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COMMUNITY MENTAL HEALTH PLAN

**Submitted to the Ministry of
Children and Youth Services**

March 31, 2017



TORONTO
moving on mental health
LEAD AGENCY

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2016-17 COMMUNITY MENTAL HEALTH PLAN

Vision	Intended Impact Statement
Every infant, child and youth in Toronto has the supports to reach their optimal mental health.	<p>By 2021, EMYS will have collaboratively created and be managing a coordinated, responsive, and accessible mental health system for infants, children and youth in Toronto and their parents and caregivers. We will strive to ensure effective pathways to service that are timely, evidence-informed, culturally and linguistically appropriate, and barrier-free.</p> <ul style="list-style-type: none"> - East Metro Youth Services Strategic Plan 2016 – 2021

EXECUTIVE SUMMARY

This intended impact statement along with our agency’s vision: *Every infant, child and youth in Toronto has the supports to reach their optimal mental health*, have guided Year 2 of lead agency operations and the development of this Core Services Delivery Plan (CSDP).

Early in 2016/17 East Metro Youth Services (EMYS) initiated development of a new five-year strategic plan. In building this plan, the Board and staff of the agency recognized that the role of EMYS was undergoing a significant shift in the community given the agency’s selection as lead agency in 2015. As part of this strategic plan, the agency intentionally laid out an intended impact statement to guide our evolving role as lead agency.

By 2021, EMYS will have collaboratively created and be managing a coordinated, responsive, and accessible mental health system for infants, children, and youth in Toronto and their parents and caregivers. We will strive to ensure effective pathways to service that are timely, evidence-informed, culturally and linguistically appropriate, and barrier-free.

This intended impact statement along with our agency’s vision: *Every infant, child and youth in Toronto has the supports to reach their optimal mental health*, have guided Year 2 of lead agency operations and the development of this Community Mental Health Plan (CMHP).

We continue to use the principles of Collective Impact to engage and work with the broad range of stakeholders in Toronto, harnessing the skills and expertise from core service provider agencies, their staff, and other partners. This has helped us gain a more informed understanding of the Toronto service landscape and develop recommendations to address gaps in access and service. Over the past year, three new working groups were formed, two saw their mandates extended, two partner sector tables were established, and under the stewardship of an engagement coordinator, dedicated work on youth and family engagement began.

We continue to build our engagement with the indigenous community and will continue to work closely with the ministry and Indigenous service providers. Our French languages services working group, chaired by the Executive Director of Centre francophone de Toronto leads the work of ensuring services are available and strengthened for French language clients.

Year 2 as Toronto lead agency has been an intensive time for EMYS. The size and scope of the City of Toronto, the number of core service agencies (30) we are responsible for, and the range and number of external stakeholders the lead agency needs to build relationships with necessitated thoughtful priority-setting to ensure our ability to demonstrate progress on both the CSDP and the CMHP. Most our efforts in Year 1 were dedicated to launching the Collective Impact process that provides the framework for the needed development of the Toronto service system with our MCYS-funded agencies. Following on a strong foundation and constantly-evolving understanding of the Toronto service landscape meant our Year 2 strategies, plans and priorities focused on effectively engaging and aligning structures with the broader network of community partners.

A significant challenge in Toronto is the large scale of sector partners the lead agency must establish, build and nurture relationships with to build a CMHP inclusive of all the players who are involved in child and youth mental health. **This includes five LHINS, 34 hospitals, 24 Community Health Centres, 23 Early Years Centres, four school boards, four child welfare agencies and the City of Toronto which has multiple entry points into the system.** More concentrated planning must also take place to ensure Francophone and indigenous needs are considered and included. There are potentially hundreds of planning tables, advisory mechanisms, working groups and information sharing bodies in Toronto.

A Diverse City

In addition to the many sector partnerships we continue to forge, it is imperative that youth and family engagement that acknowledges and works effectively with Toronto's diverse communities be embedded our work. In Year 1, the lead agency met with several representatives of these communities who have cautioned against a "one-size fits all" and provided excellent advice on the need for thoughtful strategies and implementation. To that end, sector and community engagement, which is also a key CSDP priority deliverable, has been a primary focus during Year 2.

Toronto's place as Ontario's largest city continues to make the implementation of Moving on Mental Health (MOMH) a different challenge than in other parts of the province. Toronto has a population of 2.8 million and continues to grow around 4.5%¹. Of that number, the City of Toronto estimates approximately 420,000 are under the age of 14². Adding in the youth from age 15 to 18, the population in Toronto under the age of 18 is estimated to exceed 500,000. With an estimated one in five children and youth dealing with mental health issues, this means there are well over 100,000 children and youth in the city of Toronto who can benefit from mental health services.

¹ <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?B1=All&Code1=3520005&Code2=35&Data=Count&Geo1=CSD&Geo2=PR&Lang=E&SearchPR=01&SearchText=Toronto&SearchType=Begins&TABID=1>

² <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=b431611193426410VgnVCM10000071d60f89RCRD>

Geographically, the neighbourhoods with the highest shares of children and youth tend to be concentrated in the northwest, eastern and central parts of the city while those with the smallest shares tend to be in the south-central parts of Toronto.

The Canadian Mental Health Association identifies several factors which can have significant impact on a person’s physical and mental wellbeing. The top three factors listed include:

- Freedom from discrimination and violence
- Social inclusion
- Access to economic resources

The Child and Family Network of Toronto has developed the Child & Family Inequities Score. This tool is one way to help explain the variation in socio-economic barriers across the City of Toronto neighbourhoods. While other composite measures of socio-economic disadvantage in the City exist, this measure is unique because it uses indicators that are specific to families with children under the age of 12. Not only do these indicators identify challenges for providing services for children under the age of 12, they also serve as a guide to inform future program design as these children grow older and move into the adolescent and transitional age youth systems. For more information on how the Child & Family Inequities Score was created, please refer to the [Technical Report](#)³.

40%	Low Income Measure	Percent of families with an after-tax family income that falls below the Low Income Measure.
15%	Parental Unemployment	Percent of families with at least one unemployed parent/caregiver.
15%	Low Parental Education	Percent of families with at least on parent/caregiver that does not have a high school diploma.
15%	No Knowledge of Official Language	Percent of families with no parents who have knowledge of either official language (English or French).
15%	Core Housing Need	Percent of families in core housing need according to the Statistics Canada definition.

