryMind’s program is not sustainable at current levels of demand.
- **Culturally appropriate MHA services for Peel’s diverse population** – Peel has a racialized majority (69% of the population) and the highest proportion of immigrants (51.8%) of any region in Ontario. Mainstream agencies’ programs may not be acceptable to these populations. More service-delivery partnerships need to be developed amongst ethno-cultural/newcomer services and the CYMH sector.
- **Lack of public awareness of how to access CYMH services in Peel** – Steps are being taken to address this knowledge gap (see below under “Opportunities”), but more remains to be done, recognizing the tension and ethical dilemma of advertising to the point where the CYMH sector is building waitlists that are impossible to meet, given the supply of services relative to demand.

2024-25 Child and Youth Mental Health Service Area Planning Template

- **Incomplete adoption of Core Services Delivery initiatives** – Examples include:
 - Separate intake processes (e.g., at William Osler Health System) do not use WhereToStart.ca as one coordinated entry point to CYMH services, which impedes the lead agency's ability to provide full system-level data to inform local and provincial decision-making.
 - Despite initial commitments to and training on the interRAI tools, the hospital clinics are not currently using them.
 - The hospital clinics have not come onto EMHware or another CIS that is compatible with the Province's BI solution (and eventually, the provincial data set), although Osler has expressed its intention to do so as it pursues a new CIS.
 - EveryMind adopted the Ontario Perception of Care (OPOC) tool as part of the Lead Agency Consortium's rollout but the provincial-level plan to bring all CSPs onto the tool has been delayed. It is expected to proceed over the period of this new plan.
- **Fiscal system management funding** – EveryMind has established system-level CYMH infrastructure that requires secure funding to ensure sustainability, e.g.:
 - EMHware and staff with expertise to maintain the system, provide user support, extract and analyze data, coordinate with AYSP (and hopefully the hospital clinics in the future), and submit to the BI solution.
 - Related cyber security, system upgrades and expansions, etc.
 - An ever-growing need to lead, strategize, coordinate, integrate, and plan across multiple CMH system transformation initiatives and tables.

While recently renewed fiscal funding is greatly appreciated, the ongoing costs of system management progress need to be recognized with an increase in annualized funding.

Community Mental Health

- **Multiple OHTs, each with different priorities, and a structural bias towards adult MHA** – Three OHTs have portions of their catchment areas in Peel. With different MHA priorities at each OHT, it is a challenge for the lead agency and CSPs to be actively involved in all. In addition, the historically different funding mechanisms and oversight for adult MHA and CYMH have contributed to a lack of understanding of the CYMH sector at the OHTs, compounded by the absence of an operating

2024-25 Child and Youth Mental Health Service Area Planning Template

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| | <p>framework that could be inclusive – e.g., CYMH data doesn’t “fit,” so it cannot be “rolled in” to OHTs’ data quality improvement work.</p> <p>The MHA focuses of each OHT are:</p> <ul style="list-style-type: none"> ○ Hills of Headwaters Collaborative OHT has had a Community and Mental Health Support Services Group from its early days. Amongst a range of initiatives, the OHT has focused on integrated Crisis Response in Caledon (north Peel) and Dufferin. ○ The provincial government has identified Mississauga as an accelerated OHT. MOHT’s recently established MHA Planning Table is focused on quick access to services for adults with low-complexity depression and anxiety. It is expected that future work will include the child/adolescent population. ○ Central West OHT’s MHA cQIP project is focused on increasing overall access to community MHA services to reduce the rate of emergency department visits as the first point of contact for MHA-related care. <ul style="list-style-type: none"> ● Loss of connection with other sectors during the COVID-19 pandemic. The lead agency’s efforts are focused on rebuilding and strengthening relationships, particularly with key sector partners such as school boards, hospitals, and child welfare. ● Larger infusions of mental health funding to school boards than to the community sector. School mental health funding has compounded HHR challenges in Peel’s CYMH sector, as the school boards offer better compensation packages. The growth of new school-based mental health services has also created a need to find new ways to work across our sectors, as identified in <i>Right Time, Right Care</i> and reflected in directions to lead agencies for multi-year planning and to school boards in PPM 169 (joint planning with the community CYMH sector). |
| Updated Service area opportunities | <p>The flipside of many of the challenges identified above is an opportunity. Some key opportunities include:</p> <ul style="list-style-type: none"> ● Optimization of Counselling/Therapy Services in Peel – The largest waitlists in Peel’s CYMH service system are for Counselling/Therapy, with 727 clients waiting on Sep 30, 2023, as per the BI Solution submission for EveryMind and AYSP (Peel’s two hospital clinics are not using BI-compatible clinical information systems). The same submission showed that for Counselling/Therapy, the average service latency (initial contact with agency to start of first core service) was 281 days, with average time on Counselling/Therapy service waitlists at 236 days. In addition, data from new CYMH BI Wait |

2024-25 Child and Youth Mental Health Service Area Planning Template

Time Dashboard Reports indicate that the situation is worsening (for EveryMind and AYSP combined, wait time @ 90th percentile was 338 days for the reporting period April 1, 2022 to March 31, 2023 AND this wait time increased to 379 days for the reporting period April 1 to Sept 30, 2023). As such, achieving more effective and efficient Counselling/Therapy services is critical. This continuing Core Services Delivery priority, currently in its discovery phase, will progress in 2024/25 to discussion on ways to optimize Peel's service delivery capacity and a redesign proposal.

- **Extension of Peel's BI Solution data submissions to additional Core Service Providers** – Current BI data for Peel captures EveryMind and AYSP, whose programs account for 92.5% of Peel's total CYMH funding. While funding to the hospital clinics is a small portion of the overall envelope, the clinics' services are important and should be represented in data being used by the Province for CYMH policy development and funding decisions. Osler has submitted an expression of intent to move to a BI-compatible CIS for CYMH as it develops a new CIS for the hospital. While Trillium is not considering such a move currently, the door is open for future consideration.
- **Expansion of OPOC tool to other Peel CSPs** – As part of the pilot at lead agencies, EveryMind has administered the OPOC twice, learning from its experience, and is prepared to support other Peel CSPs to administer the tool in order to have common Client Experience data for the whole Peel service area to inform local and provincial planning and decision-making.
- **Building a provincial system of Intensive Treatment Services** – The lead agency will seek opportunities to evolve Peel's Live-in Treatment (LiT) within the context of new investments to build a provincial approach to LiT service delivery that better meets the needs of children/youth with complex mental health needs. Joining the LAC's Provincial Training Initiative (PTI) will also provide opportunities to improve the delivery of Intensive Treatment Services and Counselling/Therapy programs. Regional training networks have been asked to select two of the PTI's evidence-informed practices (ARC, trauma-focused CBT, DBT, or Circle of Security Parents) for CYMH system-wide training and in most instances, these regional training networks have already made their selection of evidence-based practices. EveryMind has recently been invited to join the West Region's Training Network and this network has chosen to focus on ARC and Circle of Security. EveryMind will be engaging with our CSPs to ascertain their desire to be engaged in this work.

2024-25 Child and Youth Mental Health Service Area Planning Template

- **Partnerships with other sectors to better meet the mental health needs of Peel’s diverse population** – Examples of collaboration opportunities to develop more culturally appropriate CYMH services and/or to co-locate CYMH services include several partners listed under Stakeholder Engagement on pp. 19-20.
- **Improved pathways between and better coordination of community and school-based mental health services** – 2024-27 provides an opportunity to advance the goals of *Right Time, Right Care: Strengthening Ontario’s mental health and additions system of care for children and young people* to implement a school-community system of care including a collective vision, common foundations, clarified roles and responsibilities, explicit pathways, clear outcomes, and monitoring. The new PPM 169 also outlines requirements for school boards to provide student mental health promotion, prevention and early intervention services, and expectations that they work within the broader provincial system of care to help provide clear pathways to/from more intensive community and hospital-based mental health services.
- **Improved access, simplified pathways, service coordination, and system transformation with MHA sector partners** (community-based MHA services for adults and hospitals’ acute/emergency services) – Despite the frustrations of multiple OHTs, system-level tables, and transformation initiatives in the Peel service area, having the child/youth and adult sectors working together, as well as community-based and institutional programs, will eventually yield lifespan approaches as we collectively work towards the vision of *Roadmap to Wellness*. Examples include:
 - Integrated crisis support services (by age, geographically, and across service systems)
 - Pathways for transitional-aged youth (18-21) from the CYMH service system to adult services
 - Clients in crisis transitioning from hospital emergency departments or urgent care clinics to community-based services and supports
 - Step-up/step-down partnerships between hospital in-patient units and community-based services.

3.3 Quality and performance

Quality and performance indicators are critical for ensuring accountability and assessing the cost-effectiveness of services. There are several indicators that are consistently measured across health and mental health, those indicators selected are: effectiveness,

2024-25 Child and Youth Mental Health Service Area Planning Template

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, including how you will incorporate CYMH-BI data (where possible), 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 CSPs, the Child and Adolescent Mental Health Clinic at William Osler Health System 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. Trauma and Abuse Treatment Program; Dialectical Behaviour Therapy; Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in Adolescents; and groups for anxiety and behaviour issues. 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. More recently, EveryMind replaced its previous Coping Power group, which could not be maintained with fidelity due to a lack of training resources, with Stop Now and Plan or SNAP[®], an Ontario-developed, evidence-based cognitive behavioural model for children struggling with behaviour issues, and their parents.

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 expansion of the Ontario Perception of Care (OPOC) tool from lead agencies (rolled out in 2020/21) to other Core Service Providers is expected to occur in the period of this multi-year plan. Having a consistent client feedback tool in use across the CYMH service system would provide consistent data to enable service area-wide analysis and quality improvement in response to feedback on dimensions of quality.

2024-25 Child and Youth Mental Health Service Area Planning Template

The optimization of Counselling and Therapy Services – a Core Services Delivery priority carrying forward into this plan – will consider quality and performance indicators, as will the new priority to contribute to provincial efforts to improve Intensive Treatment Services. The latter includes the Lead Agency Consortium-led Provincial Training Initiative (PTI) and evolving Peel's Live-in Treatment (LiT) within the context of new provincial investments and a provincial approach to LiT service delivery to better meet the needs of children/youth with complex mental health needs. While EveryMind has been invited to join the West Region's Training Network, discussion with our CSPs has yet to occur. They will be invited to join this already established training network, and most likely will participate if the chosen evidence-based interventions meet the needs of their clients and caregivers.

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 of reliable quality can be shared. It has been a challenge for EveryMind to obtain accurate data on funding allocation, FTEs, service targets, and the full range of data elements for all Peel CSPs. The Lead Agency appreciates the information that the Ministry has shared, as well as CSPs' data that has been compiled into an updated Core Services and Key Processes summary, including TPO data elements and KPIs. 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 (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.

