

# CORE SERVICES DELIVERY PLAN

## Submitted to the Ministry of Children and Youth Services

March 31, 2017



**TORONTO**  
moving on mental health  
**LEAD AGENCY**

# CONTENTS

EXECUTIVE SUMMARY .....	3
SECTION B: CORE SERVICES SUMMARY .....	4
Organizational transformation: Integrating the dual role of service agency and lead agency .....	4
Review of Year 1 Processes.....	6
Review of Year 2 Processes.....	6
New Investment – ‘What’s Up’ Walk-in continues to grow .....	8
Challenges in identifying and mapping core services .....	9
SECTION C: POPULATION PROFILE SUMMARY .....	10
SECTION D: ENGAGEMENT ACTIVITIES .....	11
Engaging our Core Services Providers.....	11
Engaging Francophone-serving Providers (See Section H) .....	11
Engaging youth, families and diverse communities, including Indigenous service providers.....	11
SECTION E: PRIORITY REPORT SUMMARY .....	12
Priority #1 - Centralized Point of Access (CPA) .....	12
Priority #2 - Core Services Gap Identification .....	13
Priority #3 - Engagement with Youth, Families and Diverse Communities .....	14
Priority #4 - Building the Toronto Brand.....	18
SECTION F: 2016-17 PRIORITIES.....	19
Governance.....	19
Centralized Point of Access.....	20
Operationalizing the Working Group Recommendations .....	21
SECTION H: FRENCH LANGUAGE SYSTEM PARTNERS.....	23
SECTION I: APPROVALS .....	24
APPENDIXES .....	24

## EXECUTIVE SUMMARY

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 Core Services Delivery Plan (CSDP).

We continue to use the principles of Collective Impact to engage and work with the broad range of stakeholders in Toronto and once again have harnessed the skills and expertise of dozens of staff in core service provider (CSP) agencies and other partners as we 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 others saw their mandates extended, two partner sector tables were established, and dedicated work on youth and family engagement began under the stewardship of an engagement coordinator.

Our ability to better understand and align the service landscape has been enhanced by a process to come to a common understanding of ministry defined core services and key processes. The in-depth examination and productive discussion during two days of meetings has highlighted many topics that will be pursued in the coming years by the lead agency.

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 leads the work of ensuring services are available and strengthened for French language clients.

The priorities identified in this CSDP have been chosen to incorporate the work done to date and reflect the dynamic environment in which we are working. Engagement of families, children, youth, Indigenous populations and diverse communities will be incorporated throughout the activities and represent a core component of all aspects of our work.

### **Governance**

Work on shifting governance changes to better reflect the structures, fiduciary responsibilities and accountabilities as lead agency has been underway over the last year. However, the Ministry's decision part-way through fiscal year 2016/17 to move lead agencies to full lead agency status in April 2017, one year earlier than originally anticipated, places governance readiness as a key priority for the coming year. Work has been accelerated with a focus on required governance changes to the existing EMYS structure and work with other boards across the city to ensure there is a shared understanding of what

these new responsibilities mean for the lead agency in addition to CSP agency relationships. As of the drafting of this CSDP we are awaiting finalization of Ministry roles and responsibilities for mature lead agencies and this may impact some of progress and timelines moving forward. 2017/18 will also be a year of transition a new planning cycle is expected to be implemented this year requiring development of a new CSDP due December 31, 2017.

### **Centralized Point of Access (CPA)**

The development of a Centralized Point of Access (CPA) is well underway. While we remain challenged for the required funding to fully operationalize this initiative, we continue to move forward in the planning and have involved not only our group of 30 Executive Directors but intake staff, Clinical Managers and Directors in helping to shape the implementation. This will continue to be a priority in 2017/18 and we hope to be able to begin testing this system by early summer 2017, if adequate funding becomes available.

### **Operationalizing the Working Group Recommendations**

Our third priority will focus on finalizing the recommendations of all Year 2 working groups and planning implementation of these recommendations beginning this fiscal year as well as informing priority setting in the development of the next CSDP during the fall of 2017.

EMYS looks forward to continuing this developmental journey together with the Toronto CSPs who have devoted much time and energy in working to implement a shared vision to transform improved community-based infant, child and youth mental health services.