4

Toronto has a diverse population. According to the 2011 National Health Survey, visible minorities made up 49.1% of the population in Toronto. Additionally, over 381,700 newcomers settled in Toronto. This is approximately one-third (32.8%) of the total, the highest share⁵. According to the City of Toronto, 45% of immigrants to the City of Toronto were under the age of 25 and 23% under the age of 14.

³ http://www1.toronto.ca/City%20Of%20Toronto/Children's%20Services/Divisional%20Profile/Raising%20the%20Village/community-determinants/Child%20and%20Family%20Inequities/CFIS_TechnicalReport.pdf

⁴ <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=7e897d2c41527510VgnVCM10000071d60f89RCRD>

⁵ <https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm#a4>

Given the size and complexity of potential sector partnerships in Toronto the lead agency decided to focus its community mental health planning efforts this year on the health and education sectors through the establishment of partnership tables that were co-chaired by representatives of these sectors and CSPs. Membership drew from partner sectors and this type of “ground-up” engagement with these sectors has resulted in a high commitment to the work and established an atmosphere of co-creation and joint accountability.

Healthcare Partnership Table

In its first months of operation the Healthcare Partnership Table (HPT) focused its discussions on three transition points between core services providers (CSPs) and hospitals that provide mental health services to children and youth:

- Transitions from the emergency department
- Transitions from inpatient units
- Transitions from outpatient units

The results of a subsequent environmental scan determined the models that would fill the current gaps could include:

- expanding the emergency department pathways between hospitals and all six ‘What’s Up’ Walk-in® clinics
- expansion of the transitional support worker program that currently facilitate seamless and timely transitions for the most complex children and youth out of inpatient and outpatient programs be.

A working group will be established that will bring together interested CSP organizations and hospitals to: build out a model of transitional support worker roles and best practices, and make recommendations that consider realignment of services and the required resources to meet this need.

Another promising development for the lead agency, facilitated by the HPT, has been the opportunity to jointly undertake a three-year urban Tele-link project in collaboration with SickKids, funded by MCYS. Developmental work has been underway throughout 2016 and three sites (Etobicoke Children’s Centre, YouthLink and the Griffin Centre) have been selected to host the service slated to launch April 2017. This will extend the availability of psychiatric consultations in underserved areas of Toronto.

Phase two of the HPT will launch in late spring 2017. It will focus on developing and implementing pathways between CSPs and family health teams along with family doctors to provide ongoing primary health care functions and follow-up with children and youth who use the Tele-link locations.

Education Partnership Table

The Education Partnership Table (EPT) established four priorities and opted to establish expert working groups co-chaired jointly by representatives from Boards of Education and CSPs. The first two workgroups are Section 23 and School Focused Priority Access and these are slated to finish their work in mid-2017. New members with relevant expertise will be recruited for two more working groups– School Development Projects and Early Years- to commence in the fall of 2017.

Youth and family engagement

Hiring an Engagement Coordinator in 2016 has enabled the lead agency to focus developmental activities that will build toward full strategies in 2017. These strategies will ensure:

- Development of frameworks that embed youth and family engagement in the CYMH sector in Toronto.
- Development of mechanisms to engage hard to reach youth and families who are not currently accessing CYMH services.

SECTION B: ENGAGEMENT SUMMARY

Engagement: Children, Youth, Families

Per MCYS, “child, youth and family engagement is the process of partnering with children, youth and their families in the development and implementation of their service plans. It is an integral component of services delivered through the CYMH program, and part of the overall approach to operations and service delivery at all levels.”

A key finding of the Year 1 Communications and Engagement Working Group was that it is important youth and family engagement is “meaningful and not token.” It was agreed families and youth could play a critical role as key advisers to the core services agency community. There was further consensus this engagement process needed to be structured, predictable and operationalized.

In August 2016, the lead agency used funding from the Ontario Centre of Excellence for Child and Youth Mental Health (CYMH) to hire a dedicated Engagement Co-ordinator to begin development of a youth and family engagement strategy, lead engagement activities and help develop mechanisms to ensure this engagement meaningfully informs all aspects of EMYS’ lead agency work, as well as enhance the capacity of our community partners.

Recognizing the size, diversity, and complexity of our service area, we have focused our youth and family engagement work on two fronts. The long-term framework and strategy development front involves building capacity within the system to engage families and youth in the Toronto service area as well as embedding engagement processes and commitments in the operations of organizations and systems. Our project based approach ensures the voice of youth and families informs our current lead agency analysis and recommendations on an on-going basis and we can refine new activities based on our on-going learnings.

Meaningful and authentic engagement requires a thoughtful collaborative approach, and so to launch our long-term engagement strategy development we have been engaging and consulting with our CSPs,

experts in youth and family engagement including The Ontario Centre of Excellence (The Centre), Parents for Children’s Mental Health (PCMH), the New Mentality, and other networks and agencies with engagement experience. We have also been looking at examples of different youth and family engagement models such as the Premier’s Council for Youth Opportunities, The Ontario Provincial Advocate for Children and Youth’s Youth Amplifiers, and YouthCan IMPACT’s Youth and Family Engagement models. This exploration and analysis phase will provide the foundations for a robust and sustainable engagement strategy for our service area.

Short-term activities focused on connecting our current work with families and youth from a broad spectrum of communities and backgrounds. We worked with our website development team, and our working groups to develop the following engagement activities, and by doing so ensured youth and family voice is embedded in our processes:

- **MOMH-TO website survey:** a survey sent through our CSPs and other stakeholders to youth and families, identified core elements to consider to increase online access to services. 122 youth and family members completed the survey.
- **Peer-facilitated consultations:** Developing and implementing (in partnership with the working groups) peer-led consultations that provide client insight and perspective and inform the analysis and recommendations of the lead agency’s working groups. In this project youth and family members were trained to lead consultations and took part in forming questions, and interpreting results: (seven consultations were held with youth and families; one consultation with frontline staff at Toronto Community Housing; and 51 consultations with youth and family members. See **Appendix A** for consultation summary report

Engagement: Diverse Communities

Using diversity and equity lenses are guiding principles in all the lead agency engagement activities. We recognize to promote mental health equity in our system we need to make special efforts to engage a wide range of organizations, networks and communities that reflect Toronto’s cultural, ethnic, economic, and linguistic diversity.

To launch this work the lead agency organized two diversity training opportunities for our CSPs’ Board members. Additionally, we have been meeting with agencies and attending community events hosted by community organizations and networks. These include: Youth Mental Health in the Black Community-Black Health Alliance, Hair Story- Provincial Child and Youth Advocate, Children Mental Health Ontario conference, Indigenous One Spoon One Dish Forum, Youth REX Exchange Day and design labs, Ontario Open Government Forum, and Mental Health Needs Assessment in the Asian Community-Hong Fook Mental Health Association.