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. In 2023/24, MOH made one-time funding available to CSPs that wish to switch to one of the clinical information systems that are compatible with the BI solution. The child and adolescent clinic at William Osler

2024-25 Child and Youth Mental Health Service Area Planning Template

Health System submitted a letter of intent for a future switch, as their current priority is focused on the RFP process for obtaining a new clinical information system for the hospital.

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

- AYSP's recognition that length of treatment in its previous Challenges 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 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 what is 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 Qmentum accreditation with Accreditation Canada, building on its current Accreditation Canada Primer accreditation, which replaced previous accreditation with the Canadian Centre for Accreditation. As a healthcare accreditor, Accreditation Canada's standards are more focused on client and staff 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 Qmentum accreditation by early in fiscal 2024-25.

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

2024-25 Child and Youth Mental Health Service Area Planning Template

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 and reporting to Children's Aid, the office of the Ombudsmen, and the Ministry's Serious Occurrence Reporting system. For EveryMind, the only Peel CSP that provides Live-in Treatment, licensing regulations and a newly established Quality Standards Framework implemented on July 1, 2023, provide a further framework to mitigate risk to clients.

Part of risk mitigation rests in agencies' People and Culture 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, 2017, 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 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 time data. For those on EMHware, wait time/wait list data are available as reports. In addition, submission of BI data also allows for the monitoring of wait time data. Wait time data not only serves as an indication of timeliness, but also helps managers plan for additional services or examine alternative methods of service delivery. An example is the changes EveryMind implemented in its Counselling programs following 2019/20 work with Capitalize for Kids and Bain & Company (see above under "Effectiveness"). In the first two months 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 the previous 2022-23 multi-year 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.

2024-25 Child and Youth Mental Health Service Area Planning Template

CSPs' collection of client feedback includes Timeliness of service as a quality indicator. The Lead Agency recognizes that Timeliness is consistently the lowest ranked 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.

The concept of quality is critical to excellence in healthcare. There is no single, commonly accepted definition of quality but one of the most influential quality frameworks, put forward by the Institute of Medicine (2001), sets out six domains or dimensions of quality for health care systems: **safe, effective, patient/client-centred, timely, efficient, and equitable**. In reviewing these domains with clients and caregivers, the Institute added **continuity of care** as a seventh dimension. As such, all seven dimensions frame the quality treatment standards at EveryMind, including the following three that are not part of this multi-year plan template:

- **Client-centred:** Services are provided in partnership with children, youth and families in a manner that is respectful of and responsive to client needs, while taking into account their values, preferences and expectations in an environment where they are listened to and free to express themselves without fear of judgement or rejection.
- **Continuity of Care:** Clinical services are well coordinated across programs, among service providers and organizations, and over time.
- **Equitable:** Services are provided to clients in an equitable manner that takes into account the social determinants of health and does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socioeconomic status.

These seven dimensions guide all evaluation and CQI activities at EveryMind, and are congruent with our organizational values. Explicitly articulating these dimensions makes it easier for clients and caregivers to understand what we mean when we refer to high quality service.

2024-25 Child and Youth Mental Health Service Area Planning Template

4. Service Area Plan

Please share your Lead Agency’s vision, mission, values and strategic directions for the service area.

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.

Roadmap to Wellness: A Plan to Build Ontario’s Mental Health and Addictions System (2020)

4.1 Service Area Vision and Mission Statements

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| Service area vision statement | 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. |
| Service area mission statement | 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 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 and act to achieve equity and inclusion
- To think and act as a cohesive service system that leverages collective impact
- 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.

2024-25 Child and Youth Mental Health Service Area Planning Template

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.

EveryMind added a Statement of Guiding Principles and Values that derives from the historical collaboration of Peel's Core Service Provider (CSP) partners. All 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's Lead Agency team reviewed these framing statements with Peel CSPs' senior leaders in December 2023 as part of a discussion on the new 2024-27 plan. Based on this discussion, minor updates have been made to the original 2020 statement to emphasize action on diversity and cross-sectoral collective impact.

4.2 Gap analysis

Please provide information on 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.