## **SECTION B: CORE SERVICES SUMMARY**

Much has been accomplished in identifying and mapping the core services provided across Toronto. One of the key lessons learned however, is that this work depends on the success of EMYS to leverage the expertise of its service delivery experience through the lens of becoming a lead agency. In addition, the foundation of trust and transparency that has begun between the CSPs needs to be sustained. The sheer number of organizations both inside and outside the community-based child mental health sector requires a very intentional focus on relationship building, coordinating opportunities to engage and sustaining and building the collaborative process for mapping services and identifying effective and sustainable changes to improve the system for infants, children, youth and families.

### **Description of current programs supporting the delivery of core child and youth mental health services**

*With the Ministry's agreement, EMYS will be submitting this information separately following the end of the fiscal year. Documenting this information requires the creation of a new database at EMYS that will be populated with current program information drawn from service descriptions submitted to the ministry by the 30 Toronto CSPs.*

### **Organizational transformation: Integrating the dual role of service agency and lead agency**

#### **Collective Impact approach**

The lead agency, as the backbone agency, has brought together senior leadership of the 30+ CSPs on a regular basis over the past two years. Of the six CSP working groups established in Year 1, 2 (French

Language Services and Residential Treatment) continued into Year 2 and were joined by three age-related working groups (0-6, 7-12, 13-18). Additionally, two Partnership Tables were struck and co-chaired and composed of CSPs and representatives from the Health and Education sectors. Over 130 individuals from both CSPs and partner sectors have contributed their time and expertise to-date. Established networks of Clinical Directors and Intake Workers have also provided significant time and expertise in the development of the CPA and EMYS leadership committed a tremendous number of hours engaging CSPs, sector partners and other stakeholders.

### **Provincial alignment**

To ensure provincial alignment, provide insight into our own experiences and to benefit from the knowledge and experience of other lead agencies, lead agency staff were key participants and contributors in the Provincial lead agency Consortium and the Community of Practice, hosted through the Ontario Centre of Excellence for Child and Youth Mental Health.

Executive Director, Claire Fainer, is involved in numerous provincial tables and forums devoted to system transformation. She is a member of the MCYS- lead agency Partnership Table, the lead agency Consortium, the Provincial Data Advisory Steering Group and Technical Sub-Committee and the Toronto Child and Family Services Steering Committee and Equity Sub Committee.

As discussions at the consortium level matured over the past 18 months it became increasingly clear that many of the data and performance level priorities discussed at the Toronto k/i/d/s group would be addressed provincially and participation by the Executive Director and Director of Performance Measurement at the provincial steering and technical groups has been our priority. However, Toronto CSPs continue to express interest in a Toronto -focused strategy.

All our activities will be carried out in an alignment with the Ministry's provincial business intelligence initiative and with the consideration for the work of Toronto Child and Family network and others in this city who are engaged in Data capacity development initiatives. Executive Director and Director of Performance Management of EMYS sit at the steering and various sub-committees and we are hoping to promote the concept of lead agency as provincial data hubs. In the meantime, we intend to follow through on recommendations made on all our working groups to establish a Data Advisory Committee for MOH in Toronto. We will intend to leverage our current system-enabling initiatives like What's Up Walk-in to inform our thinking about terms of reference and membership of the over-arching data strategy group. EMYS as always will remain agile and mindful of ever-changing service landscape and will continue to be proactive in our continuous environment scanning efforts

### **New Strategic Plan and theory of change for EMYS**

In 2016 EMYS completed its new five-year strategic plan. This plan builds on our forty-year history of delivering services in Scarborough while embracing the opportunity to lead the transformation of infant, child and youth community-based mental health services across the city of Toronto. A result of nearly a year's work and consultation that began with clarifying our intended impact and theory of change, this plan was developed by a committee made up of EMYS staff and Board members who developed and tested a set of strategic priorities in consultation with youth, families, service providers and system experts.

This core planning document outlines how we will be working to achieve our long-term vision of every infant, child and youth in Toronto having the supports to reach their optimal mental health. Through our

services, we will continue to demonstrate what an impact-driven, community-based approach can look like on the ground. In short, this plan will become our compass amid the complexity and opportunity of the coming years, directing our programmatic and operational efforts to optimize impact.