We have also been making significant efforts to engage individuals, families and communities that are not currently accessing community mental health services. These efforts include our ongoing relationship with the City of Toronto Youth Development Unit, Toronto Community Housing Corporation (TCHC), and Toronto Youth Cabinet. We have partnered with these organizations to create a youth leadership event in early May 2017 called “If I Ruled TO”. During this event, and together with the New Mentality, we are planning to hold sessions for youth about engagement and leadership in mental health services.

Additionally, we have held a consultation with Toronto Community Housing Corporation (TCHC) frontline staff to understand how to best serve and engage youth and families in their communities. Finally, we are leveraging our role as the provincial lead for the Youth Outreach Worker (YOW) program and together looking for opportunities to increase engagement with youth who are served by YOWs across the city.

These activities are providing valuable insight and helping to inform the work of the lead agency and our working groups, and will form the foundational steps toward a comprehensive engagement strategy. In addition, through these meetings we have facilitated relationship building between organizations such as a partnership between the City of Toronto and Stella's Place around peer support workers training for the City's Community Healing Project.

Engagement: Indigenous Service Providers

The lead agency respects self-determination as a key principle of indigenous people. The goal is to align our efforts with Indigenous service providers and to facilitate partnerships and collaboration where and when it supports the mental health services identified by these service providers. EMYS reached out to engage Toronto's Indigenous providers, informed them of EMYS's leadership role and learned from them about how we can align the work. EMYS Executive Director, Claire Fainer, has individually met with agencies' leadership in late 2016 and early 2017 to discuss the progress of the lead agency in the system transformation process and to learn more about the needs of this community. These meetings are laying the groundwork for continued and new alignment and collaboration between the CSPs involved in MOMH and the individual indigenous service providers. The Toronto Indigenous service providers have been identified by MCYS as: Aboriginal Legal Services of Toronto, Anishnawbe Health Toronto, Native Canadian Centre of Toronto, Native Child and Family Services of Toronto, Native Women's Resource Centre, and Toronto Council Fire Native Cultural Centre.

The lead agency will continue to work with indigenous partners and with MCYS to ensure their involvement in community mental health planning and alignment with the MCYS Indigenous youth strategy under development.

Challenges

Lack of resources

To achieve authentic and meaningful youth and family engagement at the system level, it is crucial that youth and families are engaged at the organization and program levels. Unfortunately, although engagement is identified as a key evidence informed practice with proven clinical and process outcomes, there is no designated ministry funding to develop and support these activities. Thus, many of our CSPs are unable to conduct any engagement activities, and the ones that do rely on unsustainable funding sources such as fundraising and private foundations donations. To overcome this challenge the lead agency is looking at alternative funding opportunities to support engagement work in our sector. Yet, the issue of sustainability pertains as these funding sources are limited and unpredictable.

Complexity of Toronto's population

Toronto's population size and diversity add complexity to engagement work. Toronto's population is uniquely diverse and comprises of many cultural, linguistic, and geographical communities, which

requires a variety of engagement strategies and approaches. In addition, stigma around mental health remains common in many communities in Toronto leading to limited willingness by families and youth to engage with our CSPs. To overcome these challenges the lead agency is working with CSPs to develop engagement activities in their local communities that are culturally aware and appropriate. We are also looking for opportunities to support anti-stigma activities such as the development of more New Mentality groups in Toronto (currently there are two).

Limited time and capacity of families and youth

In most cases, youth and families who are accessing mental health services are facing challenges in their personal and family lives. Dealing with mental health challenges and accessing services can be time consuming and emotionally taxing, and thus many youth and families are unable to devote more of their time and energy to participate in engagement activities. Recognizing this issue, the lead agency is considering developing engagement activities that are easy to access (i.e. online opportunities), and that provide appropriate supports to youth and families. In addition, skills development, peer support, and financial compensation (when possible) are recognized as integral parts of any engagement activity, so to ensure youth and families’ time and efforts are appreciated and recognized.

Lack of consistent understanding of engagement

Although there is a growing trend toward the operationalization of youth and family engagement across all levels of service delivery in both healthcare and mental health service organizations, there is still a lack of a common understanding of youth and family engagement processes among service providers across Toronto. As a result, commitment to long term embedment of engagement in organizations remains limited in some cases. To overcome this challenge the lead agency has been working with PCMH and The Centre to develop training opportunities for leadership staff from our CSPs.

Engaging hard to reach youth and families

Many youth and families who are experiencing mental health challenges are not accessing services for a variety of reasons such as stigma, lack of knowledge about services, and cultural and linguistic barriers. The lead agency recognizes the need to engage youth and families who are not accessing services to better identify these barriers and improve access to services and health equity. To overcome this challenge the lead agency is developing relationships with a variety of partners from the broader community such as Toronto Community Housing, Eva’s Initiative, The City of Toronto’s Youth Development Unit, the Provincial Youth Outreach Program, and many other organizations and network who engage with hard to reach youth and families.

SECTION C: SECTOR PARTNER SERVICES SUMMARY

As the lead agency, we are responsible for ensuring:

- Infants, children and youth receive the right mental health service at the right time, and
- The effectiveness and performance of core service agencies and the system meet the objectives of MOMH

Through the development and ongoing refinement of first year and ongoing key deliverables of the CSDP and CMHP, the lead agency continued to leverage the expertise of the sector and its partners.

For these objectives to be met, EMYS formalized and focused upon key community sectors during 2016/17 by setting up 1) an EPT, 2) a HPT and specific working groups to inform the development and

implementation of Moving on Mental Health Toronto (MoMH-TO). All groups have been meeting regularly, providing expertise, insight and recommendations in their respective topic areas.

The Process

Implementing a Collective Impact approach required a strong ‘backbone’ organization and this is the role EMYS fills as lead agency. The lead agency maintains the overall strategic coherence, coordinates and manages day-to-day operations and implementation of work covering all aspects of the CMHP.

The Collective Impact approach guides the continued development of the CMHP. It is equally applicable to tackling a complex social challenge with like-minded sector partners as it is to working with related sectors:

Collective Impact is the commitment of a group of actors from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration. - Stanford Social Innovation Review (2011)

Age-related working groups newly established in Year 2, and the extended mandates of the Residential Working Group and French Language Services Working Group from Year 1 in support of developing the CSDP, have broadened the discussions from Year 1 and considered the essential broader community planning. This is an important feature for increased involvement by other sectors in related core service delivery processes as well as community mental health planning which has benefited the Education and Healthcare Partnership Tables and vice versa in Year 2. Issues, analysis and possible solutions in each of the respective entities that cross over to the in-depth activities and planning of other groups and Tables have been referred.