2024-25 Child and Youth Mental Health Service Area Planning Template

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). Include, where applicable, data to support this analysis (e.g. CYMH-BI data).</i> | | | | |
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| 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 & inequitable provincial funding of CYMH services has resulted in long wait times/lists for services in Peel.</p> | <ul style="list-style-type: none"> Funding to serve 12.7% of Peel's child/youth population ages 0-17 (based on the rate of diagnosed mental health disorders in childhood)* Service capacity: 0.127 x 295,365 = 37,511/year in Peel <p>* Barican et al, "Prevalence of Childhood Mental Disorders in High-Income Countries."</p> | Yes | <ul style="list-style-type: none"> 2022/23 allocation for Core Services and Key Processes in Peel: \$26,950,969 CYMH funding per child/youth in Peel: \$91.25 Average CYMH funding per child/youth in ON: \$179.68 Clients waiting as per BI data submitted Sep 30/23 for EveryMind and AYSP: 1,033 Wait times in Sep/23: 7 weeks for intake interview; 8-12 months for Counselling and Therapy Services (CTS); | <ul style="list-style-type: none"> Increase provincial/federal funding. New service partnerships with adult MHA sector to serve older youth. Other sectors, e.g., schools, could deliver some Level 2 (Targeted Prevention) services. Tertiary service providers deliver services to clients with intensive and/or complex needs across several service areas. Operational efficiencies to serve more clients. Service delivery modes that can serve more clients in a | <ul style="list-style-type: none"> New population-based funding allocation formula implemented. Annual funding for 37,511 unique clients across Peel's CYMH sector, phased in to enable well planned and executed service growth. Predictable, periodic funding increases to |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| | <p>20% is the estimated prevalence of mental health challenges as per the Mental Health Commission of Canada, including those who have not had a formal diagnosis; but capacity to serve 12.7% of the child/youth population would be tremendous progress.</p> | | <p>16 months for in-home Intensive Treatment Services (ITS)</p> <ul style="list-style-type: none"> • 2022/23 Core Service & Key Process targets: <ul style="list-style-type: none"> ○ Combined targets for Peel's CSPs:* 19,187 ○ Clients eligible for/ consented to receive services at WhereToStart.ca, i.e. Access/Intake: 7,823 <p>* A unique client count for Peel's CYMH sector is unavailable and cannot be calculated</p> | <p>shorter period, e.g., more group treatment modalities supplemented by fewer one-to-one services, delivered only to those who require this modality.</p> | <p>reflect population growth.</p> <ul style="list-style-type: none"> • Increased efficiencies from optimizing Counselling/ Therapy and Intensive Treatment Services as per this multi-year plan. |
| <p>Counselling & Therapy Services (CTS), provided by all Peel CSPs, need to be optimized. Changes to Brief Services impacted CTS delivery and staffing, as did new MOH investments. CTS have the longest waitlists and some of the longer wait times in Peel's CYMH sector. We anticipate opportunities to</p> | <ul style="list-style-type: none"> • Maximum service delivery is achieved for the funding received. • Interventions are effective (evidence-informed or evidence-based) and include group modalities where appropriate. • Wait times are no more than a few weeks, with Brief and Crisis Response services providing support until longer term Counselling becomes available. | <p>Yes</p> | <ul style="list-style-type: none"> • All Peel CSPs deliver CTS. Some have specialized programs, e.g., sexual abuse treatment at EveryMind and YBB at AYSP for youth who identify as 2SLGBTQ+. CSPs use a range of interventions and modes. • Funding allocated to Peel for CTS in 2022/23: \$7,800,951. • 2022/23 combined targets for CTS across Peel's CSPs: 2,726* • Peel has long wait times and lists for community-based CTS as per the Sep 30/23 BI submission for EveryMind and AYSP: <ul style="list-style-type: none"> ○ Average service latency: 281 days | <ul style="list-style-type: none"> • This project began in 2022/23 with the collection of current state data and service descriptions. • Discovery phase (ongoing; to conclude in Mar 2024): Review CTS at all CSPs including pathways, models of service delivery, evidence base for interventions, client needs, clinical outcomes, and client experience. • Process includes meaningful youth and family engagement • 2024/25: A working group, supported by the Project Lead, will recommend redesign features and an evaluation framework. • CSP leadership discussion and decisions | <ul style="list-style-type: none"> • Evaluation of redesigned services to include measures of: <ul style="list-style-type: none"> ○ Access/ pathways ○ Clinical outcomes ○ Efficiency ○ Client experience |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| <p>simplify access, gain efficiencies, and improve effectiveness of CTS services.</p> | | | <ul style="list-style-type: none"> ○ Average time on service waitlists: 236 days ○ Count of clients on waitlist: 727 <p>* A unique client count for Peel's CYMH sector is unavailable and cannot be calculated</p> | <ul style="list-style-type: none"> ● Recommendations to Ministry for approval as needed (e.g., Appendix A, Funding Reallocation) ● Lead Agency and CSPs implement changes | |
| <p>Intensive Treatment Services (ITS) are the CYMH Core Service with the highest costs per intervention. In-home ITS have the longest wait times in Peel. ITS need to be as effective and efficient as possible.</p> | <ul style="list-style-type: none"> ● ITS in Peel provide evidence-informed/ evidence-based services, delivered in home/day treatment/live-in treatment, for children/youth who require intensive treatment. ● As specialized services, ITS are part of a provincial service network to ensure that children/youth across Ontario can access ITS, even if the service they need is not offered in their local region. | <p>Yes</p> | <ul style="list-style-type: none"> ● ITS are delivered in Peel by EveryMind and AYSP. Both provide in-home services, while EveryMind also offers live-in treatment (LiT) and day treatment. ● EBPs include DBT and MST at AYSP, while EveryMind's ITS are guided by the ARC trauma and attachment framework. ● \$8,054,081 or 32% of Peel's CYMH funding was allocated for ITS in 2022/23, with combined service delivery goals of 579. ● Osler provides Day Tx funded by a different envelope. Trillium is exploring options to offer Day Tx. ● The LAC, with MOH funding, has a provincial training initiative for 4 EBPs: ARC, trauma-focused CBT, DBT, and Circle of Security Parents | <ul style="list-style-type: none"> ● Client needs and outcomes, pathways, program models, funding allocation, and staffing could be reviewed in Peel. With two ITS providers (AYSP and EveryMind), better coordination/integration may be possible. ● Peel CSPs could participate in the LAC's Provincial Training Initiative (PTI) to expand the use of selected EBPs or ensure fidelity where they are already in use. ● EveryMind participated in the LAC's development of recommendations for a new provincial model of LiT. ● With 35 years of LiT experience, EveryMind looks forward to contributing to the provincial LiT response for children/youth whose mental health needs are best met by LiT. ● MOH had a 'call for proposals' in fall 2023 for step up/down programs – one in northern ON and one | <ul style="list-style-type: none"> ● EveryMind has ascertained its LiT service-delivery role. ● ITS redesign has been implemented with MOH approval. ● Redesign of local ITS would include a framework to evaluate: <ul style="list-style-type: none"> ○ Access/pathways ○ Clinical outcomes ○ Efficiency ○ Client experience. |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| | | | <ul style="list-style-type: none"> The LAC and MOH are working on a provincial model of LiT service delivery to improve service access across Ontario's regions. | <p>in southern ON. Osler submitted a proposal. If accepted, the program's implementation would involve EveryMind and AYSP.</p> <ul style="list-style-type: none"> The LAC may expand its ITS review and recommendations to in-home ITS after the current LiT focus. Peel could also participate in a future review of in-home services. | |
| <p>The CYMH sector lacks funding for Addictions treatment, even though substance misuse, harmful gaming and social media practices, and disordered eating often begin in the adolescent years.</p> | <ul style="list-style-type: none"> CYMH funding is expanded to include Addictions treatment for the adolescent (12-17) population, particularly for those under age 16 (lower end of adult services' age range). Detox and treatment services are created specifically for youth to be developmentally appropriate. Pathways are improved to medical services (Eating Disorders clinics and beds; detox services), and to adult community-based Addictions services (e.g., at Peel Addiction Assessment and Referral Centre) | Yes | <ul style="list-style-type: none"> CYMH funding covers EveryMind's Concurrent Disorders Coordinator, who trains professionals and offers client/case consultations. EveryMind and AYSP offer limited Targeted Prevention groups (substance and internet use). Peel CSPs have upskilled clinicians on eating disorders as per the new Ontario Health quality standard, recognizing that some clients have ChYMH CAPS for disordered eating. (The Eating Disorders programs that serve Peel are at Osler and Halton Healthcare.) Osler's TAY clinic treats youth ages 16-24 who have concurrent disorders. Re-development of the Peel | <ul style="list-style-type: none"> Participation in the LAC's working group on this issue, and discussions with MOH. Advocacy through other tables, e.g., Peel's MHA Action Table identified "increasing focus on youth addictions and treatment options" as part of its 2023 goals for service delivery improvements. Peel focus with CMH partner sectors on improving pathways to addiction services (e.g., with Osler and Halton Healthcare for Eating Disorders treatment; adult MHA sector for addiction services). | <ul style="list-style-type: none"> Evaluation framework TBD; would include access indicators, clinical outcomes, efficiency, and client experience. |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| | | | <p>Memorial site will include Concurrent Disorders beds for ages 16+.</p> <ul style="list-style-type: none"> • As per CAMH’s 2021 Ontario Student Drug Use and Health Survey of youth in grades 7-12: <ul style="list-style-type: none"> ○ 33.1% used high-caffeine drinks, 31.8% used alcohol, and 17% used cannabis. ○ 36% reported gambling in the past year. ○ 30.8% used social media for 5+ hours a day, and 23.5% played video games for 5+ hours/day. ○ 37.8% reported bingeing, and 36.5% had skipped meals for health/weight reasons. | | |
| <p>Phase 2 of the provincial BI solution remains to be completed.</p> <p>(Phase 1 was completed in Peel.)</p> | <ul style="list-style-type: none"> • EveryMind and AYSP improve the quality of their BI submissions such that all data fields are correctly completed by staff. • Peel’s two hospital-based CSPs adopt clinical information systems (CIS) that enable them to submit to the BI solution. • Lead agency submits Peel’s CYMH data | Yes | <ul style="list-style-type: none"> • CIS enhancement (EMHware) occurred at the community-based agencies and their data is being submitted to the BI solution by the lead agency. However, some data fields are being omitted or filled incorrectly, requiring QI work with intake and clinical staff. • Data from Peel’s hospital clinic CSPs are not part of the lead agency’s submissions, as the | <ul style="list-style-type: none"> • A few years ago, the lead agency began discussions with Trillium’s clinic, which had expressed interest in coming onto EMHware. This was put on hold when the hospital transitioned to its current EPIC CIS. No further expression of interest has occurred. • Osler has expressed interest in moving to a BI-compatible CIS as part of the hospital’s overall plan for adopting a new CIS. | <ul style="list-style-type: none"> • More accurate/complete BI submissions reflect improved data entry. • Lead agency can submit all data elements for all CSPs to the BI solution. • Lead agency, CSPs, and MOH have high-quality, comprehensive system-level data |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| | <p>elements to the BI solution in addition to CSPs' submissions via TPON.</p> <ul style="list-style-type: none"> • Full service-area data is available to support local and Ministry decision-making and ease the transition to the MHA Provincial Data Set. | | <p>hospitals do not use BI-compatible CISs.</p> | | <p>to inform analysis, discussions, and decision-making.</p> |
| <p>Common client experience data for key programs in Peel is unavailable due to the incomplete implementation of the Ontario Perception of Care (OPOC) survey tool at Ontario's CSPs.</p> | <ul style="list-style-type: none"> • The OPOC is administered annually at all Peel CSPs. • OPOC client service data is available at the agency, service area, and provincial levels. • OPOC data is analyzed and shared to improve transparency and inform CYMH quality improvement across Ontario. | <p>Yes</p> | <ul style="list-style-type: none"> • With CAMH's support, the LAC piloted the OPOC in 2020-21. EveryMind surveyed youth clients and caregivers in CTS and ITS programs. • EveryMind did the OPOC again in 2023, adjusting how it was administered based on learnings from its pilot. EveryMind has committed to ongoing administration of the tool. • EveryMind shared its OPOC findings on its website. • The expansion to OHTs was delayed by a lack of capacity at CAMH to support CSPs. • The LAC has signaled that while delayed, full implementation of the OPOC remains a priority. | <ul style="list-style-type: none"> • Expanded use of the OPOC across all Ontario CSPs is included in the LAC's workplan for its 2024-27 strategic plan. Work is tasked to the Community of Practice, with support from the Knowledge Institute. • EveryMind has committed to supporting its CSP partners in implementing the OPOC and sharing lessons learned from EveryMind's two rounds of administering the tool. | <ul style="list-style-type: none"> • Common client experience data for all Ontario CSPs supports local and provincial decision-making and contributes to client-centred care. |
| <p>Lead agency-led work to improve TPON</p> | <ul style="list-style-type: none"> • Clinical managers and senior leaders at Peel CSPs | <p>Yes</p> | <ul style="list-style-type: none"> • This work began in 2022 at the Peel CSPs' operational leadership | <ul style="list-style-type: none"> • Data quality work will be carried forward. | <ul style="list-style-type: none"> • All CSPs correctly complete all data |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| <p>data quality across Peel CSPs is incomplete.</p> | <p>understand all CYMH data elements to set service delivery goals, report via TPON, and share quality data to inform decision-making.</p> <ul style="list-style-type: none"> Quality TPON data facilitates the transition to an MHA provincial data set as part of Digital Data Initiative (DDI) of the MHA Centre of Excellence at Ontario Health. | | <p>table following issues with some CSPs' 2021/22 service plan submissions. Competing priorities have delayed its completion.</p> <ul style="list-style-type: none"> The lead agency provided a spreadsheet for CSPs that included service data, auto-calculated KPIs, funding, and FTEs. All CSPs completed the spreadsheet. It was clear that there were gaps in staff's understanding of some data elements and/or KPIs. | <ul style="list-style-type: none"> The lead agency will discuss with CSPs whether to bring the two CSP tables (senior and operational leadership) together to complete this work. Work includes discussions on the data element definitions and how the Ministry determines its KPIs. | <p>elements in their TPON submissions.</p> <ul style="list-style-type: none"> Peel CSPs' leadership tables have high-quality, system-wide data to support CSD priorities (e.g., optimization of CTS and ITS), trending analysis, etc. MOH has quality data to support decision-making for policy development, funding allocation, etc. |
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2024-25 Child and Youth Mental Health Service Area Planning Template