## **Review of Year 1 Processes**

### **After Action Review – An evaluation of Year 1 process and activities**

With any significant change initiative, it is important to periodically review not only the results of the project but the change process as well. This is especially true when the process itself represents a major shift from past change management practices. As lead agency, EMYS implemented a Collective Impact process to fulfill its mandate. As we moved from Year 1 into Year 2, we engaged an outside consultant to gather feedback on the Collective Impact process from the perspective of many of its key participants. The final report (see **Appendix A**) focused on the key lessons learned as revealed in a series of interviews and dialogues with the participants most closely involved with the process.

Key insights from this process reinforced the qualitative feedback that we had been receiving throughout the year and are:

- Launching the Collective Impact process
- Acknowledging complexity
- Beginning the shift from competition to collaboration
- Communication & engagement
- Transforming the system

Bringing strategic vision to life requires a huge commitment to building collective intelligence, improving collaborative capacity, establishing new shared systems and processes, addressing the challenge of shared governance and leadership and, ultimately, shifting the current power dynamics.

### **Year 1 Working Group Chairs Meeting**

Prior to establishing our Year 2 Working Groups, the lead agency convened a meeting of Year 1 Working Group Chairs to discuss lessons learned. One of the key points raised was the need to better facilitate alignment and knowledge exchange among the working groups. To address this, we have incorporated standardized templates and regularly scheduled meetings of all Chairs into our work plans, as well as created collaboration tools for the Chairs and the lead agency to better share information. The results from these processes has been a stronger integration of the Year 2 Working Group analysis and ability to leverage the expertise across the board into broad areas of focus.

## **Review of Year 2 Processes: Developing a common understanding of Core Services and impact among CSPs**

### **Common Core Service Definition Alignment**

A significant step in transforming the infant, child and youth mental health system in Year 2 was to develop a common understanding of what is meant by each of the seven MCYS funded core services and two key processes. This common definition collaborative session further aligned with the mandates of the age-related Working Groups, and builds toward a more comprehensive CSDP in Toronto.

From October through December 2016 we hosted three sessions with Executive Directors/CEOs and Clinical Directors or the equivalent staff from each of the 30 CSPs, to clarify common definitions for

MCYS funded seven Core Services and key processes. These sessions were led by a facilitator who has undertaken this work on behalf of three other service areas in the Province.

Core Service Definitions were refined to best reflect the Toronto Service Area and were reached by consensus of CSP senior level decision-makers. The refined core service definitions were then distributed to all CSPs in January 2017, while the lead agency Executive Director met with the MCYS Regional Program to share the process and the decisions reached by the group and to advise regional staff that CSPs would be guided by these agreed upon definitions to tweak their own service descriptions in 2017/18. (See **Appendix B Summary Chart**) with the common definitions of the core services within Toronto.

**CSP-led Working Groups: Age related focused (0-6; 7-12; 13-18), French and Residential** (See **Appendix C** for Working Group Mandate Letters)

### **Age Related Working Groups**

In Year 1 the lead agency established systems-related working groups to leverage the expertise of the CSPs. Year 2 saw the creation of three new working groups whose primary goal was to view the work through specific age groups of our clients (0-6, 7-12, 13-18). The mandate of these working groups is to expand the system profile as it relates to both their specific age focus as well as the broader Toronto context.

Key areas for review, analysis and recommendations include:

- Translation of the seven Core Services definitions providing context as they relate to the respective age range of each working group and where possible, clinical clusters (i.e. breakdown of services such as day treatment, targeted prevention etc.)
- Strengths and opportunities that currently exist in our system including evidence-informed/best practices and promising initiatives
- Service gaps and barriers within the system facing infants, children, youth, and families as well as agencies, which are impeding access to effective service delivery as well as improvement and innovation within the sector
- Existing and potential pathways, access and transition points through core services, with other non-core services and with other sectors (e.g. health, education)
- Key trends and possible impact on our work moving forward

These age-related working groups held their first meetings in the fall of 2016 and are mandated until June 2017. The French Language Services and Residential Services, established in Year 1, were extended to early 2017. As with the previous working groups, each is chaired by the Executive Director/Chief Executive Officer of a Core Service Provider and consists primarily of content experts from core service providers across Toronto.