In addition to overseeing lead agency working groups and tables, EMYS also continued participation in several broader sector tables:

- Latency Age Working Group (external) concluded Spring 2016: This multi-sectoral working group included representatives of organizations serving latency age children including child and youth mental health agencies, education, child welfare, health/hospitals, crisis services and French language services
- Syrian Newcomers: The lead agency continues to represent the community-based child and youth mental health sector on this cross-government/cross-sector province-wide response
- Health Care/MCYS/lead agency quarterly meeting: The lead agency meets regularly with representatives from MCYS, CAMH and Hospital for Sick Children to share information and discuss opportunities to collaborate

Healthcare Partnership Table

The mandate of the HPT includes the following key activities;

- Evaluating current utilization of services
- Mapping services
- To improve the understanding of where and how services are currently delivered
- Identifying strengths and gaps
- To improve awareness of strengths and gaps in the existing system

- Understanding of “best practice” related to access mechanisms, transitions processes and referral options
- To improve access mechanisms and transitions for education to mental health services and mental health services to education
- Identify mental health/education service priorities
- Adopting a “systems” approach to the planning, description, implementation and evaluation of services

The Table’s work is divided into two phases. Phase one work is to develop and implement clear, consistent, and evidence informed pathways between CSPs and hospitals. Membership consists of senior managers and department leaders of hospitals who provide child and adolescent mental health services. Organizations include; The Hospital for Sick Children, CAMH, Sunnybrook Health Sciences Centre, Michael Garron, Scarborough and Rouge Hospital, Holland Bloorview Kids Rehabilitation Hospital, Youthdale, and George Hull.

In phase one, the Table has completed the following tasks:

- An environmental scan was completed to better understand partnerships between CSP agencies and hospitals that are providing child and youth mental health services. See **Appendix B** for map
- A day long retreat between CSP organizations and the Executive for Child and Adolescent Psychiatry resulted in a recommendation that an increase in transitional support workers to bridge children and youth from hospital inpatient and outpatient was a critical service in providing seamless and smooth transitions
- The development, implementation, tools and pathway design for the Emergency Department (ED) Pathways was developed in consultation with the HPT and elements from the ED Pathways research evaluation were also considered
- Members from the HPT created a sub-committee to select the Tele-Link locations. YouthLink, Etobicoke Children’s Centre, and Griffin were selected based on limited access to child and youth psychiatry in their neighbourhood
- See **Appendix C** for Healthcare Partnership Members list

Education Partnership Table

The mandate of the EPT includes the following key activities across all four priority areas*:

- Evaluating current utilization of services
- Mapping services
- To improve the understanding of where and how services are currently delivered
- Identifying strengths and gaps
- To improve awareness of strengths and gaps in the existing system
- Understanding of “best practice” related to access mechanisms, transitions processes and referral options
- To improve access mechanisms and transitions for education to mental health services and mental health services to education
- Identify mental health/education service priorities
- Adopting a “systems” approach to the planning, description, implementation and evaluation of services

(*Priority Areas: School Focused Worker Initiatives, Section 23, School Development Projects and Early Years)

From September 2016 to February 2018, the EPT elected to work on two priority areas at a time. The first two workgroups are Section 23 and School Focused Priority Access and are co-chaired jointly by representatives from Boards of Education and CSPs. We anticipate that content experts will be recruited similarly for the two subsequent working groups – School Development Projects and Early Years to commence in the autumn of 2017. To date there have been 11 meetings of the initial two working groups and two meetings of the EPT over the last half of the 2016/17 planning cycle. See **Section E** for 2017/18 priority identification.

The EPT is co-chaired by Toronto Catholic District School Board (TCDSB) and a MCYS CSP. Membership includes system leaders from all four school boards and MCYS core services funded mental health agencies that represent diversity in student/client age, geographical location and program mandates. Members of this table are comprised of participants with relevant expertise as well as other individuals identified as having expertise beneficial to achieving the current mandate. Participants were chosen by the Co-Chair(s) and lead agency to ensure a balanced approach of incorporating broad Collective Impact, diversity and expertise within a manageable size and structure. See **Appendix D** for Education Partnership Members List

Section 23 Workgroup Overview

Achievements to-date include:

- Terms of reference review
- Workplan development
- Service mapping from all boards and agencies
- SWOT analysis (Access/Intake, Transition, General Program) and environmental scan
- Partial literature review
- Survey (of current services) to be analyzed
- Stakeholder focus groups and interviews (to be done)

School Focused Worker Initiatives Overview

Achievements to-date include:

- Terms of reference review
- Workplan development
 - Invitation to expand membership of group after initial meetings
- SWOT analysis and environmental scan;

Results and next steps for both these working groups will include:

- Explore how to improve access mechanisms and transitions for education to community-based mental health services and mental health services to education sector
- Create and standardize service flow and expectations (i.e. intake, assessment, transition etc.)
- Identify core components of services and multi-disciplinary supports that should be available at every agency
- Explore improvement for accountability agreements – clarification on who is responsible for what (i.e. if a psych assessment is required for entry whose responsibility is it? If a psych assessment is needed for the IPRC process and school placement – whose responsibility, is it?)

- Identify how many children/youth return to mainstream classrooms following Section 23 participation
- Explore options of keeping children/youth registered at their school and not withdrawing student when participating in Section 23 program; integrated approach and return into school system based on student needs
- Identify ways to create and formalize common transition plans and expectations
- Identify total financial allocation to Section 23 in Toronto; identify target cost per client; cost/benefit analysis
- Examine alternative models of oversight
- Discuss potential solutions with feedback from members of the overall Education Table

Initiated during the third quarter of the planning cycle for 2016/17, these first two priority areas have undertaken workplans and activities that include SWOT analysis, related surveys and literature reviews and the development of actionable recommendations to channel back to the Education Table. These activities will culminate in a presentation of findings and preliminary recommendations for consideration to the EPT with final recommendations to the lead agency in first half of 2017/2018 planning cycle.

Section 23

Throughout the SWOT analysis in Toronto, the main themes identified have been a lack of consistency and systems approach resulting in significant access criteria and exclusionary criteria variation across the city including family engagement. As an example, the capacity to address behavioural needs can often be the reason for referral to Section 23, however the focus should be on mental health. Additionally, the alignment between ministries is problematic as the MOH and MCYS have significantly different policies and requirements.