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> | | | | |
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| Future state | <i>Briefly describe the ideal future state of community mental health services in your service area (3-5 sentences)</i> | | | | |
| GAP ANALYSIS | | | | | |
| Current state | Future state | Gap identification (Y/N) | Gap description | Gap solutions/actions | Gap evaluation |
| <i>List specific and factual attributes in need of improvement in your service area</i> | <i>List specific idealized attributes you would like to see in the future state</i> | <i>Is there a gap between current and future states?</i> | <i>Describe issues/elements/factors that characterize the gap between the current and future state</i> | <i>List all possible solutions, with specific actions, for bridging the gap between the current and future state. These solutions should directly address factors responsible for the gap.</i> | <i>Identify how you will evaluate the effectiveness/success of your response to this gap</i> |
| <p>Inadequate services for transitional aged youth (TAY) 18-24 years who have aged out of CYMH services and are having difficulty transitioning to 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 care at the right time. • Strengths-based services meet the mental health needs of Peel's TAY population. | Yes | <ul style="list-style-type: none"> • The 2021 census found that 174,900 youth ages 18-25 reside in Peel (12% of the population). • Young adult age groups have grown since 2016. 20-24 and 25-29 are the biggest 5-year age groups in Peel. • Better meeting the mental health needs of Peel's many international students is a focus of the MHA Action Table. • Some of Peel's longest wait times are for youth ages 18+ needing Counselling/Therapy (24 month for EveryMind's | <ul style="list-style-type: none"> • Inventory of existing TAY services/service utilization in Peel's adult MHA sector could be compiled to better understand the TAY service landscape. • CYMH and adult MHA systems work together to improve transitions of youth into adult services. • Youth ages 16-25 are engaged in planning and designing new access mechanisms/TAY services. • MOH recognizes this service gap and prioritizes it for funding, including support to the CYMH sector. Ages 18-21 could be | <ul style="list-style-type: none"> • Transition planning is occurring on a consistent basis. • Youth access mechanism(s) are in place and being used. • New TAY services are gradually funded and implemented. • Build on experience with assessment tools used in community CYMH and hospital inpatient services. |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| | | | <p>donor-funded program for this age group, as of Sep 30, 2023).</p> <ul style="list-style-type: none"> • Peel's hospitals (Osler, Trillium) operate clinics for TAY with prominent symptoms of mental illness, by physician referral. These are short-term services. • Despite local interest in community-based TAY partnerships of CYMH and adult MHA, this is unlikely to happen with the adult sector funded through Ontario Health and CYMH funded directly by the Ministry. • Services for the TAY population are beginning to be incorporated in the Youth Wellness Hub (YWH) strategy, but Peel's resource base is insufficient for YWHs to meet the needs of the 18+ population who require/request ongoing counselling, not 'one and done' drop-ins, Ontario Structured Psychotherapy, etc. These services can be case finders without system capacity for ongoing service. | <p>prioritized for TAY funding to CYMH service providers.</p> <ul style="list-style-type: none"> • TAY services are offered at Youth Wellness Hubs and administered as a funded partnership of CYMH and adult MHA agencies. • Youth outreach and public awareness campaigns include post-secondary institutions (Sheridan College, Humber College, University of Toronto at Mississauga) and Youth Wellness Hubs, which offer MHA supports to TAY through different funding envelopes. | <ul style="list-style-type: none"> • Evaluation includes access/pathways, clinical outcomes, efficiency, and client experience. |
| <p>More planning and service delivery</p> | <ul style="list-style-type: none"> • Pathways/transitions from CYMH to adult MHA services are | <p>Yes</p> | <ul style="list-style-type: none"> • Service gaps are described above for TAY, and in the CSP gap | <ul style="list-style-type: none"> • Partnership opportunities could include concurrent | <p>See above for TAY services</p> |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| <p>partnerships among the community-based CYMH and adult MHA sectors, and hospital-based MHA services, are needed</p> | <p>simplified and include warm hand-offs.</p> <ul style="list-style-type: none"> Where needed, services are offered to bridge the sectors for youth/young adults waiting for TAY or adult MHA services. | | <p>analysis for Addiction services.</p> <ul style="list-style-type: none"> EveryMind and CMHA Peel Dufferin partnered to implement one number to call for 24/7 Crisis Support for all ages. EveryMind also supported CMHA's funding application for a 24/7 Crisis walk-in for ages 16+. These experiences will inform future partnership work. | <p>disorders and first-episode psychosis interventions.</p> | |
| <p>Peel CSPs experience challenges planning mental health services with school boards and improving pathways for students.</p> <p>The COVID-19 pandemic resulted in an inward focus at school boards and Peel CSPs. Both sectors need to restart conversations to improve pathways and engage in joint planning.</p> | <ul style="list-style-type: none"> 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. Students receive timely, client-centred mental health services from school-based and/or community-based workers, as appropriate to meet their needs. | <p>Yes</p> | <ul style="list-style-type: none"> EDU introduced PPM 169 to implement the <i>Right Time, Right Care</i> vision of a school-community system of mental health care. The PPM comes into effect in Jan 2024. PDSB has created a 3-year strategy and 2023-24 action plan without consulting Peel's lead agency or CSPs. Consultation will occur after the fact. This process gap may reflect PDSB's frustration with long wait lists/times for CYMH services in Peel. EveryMind's CEO has reached out to PDSB. School boards have historically preferred pathways directly to CYMH programs instead of WhereToStart.ca, but | <ul style="list-style-type: none"> Provincial-level discussions (School Mental Health Ontario, LAC, CMHO and Knowledge Institute) continue on implementing <i>Right Time, Right Care</i>. EDU clarification to school boards of the joint planning requirements of PPM 169 would be helpful. EveryMind is ready to partner with school boards in joint planning and simplifying pathways, as per PPM 169 and our sectors' shared vision in <i>Right Time, Right Care</i>. CYMH and school boards' leadership discuss potential solutions at the system/ cross- sectoral levels. CYMH clinical supervisors/ managers meet with school boards' staff to problem-solve at the pathway and program levels (e.g., referral | <ul style="list-style-type: none"> Provincial policies, directives and funding provide clarity regarding processes, deliverables, and roles 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"> Access Clinical outcomes Efficiency Client experience Metrics for public |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| | | | <p>separate pathways can cause inequity of access.</p> <ul style="list-style-type: none"> • The EDU 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. • Schools do not consistently obtain timely consents from parents, which can delay treatment at CSPs. • Some boards could be more responsive to the CYMH sector's requests for case conferences for service transition. • Social workers at the French boards rotate across several schools so students can wait weeks for a referral to EveryMind. | <p>issues; planning for groups delivered by CSPs).</p> <ul style="list-style-type: none"> • Improved service navigation by mental health nurses, possibly by positioning some in the CYMH sector. • Outreach campaign for school staff (possibly via education sector's unions) about mental health and how to help students get connected to services. • School-based public awareness strategies re the access points to Peel's community-based CYMH services (WhereToStart.ca, Crisis Response, Tangerine) and One Stop Talk, e.g. information on schools' TV screens; social media; materials sent home with elementary students and printed in secondary students' agendas. Work with the school boards' Communications staff to ensure that CYMH access information on their websites is current, accurate, and complete. | <p>awareness campaigns</p> |
| <p>CYMH pathways & partnerships with Peel's MCCSS-funded sectors, particularly Child Welfare and Complex Special Needs,</p> | <ul style="list-style-type: none"> • Peel children/youth with complex mental health (MH) needs and complex needs (CSN) have integrated access and care plans, and receive timely, effective service | <p>Yes</p> | <ul style="list-style-type: none"> • LAC's Exec. Director co-chaired the Complex Mental Health Needs Provincial Collaboration Table (PCT), which was tasked with confirming and clarifying roles and responsibilities in serving children/youth with | <ul style="list-style-type: none"> • Discuss recommendations of the PCT and KPMG reports, and MOH/MCCSS's responses, with local system partners. (Leaders of these sectors already meet at various tables to discuss service challenges and opportunities.) | <ul style="list-style-type: none"> • Sectoral partners' discussions have occurred. • Goals and work plan have been developed. • Discussions have also occurred with |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| <p>should be reviewed to determine where improvements can be made to better meet the mental health needs of children/ youth and families served by those sectors.</p> | <p>from inter-professional, multi-disciplinary teams.</p> | | <p>complex MH needs. The PCT's 2022 report recommended a range of system strategies.</p> <ul style="list-style-type: none"> • KPMG reviewed the CSN Fund towards ensuring sustainability of the fund and improving services for children/ youth with CSN. • After considering the recommendations of these two reviews, MOH and MCCSS are jointly investing \$97M over 3 years to launch the Integrated Pathway for Children and Youth with Extensive Needs Pilot. Related initiatives are also being launched. • LAC's work on a new model of LiT is also considering youth with complex MH needs. | <ul style="list-style-type: none"> • Narrow the options to determine where local improvements can be made and develop work plans with progress indicators. • Review CYMH sector partnerships and MoUs with these sectors. • Staff and youth/caregivers should be engaged as part of these reviews. | <p>MOH and MCCSS.</p> <ul style="list-style-type: none"> • Approved changes have been funded and implemented. • Evaluation should include access, clinical outcomes, efficiency, and client experience. |
| <p>More culturally acceptable and appropriate CYMH services are needed:</p> <ul style="list-style-type: none"> • 69% of Peel's population identifies with a racial group. • 51.8% of Peel's population are immigrants. • 33% of Peel residents speak a language | <p>Peel residents of all ethnicities, races, religions, sexual and gender orientation, and other elements of diversity are willing to seek help for mental health challenges. Peel's CYMH service sector is able to support (directly or through partnerships) diverse children and youth with culturally</p> | <p>Yes</p> | <ul style="list-style-type: none"> • Provincially, LAC and CMHO are prioritizing progress on their DEI strategies. • Peel's CSPs have organizational DEI strategies that have considered cultures, policies, practices, trainings, and relationships. • EveryMind included Diversity data pictures in its 2021-22 and 2022-23 annual reports to be | <ul style="list-style-type: none"> • Peel's community-based CSPs have the capacity to analyze diversity elements data in EMHware and compare the findings to analysis by Peel Region's Data Centre to identify under-represented backgrounds as part of a strategy to better serve Peel's diversity. • The South Asian sub-group of EveryMind's Diversity and Inclusion Committee informed culturally sensitive | <ul style="list-style-type: none"> • The profile of clients coming into mainstream programs is tracked as these programs evolve to better serve Peel's diversity – e.g., with hiring strategies to achieve staff representation, more culturally acceptable interventions, etc. |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| <p>other than English at home.</p> <ul style="list-style-type: none"> • In 2020, Peel Regional Council declared anti-Black racism (ABR) a crisis. • Peel District School Board is taking steps to address historic and systemic ABR in the Board. • Some cultures in Peel experience profound stigma around mental health challenges. | <p>acceptable services/supports.</p> | | <p>reflective of the population we serve.</p> <ul style="list-style-type: none"> • CSP staff have observed that clients' backgrounds do not adequately reflect Peel's diversity, but the CYMH system has not done system-level analysis to verify where gaps exist across CSPs. • With a few exceptions, Peel's CYMH programming is not culturally specific. • CYMH services have been developed to serve 2SLGBTQ+ youth but are inadequate to address demand, especially for transitional aged youth (18-25). • Staff from Peel CSPs attended a Nov 2023 forum hosted by the Peel Newcomer Strategy Group on mental health supports for newcomers/international students. • EveryMind is organizing cross-sectoral training in 2024 as part of the MHA Action Table's seed-funded project to support newcomer youth/young adults needing mental health support. | <p>early years programming for South Asian families. More such initiatives could be fruitful.</p> <ul style="list-style-type: none"> • Peel CSPs' relationships via tables such as the Regional Diversity Roundtable and MHA Action Table could be a foundation for new partnerships (e.g., build on the MHA Action Table's work with the Peel Newcomer Strategy Group). • Malton's Youth Wellness Hub and other youth centres (e.g. ECLYPSE youth centres; Mississauga youth hub) offer opportunities to co-locate CYMH services. • A pilot program(s) could be co-created with community partners that serve diverse communities. | <ul style="list-style-type: none"> • Data on diversity elements is analyzed to inform service area strategies and capture progress in our DEI journey. • Evaluation frameworks emphasize appropriateness and acceptability amongst the usual metrics. • Programs are adjusted based on our learnings and replicated. • Over time, clients' diversity better reflects the composition of Peel's population. |
| <p>Gaps exist in the Peel CYMH service system's connections</p> | <p>Peel physicians in Mississauga and Central West OHT service areas know</p> | <p>Yes</p> | <ul style="list-style-type: none"> • Physician referral information and forms are available on WhereToStart.ca. | <ul style="list-style-type: none"> • Osler's support is critical in building connections with physicians in the CW-OHT area. This issue is broader | <ul style="list-style-type: none"> • A key metric will be the number of referrals from Peel-based family |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| <p>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>about WhereToStart.ca and are referring patients using the WhereToStart.ca referral form for doctors.</p> | | <ul style="list-style-type: none"> • EveryMind's work with Trillium and one-Link (MHA access point for Mississauga Halton) resulted in improved pathways and sharing of WhereToStart.ca materials, including referral forms, with physicians. • Because physicians in Central West have a direct referral pathway with the child and adolescent mental health clinic at Osler, they may have less awareness of WhereToStart.ca. • EveryMind's Communications Specialist and YE Coordinator participated in CW-OHT's three physician "mental health education" events in Q4 of 2022/23. Topics included concurrent disorders, culturally sensitive approaches to care, and a panel discussion on MHA in the region. | <p>than physician awareness, as it includes WOHS' role in the WhereToStart.ca partnership of Peel CSPs.</p> <ul style="list-style-type: none"> • Relationship-building is occurring through EveryMind's participation in CW-OHT's MHA Providers and Youth Working Group, which includes physicians. This group is part of CW-OHT's work to reduce the rates of ED visits as the first point of contact for MHA-related care. | <p>physicians and pediatricians using the WhereToStart.ca e-referral form.</p> <ul style="list-style-type: none"> • This analysis could use clients' forward sortation areas (1st 3 digits of postal code) to compare referral rates from OHT service areas. |
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2024-25 Child and Youth Mental Health Service Area Planning Template

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.