### **The Residential Treatment Working Group**

The Residential Treatment Working Group completed its extended mandate as of March 2017. Within the Toronto region a variety of programs and processes exist among service agencies, many of which are targeted towards specific client groups such as specific ages, new mothers, etc. Throughout its mandate, the group recognizing that residential treatment is part of a complex system of intensive service delivery focused on developing a common understanding of the core issues. Towards this end, the group established a common set of definitions which can be shared and understood by all providers to better

inform service plans. Additionally, the group identified system strengths and gaps which laid the foundation for moving and made recommendations to achieve them. The analysis and drafting of recommendations centred around four themes:

- Establishing a seamless continuum of care within intensive services
- Standardization of tools, processes and services
- Improving the client and family experience through better orientation and transparency of the system
- Identifying and collecting the data and information necessary to make decisions founded in evidence and focused on immediate and long-term impact

### **French Language Services Working Group (See Section H)**

#### **Development of the Year 2 CSDP**

The Year 2 CSDP is designed to contextualize the scale and complexity of the work involved by EMYS in working toward maturity as Toronto lead agency as well as the incredible contribution of Toronto’s CSPs. Tremendous progress has been made in the first two years and every one of our CSPs has been actively involved in a range of activities and devoted many hours across agency staff levels, from CEOs and Executive Directors, to the front line and the complex work of developing a truly integrated, effective and sustainable system.

The content of the Year 2 CSDP is informed by the qualitative and quantitative research undertaken by Year 1 working groups and builds on the work of the Year 2 working groups and partnership tables who have moved the needle further to not only identify the gaps in Toronto’s complex and fragmented system, but to begin to address and take action.

### **New Investment – ‘What’s Up’ Walk-in continues to grow**

#### **Collective Impact in action**

On March 1<sup>st</sup>, 2016, after consensus from the CSPs, another ‘What’s Up’ Walk-in opened in North York at the Griffin Centre. With new funding to the Toronto Service Area from MCYS, Griffin Centre became the fifth location where infants, children, youth and their families could access immediate counselling services without a wait time. In September of 2016, YouthLink opened a second ‘What’s Up’ Walk-in location in south Scarborough. YouthLink choose to open this location without any funding. Instead they reallocated their pre-existing staff to provide immediate access to counselling support.

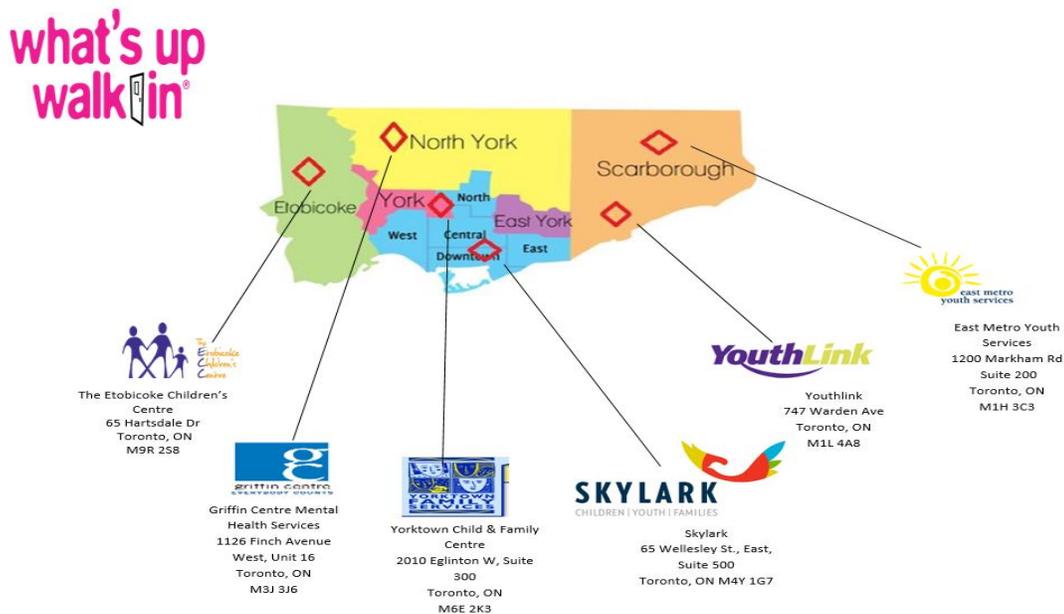
#### **Leveraging the MCYS investment into increased access**