Accountability and outcomes are not clear especially at the systems level. For example, there appears to be no systemic evaluation framework with outcome measurements at a systems level, nor are there specific benchmarks and best practice guidelines. Notably there is ambiguous authority/accountability and responsibility for program combined with the fact that processes and practices are often at odds with lines of authority and contradictory (i.e agency cannot cancel program when buses are cancelled – only the school boards have the authority to cancel the program; agencies must register students with school boards; Boards expect that the program will be cancelled when teachers are on strike even in non-unionized settings; agency staff arrange for busing and must stay back in case of busing issues etc.)

Sustainability, given the cost of the existing Section 23 model, presents a major concern to be addressed. Since Section 23 is an expensive program, it also presents significant human resources challenges such as inequity in employment contracts, staffing expectations, union limitations, contracts, etc. between community-based agencies and school boards. Additionally, the dual model of supervision and management requires strong relationships but does not allow for flexible staffing and resource allocation to promote successful outcomes.

Access challenges have been frequently raised by Boards of Education and the CSPs especially as there is limited capacity to accommodate children/youth with high needs – especially those with externalized behaviours (criteria diversity across a board's section 23 offerings). Of note is the MCYS funding cut-off at 18 which does not match Board and MOE policies of schooling to age 21.

The Section 23 Working Group anticipates making recommendations during 2017/18 at the midway point of the fiscal year to the lead agency after the main Education Table has had an opportunity for providing feedback on their initial findings and direction.

School Focused Worker Initiative (SFWI)

Various points have arisen regarding the preliminary SWOT Analysis of this program including the need for integrating better pathways and consideration for the nuances of waitlists. The latter includes the procedural concern and the lag time which has been a difficulty for getting treatment students. There is also a lack of consistency as various and different practices magnify the multiple levels of complexity in all school boards and community-based mental health treatment agencies. A theme throughout the preliminary SWOT is the inconsistency among the resources for both schools and community-based agencies, locations and capacity.

During 2017/18 cycle, it is anticipated that the SFWI will present recommendations on how to address the betterment of pathways and resolving waitlists to the lead agency after the main Education Table has had an opportunity for providing feedback on their initial findings and direction.

SECTION D: LOCATION CHILD AND YOUTH MENTAL HEALTH COMMUNITY PLANNING MECHANISMS

Research in Year 1 revealed many local child and youth mental health community planning mechanisms in Toronto. A Community Mental Health Mapping Exercise in June 2015, surveyed core service agencies about the key task forces and planning committees in which they were involved. This exercise also included identified priority tables that the core services community advised could be critical in creating improved warm hand-offs and integrated pathways of care for clients.

A short-list of broad community planning tables or initiatives was created in Year 1 and the then Communications and Engagement Working Group further refined this list in early 2016. As a result, a selected list of key stakeholders and mechanisms round out the community stakeholder or network map, which is shown in the charts below. These planning mechanisms are led by numerous partner sectors and during Year 2, the lead agency participated more intentionally within many critical intersections. For example, the Executive Director of lead agency now serves on its Steering Committee of the Toronto Child and Family Network. Various CSPs also participate on this planning body. As such, during Year 2, the 0 to 6 Age-Related Working Group held external expert consultations to guide their identification of systemic gaps.

These types of important integrations or connections will continue to be in the forefront and instrumental within the next planning cycle of 2017/18 and in strengthening the transformation of the CYMH sector.

In addition to the focused work of the Health and Education Partnership Tables additional engagement with other community partners is updated in the following tables:

Indigenous

Organization	External Planning Tables or Key Initiatives	How lead agency in Year 2 integrated/connected/involved
Native Child and Family Services of Toronto		Part of MCYS hosted meeting of Indigenous Providers and lead agency Individual Meeting with Claire Fainer, ED EMYS
Native Women's Resource Centre		Part of MCYS hosted meeting of Indigenous Providers and lead agency
Native Canadian Centre of Toronto		Part of MCYS hosted meeting of Indigenous Providers and lead agency Individual Meeting with Claire Fainer, ED EMYS
Anishnawbe Health Toronto		Part of MCYS hosted meeting of Indigenous Providers and lead agency Individual Meeting with Claire Fainer, ED EMYS
Aboriginal Legal Services Toronto		Part of MCYS hosted meeting of Indigenous Providers and lead agency Individual Meeting with Claire Fainer, ED EMYS
Toronto Council Fire		Part of MCYS hosted meeting of Indigenous Providers and lead agency

Newcomer/Settlement

Organization	External Planning Tables or Key Initiatives	How lead agency in Year 2 integrated/connected/involved
YMCA	Employment and Immigrant services	Engagement Strategy outreach pending
Ontario Council of Agencies Serving Immigrants (OCASI)	Open Dialogue New Youth	Syrian Newcomer population is a focus in Year 2; further connection pending
COSTI Immigrant Services	Family & Mental Health Program	Syrian Newcomer population is a focus in Year 2; further connection pending

Family & Child Care Organizations

Organization	External Planning Tables or Key Initiatives	How lead agency in Year 2 integrated/connected/involved
Toronto Child and Family Network	6 Planning Committees Early Learning and Care Family Support Early Identification and Intervention Aboriginal Advisory and Planning Health Réseau régional de langue française	Executive Director lead agency serves on Steering Committee; Various Core Service Provider agencies participating in this planning body; during Year 2, the 0 to 6 Age-Related Working Group held external expert consultations
Child Care Service Providers		Pending formal connection—also aged 0 to 6 Working Group direction
Family Association for Mental Health Everywhere (FAME)	Parent Engagement and training	Lead agency engagement strategy outreach
Parents for Children's Mental Health	Regional presence in Toronto	Engagement Strategy outreach and relationship with Centre of Excellence

Youth and Family Engagement Groups – External Planning Tables or Key Initiatives Identified Year 2

Organization	How lead agency in Year 2 integrated/connected/involved
Earlscourt-Creche Child Development Institute	Lead agency engagement strategy outreach, Presentation to Youth Engagement Committee
Griffin Centre Mental Health Services	Lead agency engagement strategy outreach
Skylark Children, Youth and Families	Operate a New Mentality site; lead agency engagement strategy outreach, What's-Up website focus group
Eva's Place	Members of Age 13 to 18 Working Group, 3 consultations with the shelters' youth and families
The New Mentality	Lead agency engagement strategy outreach, Youth leadership event partnership
CAMH MAYN	Youth and family engagement presentation
Youthlink	Lead agency engagement strategy outreach
Yorktown Child and Family Services	Lead agency engagement strategy outreach
Stella's Place	Lead agency engagement strategy outreach, training material sharing
Toronto Community Housing	Lead agency engagement strategy outreach, Consultation with frontline workers, Youth leadership event partnership
Toronto East General Hospital	Lead agency engagement strategy outreach
The Massey Centre	Lead agency engagement strategy outreach, Consultation with clients
Rosalie Hall	Lead agency engagement strategy outreach, Consultation with clients
Central Toronto Youth Services	Lead agency engagement strategy outreach