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| Goal 1: | Core Services Delivery: Improve access to and simplify pathways/transitions <i>within</i> Peel's CYMH sector. |
| Goal 2: | Community Mental Health: Simplify pathways/transitions <i>between</i> Peel's CYMH and related child/youth-serving sectors. |

2024-25 Child and Youth Mental Health Service Area Planning Template

4.3.1 Core service priorities

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

The priorities below were developed from the gap analysis in Section 4.2.1, with the overall Core Services Delivery (CSD) goal of improved access and simplified pathways/transitions applying to all CSD priorities.

| Priorities | Description | Objectives | Timelines (yr 1, 2 or 3) |
|---|--|--|---------------------------------------|
| <p>Optimize Counselling & Therapy services in the Peel service area</p> <p>(with all Peel CSPs; continues from the 2020-23 plan)</p> | <ul style="list-style-type: none"> • Complete the current discovery phase to inform next steps. • Hold CSP leadership discussions. • Plan for redesign. • Receive MOH approvals where needed. • Implement. • Evaluate and adjust. | <ul style="list-style-type: none"> • Deliver efficient and effective CYMH Counselling and Therapy services in the Peel service area. | Years 1 and 2 |
| <p>Improve Mental Health & Addictions data quality</p> <p>(Continues from the 2020-23 plan)</p> | <ul style="list-style-type: none"> • Contribute to provincial initiatives, e.g.: <ul style="list-style-type: none"> ○ OPOC rollout to CSPs ○ CYMH reporting through BI solution ○ Data and Digital Initiative of Ontario Health's Mental Health and Addictions Centre of Excellence. • Continue work at Peel CSP tables on understanding and use of CYMH data elements and KPIs. | <ul style="list-style-type: none"> • Develop/collect standardized system-wide data that can inform decision-making provincially and locally. • Bring CYMH sector into the planned MHA Provincial Data Set. | <p>Years 1-3</p> <p>Years 1-3</p> |
| <p>Contribute to provincial efforts to improve Intensive Treatment Services</p> <p>(New)</p> | <ul style="list-style-type: none"> • Join the Provincial Training Initiative of the Lead Agency Consortium (LAC). • Seek opportunities to evolve Live-in Treatment (LiT) in Peel within the context of new investments targeted to building a provincial approach to LiT service delivery. | <ul style="list-style-type: none"> • Increase the use of evidence-informed practices with fidelity to meet the needs of children/youth in Peel. • Contribute to a provincial system that delivers LiT services equitably, where and when children/youth need them. | <p>Years 1 and 2</p> <p>Years 1-3</p> |

2024-25 Child and Youth Mental Health Service Area Planning Template

4.3.2 Community mental health priorities

From the goals identified above, please list *two to three* priorities aimed at addressing community mental health gaps in the table below. Please include a minimum of one priority that addresses pathways with education.

The priorities below were developed from the gap analysis in Section 4.2.2, with the overall Community Mental Health (CMH) goal of simplified pathways/transitions applying to all CMH priorities.

| Priorities | Description | Objectives | Timelines (yr 1, 2 or 3) |
|---|---|---|--------------------------------------|
| <p>Align CYMH initiatives in Peel with the broader healthcare and Mental Health and Addictions sectors to leverage ongoing integration efforts.</p> <p>(Continues from 2020-23 plan)</p> | <p>Examples of collaboration towards system integration and pathways simplification:</p> <ul style="list-style-type: none"> • Ontario Health Teams – Mississauga, Central West, Hills of Headwaters Collaborative • Mental Health and Addictions Action Table and related tables of Peel’s Community Safety and Well-being Plan • Trillium Health Partners’ mental health services redesign • Ontario Health’s Working Group for MHA Coordinated Access in Central Region | <ul style="list-style-type: none"> • Align with and contribute to achieving the vision in <i>Roadmap to Wellness</i> of “A Province where all Ontarians have access to high-quality, easily accessible mental health and addictions support throughout their lifetime, when and where they need it.” • Align with broader transformation initiatives as per <i>Your Health: A plan for Connected and Convenient Care</i>, and its vision of patient-centred care. | <p>Years 1-3</p> <p>Years 1-3</p> |
| <p>Support the implementation of EDU’s PPM 169 in alignment with the integrated CYMH service delivery goals of <i>Right Time, Right Care</i> (new)</p> | <ul style="list-style-type: none"> • Provincial planning with the Knowledge Institute, CMHO, LAC, and School Mental Health Ontario • Local planning and pathways simplification with Peel’s school boards, CYMH Core Service Providers, and hospitals | <ul style="list-style-type: none"> • Contribute to the development of a school-community system of care in Peel, as envisioned in <i>Right Time, Right Care: Strengthening Ontario’s mental health and addictions system of care for children and young people</i>. | <p>Years 1-3</p> |
| <p>Align with and leverage opportunities to advance provincial and local Diversity, Equity</p> | <ul style="list-style-type: none"> • Provincially, align with CMHO’s racial equity strategy and the LAC’s new strategic plan, which includes a strategic objective to advance | <ul style="list-style-type: none"> • Improve equity of access to CYMH services. • Deliver culturally competent services that increase the acceptability and | <p>Years 1-3</p> |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| <p>and Inclusion (DEI) initiatives (new)</p> | <p>Inclusion, Diversity, Equity, and Accessibility (IDEA) across the CYMHA system.</p> <ul style="list-style-type: none"> • In Peel, leverage DEI opportunities with broader sectors and tables, e.g.: <ul style="list-style-type: none"> ○ Peel CAS ○ Youth Wellness Hubs ○ Regional Diversity Roundtable ○ Anti-Black Racism and Systemic Discrimination Collective of Peel ○ Ethno-cultural agencies ○ Newcomer services ○ Services for 2SLGBTQ+ youth ○ Indigenous services. | <p>appropriateness of CYMH services to Peel’s diverse communities.</p> <ul style="list-style-type: none"> • Continue developing workforces that better represent Peel’s diversity. • Combat racism and other forms of discrimination and oppression. • Expand engagement with an aim to increasing stakeholders’ impact on decision-making and reducing stigma. • Explore innovative service partnerships that could better meet the mental health needs of Peel’s diverse communities. | |
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2024-25 Child and Youth Mental Health Service Area Planning Template

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 the remainder of the planning cycle.

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 (continuing from 2020-23 plan) | Kathy Sdao-Jarvie, Chief Officer, System Planning and Accountability, EveryMind | <ul style="list-style-type: none"> Renée Sloos, PhD, Project Lead Peel CSPs' senior and operational leadership tables FE/YE Manager and Coordinators Family and youth representatives from Peel CSPs EveryMind's System Planning and Accountability team (project and evaluation support) Program Supervisor, MOH | <ul style="list-style-type: none"> Compile Peel CSPs' CST data, program descriptions, funding, and FTEs for discussion at senior leadership table. Secure support from project lead (consultant). Complete discussions and focus groups with CSP staff and clients/caregivers. Complete discovery phase and summarize findings in a report for LA and CSP leaders. Hold discussions on findings and redesign options at CSP leadership tables. Achieve consensus on changes to CSPs' programs and funding allotment, as required. Submit Appendix A (reallocation) of multi-year plan, if needed. Obtain MOH approvals. | Q4, 2022-23 Aug 2023 Q4, 2023/24 Mar 31, 2024 Q1 to Q3, 2024 Q4, 2024 Q4, 2024 2024/25 |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| | | | <ul style="list-style-type: none"> • Implement any changes. • Evaluate and adjust. | <p>2024/25</p> <p>2024/25 and ongoing</p> |
| <p>2. Improve Mental Health and Addictions data quality</p> <p>(continuing from 2020-23 plan)</p> | <p>Kathy Sdao-Jarvie, Chief Officer, System Planning and Accountability, EveryMind</p> | <ul style="list-style-type: none"> • Peel CSPs' senior and operational leadership tables • EveryMind's System Planning and Accountability team (support) • Program Supervisor, MOH | <p>Local:</p> <ul style="list-style-type: none"> • Complete review of CYMH data elements and KPIs with Peel CSP leadership tables. • Work with intake and clinical teams at EveryMind and AYSP to improve data entry in EMHware towards increasing the accuracy and completeness of Peel's BI submissions. • Support rollout of OPOC tool to Peel CSPs. • Support hospital-based CSPs if/when they come onto a BI-compatible CIS. <p>Provincial:</p> <ul style="list-style-type: none"> • Continue work as a member of CYMH DDI Reference Group, including planning for CYMH Limited Production Release. • Support Peel CSPs for CYMH sector onboarding to DDI. | <p>2024/25</p> <p>2024/25, then ongoing with new staff</p> <p>2024/25 and 2025/26</p> <p>TBD</p> <p>As per timelines of MHA Centre of Excellence</p> <p>TBD</p> |
| <p>3. Contribute to provincial efforts to improve Intensive Treatment Services</p> <p>New in 2024-27 plan</p> | <p>Ceri Harnden, Chief Executive Officer, & Zoë Dawe, Director, Clinical Leadership and Excellence, EveryMind</p> | <ul style="list-style-type: none"> • Lead Agency Consortium (LAC) • Lead Agency Community of Practice (CoP) | <p>Provincial Training Initiative (PTI):</p> <ul style="list-style-type: none"> • Join West region's training network (EBPs have already been selected: ARC and Circle of Security Parents). | <p>Q3 and Q4, 2023/24</p> |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| | | <ul style="list-style-type: none"> • Chief Officer, System Planning and Accountability • Peel CSPs' senior and operational leadership tables • Clinicians across Peel CSPs who provide ITS or CTS • Clinical manager and supervisors of LiT at EveryMind • FE/YE Manager and Coordinators • LiT clients and caregivers | <ul style="list-style-type: none"> • Engage with CSPs to gauge their desire to be part of the network's training of CSPs' staff on the two EBPs selected. • Coordinate EBP training with Peel CSPs and participate in evaluation of training. <p>Live-in Treatment (with LAC/MOH):</p> <ul style="list-style-type: none"> • Participated as members of LAC's Intensive Treatment Working Group. • Contribute to LAC's recommendations to MOH on a provincial LiT model. • Participate in LA CoP's development of new LiT quality standards. • Assuming MOH approval of a new provincial LiT framework and the establishment of a provincial LiT lead, look for opportunities to contribute at the provincial and local levels to support system transformation of LiT, including an assessment of how EveryMind's LiT resources/assets can best evolve to align with and advance the vision for a more comprehensive fit within the new model. | <p>Q4; 2024/25</p> <p>2024/25</p> <p>Q3, 2023/24</p> <p>2023/24 and 2024/25</p> <p>2024/25</p> <p>2024/25 to 2026/27</p> |
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2024-25 Child and Youth Mental Health Service Area Planning Template