‘What’s Up’ Walk-in now has six locations across the city of Toronto; two in Scarborough (East Metro Youth Services, YouthLink), one in downtown Toronto (Skylark), one in North York (Griffin Centre), one in west central Toronto (Yorktown) and a location in Rexdale (Etobicoke Children’s Centre) and has resulted in over 1,100 new clients receiving counselling services.

#### **Lean experimentation as a successful model**

‘What’s Up’ Walk-in is becoming a recognized brand for immediate mental health service delivery across the city of Toronto. A consistent model of service is delivered by all network agencies across the city. There are 15 intra and inter sectoral organizations who serve as partners through the six locations. Among other service enhancements these partners provide in over 10 languages. Moreover, each location is interconnected with their local hospital to ensure seamless pathways to care between

hospital and community. Each location has also developed partnerships with specialized services to increase access and pathways to adult service organizations, drug and alcohol treatment, autism services, peer support workers, youth outreach workers, and youth justice services.



### Challenges in identifying and mapping core services

Ongoing participation in the working groups and key activities, as well as the results from the Year 1 After Action Review (AAR), indicate that our collective impact approach is working and that our CSPs remain engaged. Facilitating the necessary collaborative approach of bringing together a range of independent Child and Youth Mental Health (CYMH) agencies with MCYS core services funding ranging from \$65-thousand annually to over \$10 million annually continues to bring a range of process and political challenges.

### Multiple priorities within the sector

While working to build buy-in and commitment to a larger vision of infant, child and youth mental health service delivery in Toronto, it is important to remember that each of the 30 agencies is an independently incorporated organization with a community Board of Directors and wide ranging program mandates that have evolved over many years. Additionally, many of these organizations have funding priorities, accountabilities and partnerships and multi-service delivery outside of the Core Services envelope. As we continue to engage our CSPs in the development of these plans, we must consider these sensitivities if we are to create sustainable and meaningful changes which will improve the lives of infants, children, youth and families across Toronto.

### Overcoming historical data gaps

Given the mix of funding each agency receives, and the complex and fragmented data collection and reporting throughout the CYMH system, gathering accurate data continues to prove a challenge. As with other lead agencies, we worked with the leadership and senior clinical staff of Toronto's providers through a process to standardize our understanding of the seven Core Services, and came to consensus on how they would be applied and reported. This significant step, along with the strengths, weaknesses,

opportunities and threats (SWOT) analyses by the working groups, and preliminary mapping, has been a significant step in further identifying and prioritizing the service gaps across Toronto.

### **Organizational diversity as a strength and a challenge**

As reinforced by the AAR, it was acknowledged that the CSPs are more different than alike. Despite sharing many common desires and challenges, this presents both the obvious challenge of creating a system that works equitably for everyone, while still taking advantage of the diversity of the sector. An essential step is the building of relationships and identifying the various ‘players’ and appreciate what makes them unique.

## **SECTION C: POPULATION PROFILE SUMMARY**

Toronto’s place as Ontario’s largest city continues to make the implementation of *Moving on Mental Health* a different challenge than in other parts of the province. According to the 2016 census Toronto has a population of 2.8 million and continues to grow around 4.5%<sup>1</sup>. Of that number, the City of Toronto estimates approximately 420,000 are under the age of 14<sup>2</sup>. The 18 and under population of Toronto 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.