Youth and Family Engagement Groups – External Planning Tables or Key Initiatives Identified Year 2	
Breakaway Addictions Services	Lead agency engagement strategy outreach
Adventure Place	Lead agency engagement strategy outreach
People for Education	Lead agency engagement strategy outreach
Agine Court Community Services	Lead agency engagement strategy outreach
City of Toronto- Youth Development Unit	Lead agency engagement strategy outreach, Youth leadership event partnership
Toronto Youth Cabinet	Lead agency engagement strategy outreach, Youth leadership event partnership
Turning Point Youth Services	Lead agency engagement strategy outreach
Hong Fook Mental Health Association	Lead agency engagement strategy outreach

Municipal Government

Organization	External Planning Tables or Key Initiatives	How lead agency in Year 2 integrated/connected/involved
Toronto Public Health	Toronto Youth Suicide Prevention School-Aged Children	Resource/content experts as needed for 0 to 6 and 7 to 12 Age-related Working Groups
Toronto Children’s Service Staff	Support for significant activity in those aged 0 to 12; instrumental in Toronto Child and Family Network, Ontario Early Years, and others	Resource/content experts as needed for 0 to 6 and 7 to 12 Age-related Working Groups
Multiple City of Toronto Stakeholders	Middle Years Matter Coalition Early Learning and Care, Family Supports, Early Identification and Intervention, Steering Committee Toronto Youth Development Unit- Youth Equity Strategy Toronto Youth Cabinet Toronto Newcomer Office	Resource/Reference/content experts as needed for 0 to 6 Age-related Working Group Engagement strategy outreach and youth leadership forum Syrian Newcomers’ focus and tie in to provincial MOHLTC/MCYS 5-point plan
Toronto Community Housing	Resident engagement and community development	Engagement Strategy outreach – Consultation with frontline staff

Year 2 Community Mental Health Mapping Exercise (Education Table)

The opportunity to collaborate during Year 2 with all four school boards primarily through the EPT has given lead agency access to further enhanced tools for research and support. One result of undertaking efforts with the Boards and the related core service providers has been the mapping of geographic locations and surveying capacities of Section 23 classrooms among all Boards and service agencies. See **Appendix E** for geographic map; survey for system capacity still in progress.

SECTION E: PRIORITY IDENTIFICATION

Education Partnership Table

The EPT is an advisory body to the lead agency. Its primary function is to examine how to effectively partner with the four boards of education (TDSB, TCDSB, Conseil scolaire Viamonde and Conseil scolaire de district catholique Centre-Sud) to ensure the best delivery of mental health services for children and youth in the remaining two major **priority areas**:

- School Development Projects
- Early Years

The EPT meets at broader intervals to support the work of the four working groups with the end objective being the compilation and submission of recommendations for EMYS lead agency in each of the stated four priority areas throughout the term of the mandate.

As described in **Section C** above, structurally, the EPT, set up from September 2016 through February 2018 in its current format, elected to work on two priority areas at a time. It has opted for expert working groups that are co-chaired jointly by representatives from boards of education and CSPs and are slated to finish their work in mid-2017. It is further anticipated that more content experts will be recruited similarly for the working groups for the top two priorities – School Development Projects and Early Years- to commence in the autumn of 2017.

Healthcare Partnership Table

Phase two of the healthcare partnership table will focus on creating pathways to and from CSPs and family health care teams, community health centres, and family doctors. Phase two will begin in May 2017.

It will build on the learnings of the Phase 1 work and will undertake a SWOT analysis, environmental scan of existing partnerships, identification of means to improve awareness among primary care physicians of community-based child and youth mental health care and literature reviews.

Youth and Family Engagement

As described in Section B above, and in the CSDP, youth and family engagement continues to be a key overarching process for the lead agency work. Meaningful and authentic engagement requires a well-taught of approach that is collaborative, flexible, and innovative in nature. In Year 1 the Communication Working Group provided a strong foundation for the development of youth and family engagement strategies. In Year 2 our engagement work focused on the development of opportunities for youth and family voice to inform the system transformation work, as well as relationship building with partners from within and outside of our sector.

In Year 3, the lead agency will focus on two key youth and family engagement priority areas:

1. Developing frameworks that embed youth and family engagement in the CYMH sector in Toronto
2. Developing mechanisms to engage hard to reach youth and families who are not currently accessing CYMH services

Moving on these priority areas will require collaboration with youth and families, Toronto’s CSPs and other community partners from across the city. In addition, new sources of funding must be developed to support these activities.

Preliminary Work Plan

Detailed individual work plans for each priority area will be developed by assigned working groups early in fiscal year 2017/18. The following work plan will guide the planning process for each noted priority.

Q1 (Apr – Jun)	Q2 (Jul – Sept)	Q3 & Q4(Oct – Mar)
Healthcare Partnership Table		
<p>Develop an action plan strategy to move forward on strengthening transitions from hospitals to CYMH organizations for all children and youth</p> <p>Develop and implement Phase 2 of the Healthcare Partnership Table</p> <p>The Healthcare Partnership table will develop and implement a sub-committee to develop an action plan to develop a model and business case to further expand the Transitional Support Worker Program across all hospitals that provide child and youth services with a focus on the most complex</p>	<p>Complete all emergency department agreements and operationalize the remaining pathways in west Toronto between Yorktown and St. Josephs Health Centre, Etobicoke Children’s Centre and Humber River and North York General and Griffin Centre</p> <p>New working group members that include family doctors, members of community health centres, and Family Health Care Teams will meet with CYMH leaders to develop an action plan to</p>	<p>Review progress through an evaluating the pathways between CYMH and Emergency Departments</p> <p>Four partnerships will test pilot integrated care models between Family Doctors, Community Health Centres, and Family Health Care Teams and CYMH organizations</p> <p>A formal business case and model will be completed</p>