| Priority | Most responsible person (MRP) | Team | Deliverable(s) | Timeline(s) |
|---|---|---|---|--|
| COMMUNITY MENTAL HEALTH PRIORITIES | | | | |
| <p>1. Align CYMH initiatives in Peel with the broader healthcare and Mental Health and Addictions sectors to leverage ongoing integration efforts.</p> <p>(continuing from 2020-23 plan)</p> | <p>Ceri Harnden, Chief Executive Officer, & Zoë Dawe, Director, Clinical Leadership and Excellence, EveryMind</p> | <ul style="list-style-type: none"> • MHA Action Table and related CSWB tables (e.g., Peel Situation Table) • Project partners, e.g., Peel Newcomer Strategy Group (PNSG); Institute for Better Health (IBH) at Trillium Health Partners (THP) • MHA working groups at OHTs (Mississauga, Central West, and Hills of Headwaters) • THP's MHA Redesign Steering Committee • Ontario Health's Working Group for MHA Coordinated Access in Central Region • Peel CSPs' senior and operational leadership tables | <ul style="list-style-type: none"> • Continue contributions to MHA Action Table's initiatives, e.g.: <ul style="list-style-type: none"> ○ Seed-funded project led by PNSG to improve newcomer youth/young adults' mental wellness (EveryMind will co-lead MH training for project partners) ○ IBH's Co-Design of Mental Healthcare Improvements with Young Adults (FE/YE contributions from CYMH) • Continue contributions to Ontario Health/OHT MHA working groups: <ul style="list-style-type: none"> ○ MHA WG for Coordinated Access in Central Region ○ Hills of Headwaters – integrated crisis response ○ Central West – increasing access to community MHA services to reduce the rate of emergency department visits for MHA-related care ○ Mississauga – rapid access to care for adults with low-complexity depression and anxiety (expected to expand to children/adolescents) • Define future opportunities/role as part of THP's MHA Redesign Steering Committee | <p>2024 and ongoing</p> <p>Ongoing</p> <p>As per THP's timelines</p> |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| <p>2. Support the implementation of EDU’s PPM 169 in alignment with the integrated CYMH service delivery goals of <i>Right Time, Right Care</i></p> | <p>Ceri Harnden, Chief Executive Officer, EveryMind & Zoë Dawe, Director, Clinical Leadership and Excellence,</p> | <ul style="list-style-type: none"> • LAC and CMHO • School Mental Health Ontario • Knowledge Institute • Responsible Superintendents and Mental Health Leads, school boards in Peel • Peel CSPs’ senior and operational leadership tables • Mental health departments at Trillium Health Departments and William Osler Health System • Other community sectors and faith leaders participating in school boards’ advisory groups | <p>Provincial:</p> <ul style="list-style-type: none"> • School Mental Health Ontario and the Knowledge Institute are crafting an implementation plan for <i>Right Time, Right Care</i>, with support from LAC and CMHO. The Knowledge Institute has submitted a proposal for an expanded investment to allow work to start throughout the province. Efforts are also focused on raising awareness of <i>Right Time, Right Care</i>. <p>Local:</p> <ul style="list-style-type: none"> • Assuming approvals at the provincial level, be ready to collaborate with the school boards in Peel, with provincial guidance and support from School Mental Health Ontario and the Knowledge Institute, to achieve the goals of PPM 169 and <i>Right Time, Right Care</i>. • As per PPM 169, collaborative efforts are anticipated to focus on “working collaboratively to build a continuum of mental health and addictions care,” including “clear pathways to and from more intensive community and hospital-based mental health services, when needed.” | <p>2023/24 and 2024/25</p> <p>Q4, 2023/24 and 2024/25</p> <p>2024/25 and beyond. Timelines TBD by EDU and school boards.</p> |
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2024-25 Child and Youth Mental Health Service Area Planning Template

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| <p>3. Align with and leverage opportunities to advance provincial and local Diversity, Equity and Inclusion (DEI) initiatives</p> | <p>Ceri Harnden, Chief Executive Officer, & Namrata Balsara, Director, People & Culture (DEI lead for EveryMind)</p> | <ul style="list-style-type: none"> • LAC and its Community of Practice (CoP) • CMHO • Knowledge Institute • Regional Diversity Roundtable • Anti-Black Racism and Systemic Discrimination Collective of Peel • Systemic Discrimination Action Table, Peel's CSWB Plan • Leaders of sector partners (see 4.3.2 for a list of key sectors) • Peel CSPs' senior and operational leadership tables | <p>Local:</p> <ul style="list-style-type: none"> • Engage stakeholders as part of Years 2 and 3 of EveryMind's current DEI action plan, which includes: <ul style="list-style-type: none"> ○ Year 2, "Roll out community engagement strategy with clear mechanisms to track engagement." ○ Year 3, "Review community engagement efforts. Collect qualitative and quantitative data where possible. Analyze the information. Establish start, stop continue actions." <p>Provincial:</p> <ul style="list-style-type: none"> • Contribute to action plan to implement LAC's strategic objective, "Advance IDEA and reconciliations efforts across the CYMHA system," including: <ul style="list-style-type: none"> ○ Governance structures, e.g., an IDEA committee ○ Environmental scan/census of Lead Agencies' staffing and comparison to 2021 census data by Region (CoP) ○ Framework for successful talent development and diversity targets. • Support the launch and communication of CMHO's equity strategy to advance its four DEI strategic directions for the CYMH sector (details TBD). | <p>2023/24</p> <p>2024/25</p> <p>2023/24</p> <p>2024/25</p> <p>2026/27</p> <p>2024/25</p> |
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2024-25 Child and Youth Mental Health Service Area Planning Template

6. Appendix A – 2024-25 Service Area Resource Reallocation Plan

Please complete the following table if you intend to propose resource reallocations **to implement in the 2024-25 fiscal year**. This table will be used to support a dialogue between the Lead Agency and the Ministry and will be used by the Ministry as a key input into service area resource allocation for **2024-25**. It is important to note that where changes are to be proposed the change must be actionable prior to March 31, 2025.

| Service Area | Proposed change and rationale: <ul style="list-style-type: none"> • <i>Detail directly impacted service provider(s), and proposed funding/service target changes</i> • <i>Provide a clear rationale supported by data/evidence</i> • <i>Demonstrate alignment with system goals / priorities and PGR expectations</i> | Description of community engagement: <ul style="list-style-type: none"> • <i>Describe any discussions to date regarding the proposed change</i> • <i>Outline the confirmed/anticipated stakeholder perspective (impacted service provider; community etc.)</i> | Proposed Implementation: <ul style="list-style-type: none"> • <i>Outline implementation considerations including timing of proposed change</i> | Other: <ul style="list-style-type: none"> • <i>Detail any other information you think the Ministry needs to be aware of in assessing this proposed change</i> |
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| Peel | <ul style="list-style-type: none"> • No changes are being proposed for 2024-25. • Changes may be proposed for Counselling/Therapy in 2025-26 after completing the ongoing review. | | | |

2024-25 Child and Youth Mental Health Service Area Planning Template

7. Appendix B – 2022-23 Child and Youth Mental Health Service Area Priorities Progress Report

As the 2022-23 Child and Youth Mental Health Service Area Plan represented the final year of the previous multi-year planning cycle, the Ministry is requesting that Lead Agencies complete a progress report for the core service and community mental health priorities identified in their 2022-23 plan. Please use the below template as a guide to complete your progress report.

| Priority |
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| <i>Please describe the identified priorities from the 2022-23 plan</i> |
| Core Services Delivery priorities <ol style="list-style-type: none">Optimize Counselling and Therapy Services (CTS) in the Peel service area.<ul style="list-style-type: none">The goal was to maximize the effectiveness and efficiency of this core service, which has the largest CYMH waitlists in the Peel service area.This project involved all four Core Service Providers (CSPs) in Peel, as all deliver CTS. Key stakeholders include CTS staff, youth, and caregivers in Peel’s CYMH service system.Implement the Ontario Perception of Care (OPOC) tool as per the Lead Agency Consortium's Provincial Priorities Report #4.<ul style="list-style-type: none">The goal was to have a standardized tool in Ontario to assess perception of care in support of client-centred service delivery.EveryMind’s participation in the OPOC pilot at lead agencies was a priority in Peel’s original 2020-23 plan. Next steps were to support the planned provincial rollout of the OPOC to CSPs across Ontario.Assess CYMH system capacity in Peel to align with the new Family Engagement Quality Standard developed by the Knowledge Institute on Child and Youth Mental Health and Addictions.<ul style="list-style-type: none">The goal was to use the assessment’s findings to set priorities that support FE action planning and system improvements.An earlier stage of this priority in the original 2020-23 plan included staff and caregiver training on the new standard. |
| Community Mental Health priorities <ol style="list-style-type: none">Supported by Project Now, co-lead with Trillium Health Partners the Stepped Care (tertiary prevention) pilot project.<ul style="list-style-type: none">The goal was to prevent youth suicide towards a vision of zero deaths by suicide.Three pilots (primary, secondary, and tertiary prevention) were planned involving Peel Public Health, school boards, and CYMH as partners, with Trillium Health Partners (THP) as the lead. Funding was secured from a THP donor and MOH. |

2024-25 Child and Youth Mental Health Service Area Planning Template

2. Expand Youth Engagement (YE) into the broader service sectors in Peel.

- The For Youth, By Youth (4YBY) pilot project was a collaborative partnership with youth, York University’s School of Social Work, and the Peel and Dufferin-Peel Catholic District school boards to offer a co-op (two-credit) course.
- The goal was to co-design with youth an experiential education opportunity that would enable students to develop leadership and participatory research skills, while increasing their resiliency and mental well-being.

3. Partner with other service sectors in collaborative initiatives at the regional level.

- This priority supported the lead agency's work to refine Peel's planning table/mechanism for Community Mental Health, one of the goals of the 2020-23 plan.
- Collaboration included Integrated Crisis Support partnerships, work on a range of priorities at the Mental Health and Addictions (MHA) Action Table of Peel’s CSWB plan, and MHA-focused planning/advisory tables at the OHTs in Peel (started with Hills of Headwaters Collaborative and later expanded to Central West and Mississauga).