Q1 (Apr – Jun)	Q2 (Jul – Sept)	Q3 & Q4(Oct – Mar)
Healthcare Partnership Table		
coming out of inpatient and outpatient services	<p>facilitate smooth transitions to and from primary healthcare to CYMH organizations</p> <p>Literature of best practices regarding transitions from hospitals to community mental health</p> <p>An environmental scan of current models in Ontario, Canada, and internationally</p>	

Q1 (Apr – Jun)	Q2 (Jul – Sept)	Q3 & Q4(Oct – Mar)
Education Partnership Table		
<p>Develop an action plan strategy to Analysis and consolidation of data and recommendations from the first 2 working groups (Section 23 and SFWI)</p> <p>Further consultation with Education Table Co-chairs around linkages between findings or action items that align with age-related working groups deliverable from CSDP</p> <p>Assign roles and responsibilities within Toronto infant, child and youth mental health sector along with educational institutional and system partners to work with lead agency to implement recommendations</p>	<p>Establishment of new working groups/advisory bodies: School Development Projects and Early Years</p> <p>Recruitment of two priority working group co-chairs and identify working group membership</p> <p>Confirm Terms of Reference and work plans for working groups</p> <p>Identify and initiate research to support working group(s) (School Development Projects and Early Years)</p> <p>Set up appropriate accountabilities for making change; agreements and tools as appropriate through formal channels (system, programmatic, service delivery and administrative levels) because of the first two priority areas</p>	<p>Analysis and consolidation of data and recommendations from the first 2 working groups (School Development and Early Years)</p> <p>Measure progress on activities arising from Section 23 and SFWI follow-up</p> <p>Evaluation of all processes and work to date</p>

Q1 (Apr – Jun)	Q2 (Jul – Sept)	Q3 & Q4(Oct – Mar)
Youth and Family Engagement		
Family Engagement Training in partnership with The Centre and PCMH Youth Engagement Consultation Environmental scan of Family Engagement opportunities Development of Youth and Family sections on the MoMH-TO website	Youth Engagement Training	Guiding principles and policy framework development

SECTION F: FRENCH LANGUAGE SYSTEM PARTNERS

Note: Plans in this area are not required in the Year 2 CMHP. However, the lead agency has included the work that is being led by the lead agency’s French Language Services (FLS) working group to illustrate progress in this area.

The lead agency’s FLS working group is carrying out activities to inform the CMHP. This is being achieved through the ongoing engagement of Centre francophone and the joint utilization of a part time consultant. The FLS working group was established in December 2015, with an extended mandate to:

- Develop an inventory of French Language Services currently available across the seven core MCYS funded services in Toronto
- Enhance the capacity of core service agencies to deliver French language services to target populations
- Disseminate lead agency materials in French
- Determine the availability of assistance from MCYS to help agencies in Toronto understand current French language service delivery capabilities and further enhance capacity to deliver services in French
- Develop a work plan for 2016/17 to address these priorities.

This group is set up to respond to the expectation that core service agencies will provide FLS as third parties on behalf of MCYS. The current group of agencies in this active offer of French services is abiding by the terms of reference to ensure that they all share a standard of practice that meets the guidelines issued by MCYS and support all other agencies to facilitate seamless referrals to services in French for children and youth.

The recruitment of experts from all French school boards in Toronto to join this working group was negotiated with the French Language School Boards. Of special note, the Education Table established in fiscal 2016/17 has representation from both francophone school boards.

Given the substantial number of agencies involved in the overall MOMH-TO, it was decided that the FLS working group will initially build on the capacity of agencies already providing FLS, either directly or indirectly. The other agencies will be expected to adopt a standard referral system ensuring infants, children, youth and families needing support in French are directed to the appropriate services in a timely and respectful manner.

In Year 2, lead agency submitted a successful joint application with Centre francophone de Toronto for a 2016-17 Canada-Ontario Agreement on French Language Services (COA) grant. After the formal announcement in July, a francophone consultant was hired part time in October 2016 to assist the FLS Working Group in implementing their work plan. These activities included mapping core service agencies with FLS capacities and measuring in relation to Year 1 mapping; conducting internal and external research for identification of gaps and the development of quality standards protocol; consultation with other providers and explore key partnerships to support delivery (ie. Massey Centre in a. the recruitment of a FLS consultant for its own pilot project and b.) contribution to the redefining this as a demonstration project for the whole lead agency community). Under current Year 2 progress drafting a schedule/service delivery plan of existing services with other providers and exploring key partnerships to support delivery.

As the only French language services provider in the CYMH sector covering Toronto, Centre francophone is building its capacity internally, and working externally via lead agency, to further streamline its partnership with core service providers. In the context of Year 2 system transformation activities, it was recognized that linkages through a memorandum of agreement will need to be created regarding the Centralized Point of Access (CPA), a key priority deliverable for lead agency. While the lead agency and CFT have been establishing delivery models and protocols, it is important to note that MOAs for FLS will be forthcoming in 2017/18.

Additionally, in a continuation of entrenching a Year 2 key deliverable of building a Toronto Identity, lead agency's web presence was being more thoroughly developed during 2016/17 (website to be rolled out in first quarter of fiscal 2017/18), FLS expertise was given for what factors and translations will be in the ongoing communication and engagement.

APPENDIXES

Appendix A	Youth and Family Consultations-Summary
Appendix B	Health Care Map
Appendix C	Partnership Table Members- Health
Appendix D	Partnership Table Members- Education
Appendix E	Section 23 Locations TCDSB-TDSB

Appendix A: Youth and Family Consultations Summary

Youth and Family Consultations Summary

Date and Time	Hosting Agency	Audience	Consultation Area	Supporting working group	Number of participants
February 2 nd , 2017 4:30pm	Rosalie Hall	Teen Parents	Home and Family Challenges, Early Identification, Informal and formal supports	0-6 working group	15
February 7 th , 2017 6:00pm	The Massey Centre	Parents of infants ages 0-6	Home and Family Challenges, Early Identification, Informal and formal supports	0-6 working group	6
February 13 th , 2017 5:00:pm	East Metro Youth Services	Youth at residential treatment programs	Residential treatment services	Residential Treatment Working Group	9
February 13 th , 2017 7:00pm-8:30pm	East Metro Youth Services	Parents of children and youth in residential services	Residential treatment services	Residential Treatment Working Group	3
March 7 th , 2017 7:00pm	Eva's Initiative- Family Reconnect	Parents of homeless youth or risk of homelessness	Mental health services and supports for youth in shelters, transitional aged youth	13-18 Working Group	5
March 8 th , 2017 10:00am	Eva's Initiative – Eva's Place	Youth at Shelters 16-24	Mental health services and supports for youth in shelters, transitional aged youth	13-18 Working Group	6
March 15 th , 2017 1:00pm	Eva's Initiative - Eva's Satellite	Youth at shelters 19-24	Mental health services and supports for youth in shelters, transitional aged youth	13-18 Working Group	10