| Engagement | | |
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| <i>Please provide details on the partners who were engaged to develop your priorities and how this engagement informed your planning</i> | | |
| Engagement Participant | What feedback/input did you hear from this participant through your engagement? (high-level summary) | How did this feedback/input inform your planning? |
| Ministry of Health, Program Supervisor | Input as part of the Peel CSP senior leadership table’s discussions; advice around funding allocation, COVID-19 impacts, etc. | This input helped to ensure that Peel’s goals and priorities aligned with provincial directions and expectations. |
| Lead Agency Consortium (LAC) | The priorities of PPR #4 were discussed with lead agencies (LAs), with a suggestion that LAs align their local plans with the PPR priorities. The LAC also analyzed LAs’ 2020-23 plans to identify common themes, which informed the LAC’s priorities going forward. | EveryMind aligned some of the Peel 2020-23 plan’s priorities with the LAC’s priorities and is continuing this practice for Peel’s 2024-27 plan. |
| Children’s Mental Health Ontario (CMHO) | EveryMind and AYSP are members of CMHO and participate in its discussions, which have emphasized advocacy for provincial funding of CYMH and children’s healthcare, inputs to policy development, HHR challenges, and | <ul style="list-style-type: none"> • Discussions with CMHO reinforced EveryMind’s recognition that increased funding, including salary parity with higher-paying sectors that employ CYMH workers, are Peel’s key need to |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| | increasing diversity/equity/inclusion (DEI) in Ontario's CYMH system. | <p>enable our sector to address the growing need for mental health services for children/youth/young adults.</p> <ul style="list-style-type: none"> • Discussions also informed DEI strategic and work planning at our agencies. • CMHO has supported the Provincial Training Initiative, a component of a Core Services Delivery priority in this new 2024-27 plan. |
| The Knowledge Institute on Child and Youth Mental Health and Addictions | The Knowledge Institute has been a valued partner, providing expert advice, research, and implementation support to provincial and local priorities (see below for specifics around family engagement) | Input/support from the Knowledge Institute informed the LAC's Provincial Priorities Reports, <i>Right Time, Right Care</i> /PPM 169, and Peel's family engagement and youth engagement priorities. |
| Peel CSPs' Senior Leadership Table (chief officers, directors, hospital clinic managers, and MOH program supervisor) | Peel's Senior Leadership Table reviewed drafts of the Vision and Mission statements, Statement of Guiding Principles and Values, and Goals and Priorities (original and revised). | <ul style="list-style-type: none"> • Submitted plans included CSPs' input. • AYSP helped to complete the Service Area Resource Reallocation Plan for Brief Services, a priority in the initial iteration of the 2020-23 plan. |
| Peel CSPs' Operational Leadership Table (clinical operations managers; senior leaders are welcome to attend) | The Operational Leadership Table supported efforts to optimize Counselling/Therapy and tackle long waitlists for this core service. | The table informed the scope of the Counselling/Therapy priority, providing CTS data and service descriptions. |
| Mental health leaders at Peel hospitals (William Osler Health System; Trillium Health Partners) | Mental health staff beyond the child and adolescent mental health clinics provided input regarding Project Now (Trillium) and integrated crisis support (Osler). | Input was reflected in both the Project Now and cross-sectoral collaboration priorities in the plan. |
| Peel's YE Coordinator and members of the YE Committee and The New Mentality's Peel Chapter | The YE Coordinator and Committee members were keen to partner in co-developing the updated plan's priority (4YBY course) and the 2020-23 plan's Youth Peer Support pilot, which was completed in 2021. | The plan's YE priorities were co-designed and/or co-led by youth, with EveryMind and York U. providing funding and guidance as allies. |
| York University <ul style="list-style-type: none"> • Dr. Maria Liegghio, Associate Professor, School of Social Work • Research Assistant | The YE project was co-developed with Dr. Liegghio who, with a research assistant, also conducted participatory research with the engaged youth. | Dr. Liegghio shaped the project's participatory research aspect and its focus on resiliency. EveryMind partnered with York U. in offering a joint co-op placement at EveryMind and York U. |
| Peel and Dufferin-Peel Catholic district school boards' staff in the following areas: | The school boards' staff were consulted as part of the development of the 4YBY course to | The curriculum that was co-developed with youth, EveryMind, and York U. for the |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| <ul style="list-style-type: none"> • experiential learning and cooperative education • curriculum, instruction, and assessment • student success and pathways | <p>determine whether it could be offered as a co-op course (grades 11/12) and/or in other formats.</p> | <p>course was designed to meet Peel District School Board's specifications and provincial curriculum requirements.</p> |
| <p>Peel's FE Coordinator and members of the FE Advisory Committee</p> | <p>Peel's FE Coordinator and Advisory Committee members provided input to the FE priority in the multi-year plan.</p> | <p>Family advisors co-designed and co-delivered the plan's FE priority and deliverables.</p> |
| <p>Manager, Engagement and Family Engagement Specialist, Knowledge Institute</p> | <p>The Knowledge Institute's FE staff gave input and support to the plan's FE priority to assess and work towards alignment with the Knowledge Institute's FE quality standard.</p> | <p>Input from the Knowledge Institute shaped the FE priority. The Knowledge Institute was also an implementation partner, providing training, coaching, and project support.</p> |
| <p>Crisis Support collaborators:</p> <ul style="list-style-type: none"> • CMHA Peel Dufferin • Peel Regional Police • MCRRT Operations Committee • William Osler Health System • Peel Situation Table members • Hills of Headwaters OHT – members of its Integrated Crisis Response WG | <ul style="list-style-type: none"> • These stakeholders supported integration of crisis support at multiple levels (adult with CYMH; across regions, e.g. north Peel and Dufferin; police and mental health workers). • Diversion of mental health crises wherever appropriate from Emergency Departments was also a core theme in stakeholder discussions. | <ul style="list-style-type: none"> • Integrated Crisis Support with CMHA Peel Dufferin was a priority in the first iteration of this plan (one number to call 24/7 for all ages in Peel). • Continuing initiatives were captured in the Cross-sectoral Collaboration priority in the revised plan. • Work at these tables will continue as part of a CMH priority in the new plan. |
| <p>Peel MHA Action Table - member sectors:</p> <ul style="list-style-type: none"> • Region of Peel, Health & Human Services • Adult MHA and CYMH • Hospitals • Home & Community Care Support Services • Peel District School Board • Police (Peel Regional and OPP) • Peel Newcomer Strategy Group • Youth, family, and neighbourhood services • Housing/shelters • United Way of Greater Toronto • MCCSS • Sheridan College | <ul style="list-style-type: none"> • The table's members have committed to using their collective impact to implement system improvements towards the CSWB plan's MHA goals, including: <ul style="list-style-type: none"> ○ Promote mental wellness and positive relationships among youth and families. ○ Improve access to MHA services and supports for youth by simplifying pathways and coordinating efforts. • There is "table fatigue" amongst members who are being asked to sit at multiple planning/advisory tables, some with overlapping mandates/purposes. | <ul style="list-style-type: none"> • EveryMind's senior leadership concluded that this table was the most appropriate one to be the CMH planning mechanism in Peel. • EveryMind's Director, Clinical Leadership & Excellence, became the table's co-chair in May 2023, with her term ending on Dec. 31, 2024. • Work has also occurred at smaller tables on initiatives involving fewer sectors (e.g., with school boards or hospitals), or those focused on a specific area of work (e.g., integrated crisis support). |

2024-25 Child and Youth Mental Health Service Area Planning Template

Were there child and youth serving organizations in your service area that you were not able to include in your engagement? If so, please provide further details on these circumstances.

Stakeholders' urgent focus on managing through the COVID-19 pandemic (e.g., equipping staff and students to pivot to virtual work/school; managing staffing shortages/illness; implementing IPAC measures), coupled with public health restrictions on gathering, limited the lead agency's capacity to engage stakeholders in developing the 2020-23 plan.

The number of competing priorities, tables etc. across Peel's child- and youth-serving sectors also made it difficult for the lead agency to find time to participate and likewise, for other sectors to prioritize CYMH. There are limits to the lead agency's capacity to reach out and expect others to participate in our priority work.

An erosion of service-delivery and advisory partnerships also occurred over the course of the pandemic and continues to limit successful outreach. However, efforts are underway across sectors, including CYMH, to re-establish these relationships. The Peel CSP's senior leadership table decided to add to the 2024-27 plan an emphasis on leveraging collective impact as an operating principle and value, as well as acting to achieve equity and inclusion, which requires greater engagement of diverse communities as we move forward.

Partners

Please identify the partners involved in addressing your service area priorities and their role in the process and activities

| Partners | Role |
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| Ministry of Health | Funder and regulator |
| Lead Agency Consortium and its Community of Practice | Provincial lead agency planning and partner in implementation of OPOC priority |
| Peel's CYMH Core Service Providers: Associated Youth Services of Peel, EveryMind Mental Health Services, and the child and adolescent clinics at Trillium Health Partners (THP) and William Osler Health System (WOHS) | Planning and implementation of Core Services Delivery priorities |
| Peel's Youth Engagement Coordinator and Youth Engagement Committee, and the Peel chapter of The New Mentality | Youth partners in developing and implementing the plan's YE priorities (Peer Youth Support pilot and For Youth, By Youth co-op course) |
| Dr. Maria Liegghio, Associate Professor, School of Social Work, York University | Partner in developing and implementing the plan's YE priority (For Youth, By Youth co-op course) |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| Peel and Dufferin-Peel Catholic district school boards | Consulted in developing the plan's YE priority (For Youth, By Youth co-op course) |
| Peel's Family Engagement Coordinator and Family Engagement Advisory Committee | Family partners in developing and implementing the plan's FE priority (alignment with the Knowledge Institute's FE quality standard) |
| Knowledge Institute on Child and Youth Mental Health and Addictions | Partner in Family Engagement priority (alignment with the Knowledge Institute's FE quality standard) |
| Peel's hospitals (THP and WOHS) – mental health staff | Partners in Project Now (THP) and integrated crisis support (WOHS) priorities |
| Mental Health and Addictions Action Table of Peel's CSWB plan and its sub-tables, e.g., Peel Situation Table | Refining CMH planning mechanism for CYMH, and individual sectoral support to some CMH priorities |
| Ontario Health's Working Group for MHA Coordinated Access in Central Region | New partner in 2023 on work to improve access and simplify pathways (one of the plan's overall goals) |
| Hills of Headwaters Collaborative OHT's Community & Mental Health Support Services Group and Integrated Crisis Response Working Group | First OHT in the Peel area that included MHA as a priority work area; integrated crisis support was part of the plan's CMH priorities |
| Central-West OHT's Service Providers and Youth Working Group | Work began in 2023 on the MHA cQIP project towards reducing the rate of emergency department (ED) visits as the first point of contact for MHA-related care. |
| Mississauga OHT's MHA Planning Table | Work began in Q3 of 2022-23 to develop the table's terms of reference and define its initial MHA priority, which is quick access to services for adults (ages 16+) with low-complexity depression and anxiety, also towards reducing ED visits for MHA care. |
| CMHA Peel Dufferin | Partner in implementing one number to call for 24/7 crisis support for all ages in Peel |
| Peel Regional Police | Partner in a range of integrated crisis support initiatives as part of this plan's priorities |
| Dr. Renée Sloos, Post-doctoral fellow, School of Social Work, York University | With support from EveryMind, Dr. Sloos led research on multi-sectoral collaboration in the |