Appendix B: Health Care Map



Appendix C: Partnership Table Members – Health

Partnership Table Members- Health

Co-Chair- **Paul Allen**, Clinical Director, Youthdale Treatment Centres

Co-Chair- **Peter Szatmari**-, Chief, Child and Youth Mental Health Collaborative at the Centre for Addiction and Mental Health and The Hospital for Sick Children

Amy Cheung, Sunnybrook Health Sciences Centre

Greg Lodenquai, Health Partnership Strategic Consultant, East Metro Youth Services, Lead Agency

Krista Lemke, Michael Garron Hospital

Julie Kish, Scarborough and Rouge Hospital

Ellen Katz, Assistant Professor, University of Toronto

Nancy Searl, Holland Bloorview Kids Rehabilitation Hospital

Kendyl Dobbin, Director, Strategy and Partnerships, Family Navigation Project at Sunnybrook

Heidi Schweltnus, Holland Bloorview Kids Rehabilitation Hospital

David O'Brien, Project Manager, East Metro Youth Services Lead Agency

Appendix D: Partnership Table Members – Education

Partnership Table Members- Education

Co-Chair- **Cheryl Webb**, Executive Director- Adventure Place

Co-Chair- **John Wilhelm**, Chief Social Worker, TCDSB

Ali Lineaux, Interim Director Mental Health, Centre francophone

Ewa Deszynski, Executive Director, Etobicoke Children's Centre

Sheeba Narikuzhy, Program Manager, East Metro Youth Services

Robert Sears, Director Client Services and Quality Assurance, Central Toronto Youth Services

Suzanne Meagher, Director Children and Youth Services, Surrey Place

Joy Reiter, Central Coordinating Principal Section 23 Programs, TDSB

Micheline Rabet, Conseil scolaire de district catholique Centre-Sud

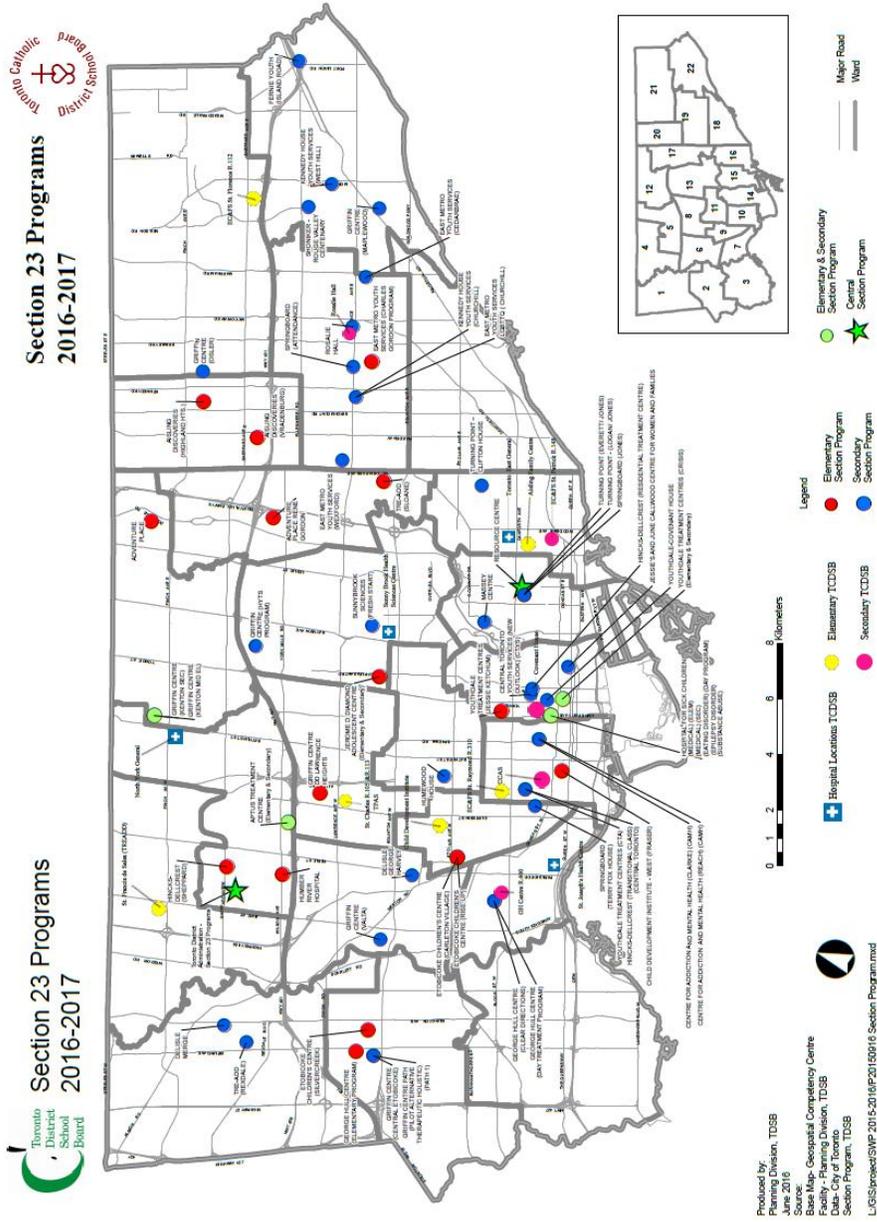
Marcia Powers-Dunlop, Interim Senior Manager, Professional Support Services, TDSB

Andreann Fleck-Saito, Leadership and Implementation coach School Mental Health, ASSIST

Cristina Fernandes, Superintendent of Education, Special Services, TCDSB

Janice Wiggins, Project Manager, East Metro Youth Services Lead Agency

Appendix E: Section 23 Locations



Section 23 Programs
2016-2017

Section 23 Programs
2016-2017



East Metro Youth Services | Lead Agency for Moving on Mental Health – Toronto
Head Office: [1200 Markham Road, Suite 200, Scarborough, Ontario M1H 3C3](#)
Lead Agency Downtown Office: [365 Bloor Street East, Suite 1010, Toronto, Ontario M4W 3L4](#)
Tel: [416-438-3697](tel:416-438-3697) | Fax: [416-438-7424](tel:416-438-7424) | Email: Leadagency_Toronto@emys.on.ca
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