2024-25 Child and Youth Mental Health Service Area Planning Template

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| | delivery of CYMH services in Peel. Her research engaged a broad range of sectors, provided insight on challenges in collaboration, and enriched CYMH cross-sectoral work. |
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| Results Achieved | |
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| <i>Please identify the results achieved against the deliverables described in the 2022-23 plan, including metrics that were used to measure progress if applicable.</i> | |
| Core Service Priorities and Deliverables | Results Achieved |
| Optimization of Counselling/Therapy – discovery phase, report with recommendations, CSP discussions, redesign, approval, implementation, and evaluation. | <ul style="list-style-type: none"> The discovery phase was delayed by competing priorities but began in 2022/23 and will be completed by Mar 31, 2024. The remaining deliverables are part of this multi-year plan. |
| Implementation of the OPOC tool – pilot at lead agencies, adjustments based on the pilot, and expanded rollout to CSPs in Peel. | <ul style="list-style-type: none"> The LAC/CAMH-led pilot of the OPOC with lead agencies, including EveryMind, occurred in 2021. EveryMind adjusted its methodology and administered the OPOC again in 2023. Results of the 2021 and 2023 surveys are published on EveryMind's Lead Agency webpage (also in French). Going forward, EveryMind plans to do the OPOC annually. Rollout of the OPOC to CSPs was delayed by a lack of capacity at CAMH to support the expansion to CSPs. However, the rollout is in the workplan for the LAC's 2024-27 strategic plan, in partnership with the Knowledge Institute. |
| Assessment of CYMH system capacity in Peel to align with the Knowledge Institute's new Family Engagement quality standard – training of staff and the FE Advisory Committee on the standard, assessment of CSPs' capacity, and development of FE workplans to improve meaningful FE in the CYMH system | <ul style="list-style-type: none"> System training (three workshops) co-led by a Peel family advisor, Peel's FE Coordinator, and the Knowledge Institute, occurred in 2021/22. A baseline survey was launched with 315 staff in 2021/22 to assess perceptions of FE system capacity. EveryMind staff analyzed and summarized the results in a report that is available on EveryMind's FE webpage. |

2024-25 Child and Youth Mental Health Service Area Planning Template

| | <ul style="list-style-type: none"> • Development of the resulting workplans has been ongoing, with decisions to focus on recruitment for the FE Advisory Committee, FE communications (re-launch of FE newsletter; e-blasts; strategic story-telling), and development of FE and CYMH resources to support family advisors and staff. • Work has also been ongoing with the Knowledge Institute to co-develop knowledge sessions for Peel's CYMH system. |
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| Community Mental Health Priorities and Deliverables | Results Achieved |
| <p>Project Now – co-lead with Trillium Health Partners (THP) the Stepped Care (tertiary prevention) pilot project</p> | <ul style="list-style-type: none"> • THP put this priority on hold in 2020 as it needed to focus on its response to the COVID-19 pandemic. • Discussions with key partners occurred in 2022/23 as THP considered re-starting the project. In 2023/24, the direction of Project Now changed, expanding from the specificity of its original suicide prevention goal to MHA system redesign. • Work with THP on its MHA redesign is incorporated into the new multi-year plan as part of the lead agency's collaborative work with a range of system partners. |
| <p>Expand Youth Engagement into the broader service sectors in Peel – For Youth, By Youth (4YBY) pilot project with youth, York University's School of Social Work, Peel District School Board (PDSB), and Dufferin Peel Catholic District School Board (DPCDSB)</p> | <ul style="list-style-type: none"> • A curriculum with co-op work placement was co-designed with youth, EveryMind, York University (Dr. Maria Liegghio), and representatives of PDSB. DPCDSB was brought into the conversations to explore options for delivery of a similar course at their school board. • Unfortunately, when the course was ready to run, PDSB did not grant approval. Conversations with PDSB pivoted to exploring other options to use the curriculum co-developed with youth. • EveryMind offered a condensed, three-part workshop in summer 2023, using the course modules and co-led with youth who were involved in developing the co-op course. |
| <p>Partner with other service sectors in collaborative initiatives at the regional level – included consideration of a new CMH planning mechanism as well as a range of</p> | <ul style="list-style-type: none"> • Peel's child/youth and adult providers of crisis support services, EveryMind and CMHA Peel Dufferin, consolidated their telephony to create one number to call for 24/7 crisis support for all ages in Peel (completed in 2021). |

2024-25 Child and Youth Mental Health Service Area Planning Template

collaborative initiatives involving the MHA Action Table of Peel's CSWB plan, CMHA Peel Dufferin, police, and OHTs.

- Work is ongoing at the Hills of Headwaters OHT on integrating crisis response for north Peel and Dufferin. EveryMind is a member of the OHT's Integrated Crisis Response Working Group.
- EveryMind decided to make Peel's MHA Action Table the community planning mechanism for CYMH, as the table has youth-centred goals (promote mental wellness and positive relationships among youth and families; improve access to MHA services and supports for youth by simplifying pathways and coordinating efforts) and representation from multiple sectors.
- The Peel Situation Table, a sub-table of the MHA Action Table, was created to mitigate risk for crisis situations. Key partners included police, CYMH and adult MHA crisis response teams, and hospitals.
- In the final year of the plan, Mississauga and Central West OHTs began work towards their new MHA priorities:
 - CW-OHT's MHA cQIP project is focused on increasing access to community MHA services to reduce the rate of emergency department (ED) visits as the first point of contact for MHA-related care.
 - MOHT's MHA Planning Table is focused on quick access to services for adults ages (16+) with low-complexity depression and anxiety to reduce ED visits. Future work is anticipated to include the child/adolescent population.
- Also in 2023, work began at Ontario Health's Working Group for MHA Coordinated Access in Central Region.
- Dr. Renée Sloos' research on cross-sectoral collaboration in CYMH service delivery in Peel engaged a broad range of sector partners. Her findings informed the development of the 2024-27 multi-year plan.

2024-25 Child and Youth Mental Health Service Area Planning Template

Implementation Challenges

Please identify any challenges that affected the implementation of priority activities and how your organization and community addressed these challenges

Implementation challenges included:

- The COVID-19 pandemic created challenges in engaging stakeholders who were focused internally on service continuity through the pandemic. Additionally, EveryMind needed to postpone some lead agency-related work to focus on preserving its own service continuity under pandemic conditions.
- Peel's community-based CSPs have experienced high rates of turnover and difficulty recruiting. The salary differential between the community CYMH sector and other sectors that employ mental health professionals (e.g., school boards and hospitals) is a factor. Bill 124's wage caps along with infusions of mental health funding to the school system, without comparable funding increases to the community-based CYMH sector, exacerbated the issue. When senior leaders and managers must continuously focus on staffing challenges, it reduces their ability to engage in other strategic work. The reduction in CYMH access and service delivery from staffing shortages is a serious issue that negatively impacts the mental health of children and youth, not only in Peel but across Ontario.
- Multiple transformation agendas and tables in the child- and youth-serving sectors have been a challenge, as there are too many tables to have staffing consistency at them. The division of labour required to participate creates an additional layer of work to track initiatives and prevent working in silos. Some tables have overlapping purposes/mandates which add to the challenge, as do non-contiguous boundaries across sectoral tables and initiatives.
- For the second youth engagement priority (For Youth, By Youth co-op course), implementation stalled when the Peel District School Board did not approve the course. While EveryMind remains unclear on the reasons, there appeared to be discomfort at the Board with the mental health subject matter of some modules and the participatory research aspect.

Reference Guide to Acronyms and Abbreviations Used in This Plan

Appendix C

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| 2SLGBTQ+ | Two Spirit, lesbian, gay, bisexual, transgender, queer, plus; refers to sexual orientation or gender identity |
| 4YBY | For Youth by Youth; a youth engagement initiative |
| ABR | Anti-Black racism |
| ARC | Attachment, Regulation and Competency (ARC) framework |
| AYSP | Associated Youth Services of Peel |
| BI | Business Intelligence Solution for child and youth mental health data maintained by the Ontario Ministry of Health |
| CAMH | Centre for Addiction and Mental Health |
| CAPs | Collaborative Action Plans (help clinicians using interRAI's ChYMH tool to determine appropriate interventions) |
| CAS | Children's Aid Society |
| CBT | Cognitive Behavioural Therapy |
| CHAD | Child and adolescent |
| ChYMH | interRAI Child and Youth Mental Health Instrument; a clinical assessment tool |
| CIS | Clinical information system |
| CMH | Community mental health |
| CMHA | Canadian Mental Health Association |
| CMHO | Children's Mental Health Ontario |
| CoP | Community of Practice |
| COVID-19 | Coronavirus Disease of 2019 |
| CPR | Cardiopulmonary resuscitation |
| cQIP | Collaborative Quality Improvement Plan |
| CSD | Core services delivery |
| CSP | Core Service Provider in Ontario's child and youth mental health sector |
| CSWB | Community safety and well-being |
| CTS | Counselling and Therapy Services |
| CW-OHT | Central West Ontario Health Team |
| CYMH | Child and youth mental health |
| DBT | Dialectical Behaviour Therapy |
| DDI | Data and Digital Initiative |
| DEI | Diversity, equity and inclusion |
| DPCDSB | Dufferin-Peel Catholic District School Board |
| EBP | Evidence-based practice |
| EDI | Early Development Instrument |
| EDU | Ontario's Ministry of Education |
| FE | Family engagement |
| FLS | French language services |
| FTE | Fulltime equivalent |
| GTA | Greater Toronto Area |

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| HHR | Healthcare Human Resources |
| IBH | Institute for Better Health at Trillium Health Partners |
| IDEA | Inclusion, diversity, equity, and accessibility |
| IPAC | Infection Prevention and Control |
| ITS | Intensive Treatment Services |
| KI | Knowledge Institute for Children and Youth Mental Health and Addictions |
| KPI | Key performance indicator |
| LA | Lead agency |
| LAC | Child and Youth Mental Health Lead Agency Consortium |
| LHIN | Local Health Integration Network |
| LIT | Live-in treatment |
| MCCSS | Ontario's Ministry of Children, Community and Social Services |
| MCRRT | Mobile Crisis Rapid Response Team |
| MCYS | Ontario Ministry of Children and Youth Services; a former Ministry name that is no longer in use |
| MHA | Mental Health and Addictions |
| MOH | Ontario's Ministry of Health |
| MOMH | <i>Moving on Mental Health</i> ; a 2012 plan for transformation of Ontario's child and youth mental health system |
| MOHT | Mississauga Ontario Health Team |
| MoU | Memorandum of Understanding |
| MST | Multi-Systemic Therapy |
| OHT | Ontario Health Team |
| OITP | Ontario Intensive Treatment Pathway |
| OPOC | Ontario Perception of Care; a survey of client/patient experience |
| OPP | Ontario Provincial Police |
| PCT | Complex Mental Health Needs Provincial Collaboration Table |
| PDSB | Peel District School Board |
| PNSG | Peel Newcomer Strategy Group |
| PPM | Policy/Program Memorandum (from Ontario's Ministry of Education) |
| PPR | <i>Provincial Priorities Report</i> (published by the Child and Youth Mental Health Lead Agency Consortium) |
| SMHO | School Mental Health Ontario |
| SNAP® | Stop Now and Plan, an evidence-based cognitive behavioural model for children with behavioural issues |
| TAY | Transitional-aged youth |
| TBD | To be determined |
| THP | Trillium Health Partners |
| TPON | Transfer Payment Ontario |
| WOHS | William Osler Health System |
| YBB | Youth Beyond Barriers; a program at Associated Youth Services of Peel for youth who identify as 2SLGBTQ+ |
| YE | Youth engagement |