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 are 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 well-being. The top 3 factors listed include<sup>3</sup>:

- 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 exist, the Child & Family Inequities Score 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](http://www1.toronto.ca/City%20Of%20Toronto/Children's%20Services/Divisional%20Profile/Raising%20the%20Village/community-determinants/Child%20and%20Family%20Inequities/CFIS_TechnicalReport.pdf) online [http://www1.toronto.ca/City%20Of%20Toronto/Children's%20Services/Divisional%20Profile/Raising%20the%20Village/community-determinants/Child%20and%20Family%20Inequities/CFIS\\_TechnicalReport.pdf](http://www1.toronto.ca/City%20Of%20Toronto/Children's%20Services/Divisional%20Profile/Raising%20the%20Village/community-determinants/Child%20and%20Family%20Inequities/CFIS_TechnicalReport.pdf).

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<sup>1</sup> <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>

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

<sup>3</sup> <http://ontario.cmha.ca/mental-health/social-determinants/>

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

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Toronto has a diverse population. According to the 2011 National Health Survey, visible minorities made up 49.1% of the population in Toronto. Additionally, just over 381,700 newcomers settled in Toronto. This is approximately one-third (32.8%) of the total, the highest share<sup>5</sup>. 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.

## SECTION D: ENGAGEMENT ACTIVITIES

### Engaging our Core Services Providers

**Section B** describes in detail the extensive engagement of our CSPs through the working groups, partnership tables, and regular meetings of senior leadership. In addition, individual meetings were held with the CEO/EDs of many agencies, and two trainings were held.

- **Collective Impact** - An all-day conference on Collective Impact where the leadership and staff of Toronto’s CSPs came together to learn more about Collective Impact and how it is used to build system transformation. Liz Weaver of the Tamarack Institute led this event.
- **Diversity** – Senior Leadership and Board members of Toronto’s CSPs were invited to a workshop titled “Equity in Governance”, an interactive and experiential workshop tailored for members of Boards of Directors, focusing on an exchange of skills and knowledge to support the capacity to build and integrate equity into our governance work. Douglas Stewart of Competence Consultants and Associates led this workshop.

### Engaging Francophone-serving Providers (See Section H)

### Engaging youth, families and diverse communities, including Indigenous service providers

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

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

Engagement of youth, families and diverse communities was identified as a key priority for EMYS and is reported in **Section E**. In addition, a targeted effort was made to meaningfully engage with Indigenous service providers. Although the mental health funding for these providers does not fall under the responsibility of the lead agency it is our responsibility to ensure alignment with these service providers and to do everything possible to ensure Indigenous clients receive the most appropriate service possible whether within the Indigenous community or within mainstream community agencies. These efforts are also described in detail in **Section E**.

**Challenges regarding engagement and how the lead agency proposes to address them moving forward** (see **Section E**, Priority #3)

## **SECTION E: PRIORITY REPORT SUMMARY**

### **Priority #1 - Centralized Point of Access (CPA)**

The CPA is a foundational step towards meeting the Ministry’s ultimate expectation *for fully coordinated access with and between service providers and developing and facilitating coordination among community agencies and partners* (PGR1 – Coordinated Access) and responds to one of the objectives of Moving on Mental Health: *“Parents will know where to go for help, and know how to get services quickly”*.

The intent of the CPA is to ensure that children and youth and their families and caregivers who need mental health supports are aware of and connected to the right resource.

#### **Objectives:**

- Add to, but not replace, the existing points of access
- Enhance the service system’s ability to ensure children, youth and families and the wider service system know where and how to access service no matter where they live in Toronto
- Utilize existing intake expertise and resources to ensure the CPA is seamlessly incorporated into the sector’s access system with minimal disruption to service agencies existing processes
- Implement standardized, evidence-based tools and processes for referral, screening and data collection

#### **Status:**

Building on the work of the CPA Working Group, which provided detailed analysis and recommendations in Year 1, we are moving to develop this key access resource. The final report identified the core elements and framework for implementation which are being built into the CPA work plan. Grounded in the Year 1 CPA Working Group and informed through the input of Clinical Directors, Intake Workers and the Core Service Agencies’ leadership, the following four elements guided the model design:

**Scalable and adaptable** – The CPA will be designed to be scalable and will be implemented based on priority activities/functions, balanced with the available resources. Using a lean experimentation approach will allow us to develop, implement, evaluate and refine the technology, policy considerations, and training resources. A system of continuous measurement and quality improvement is being built into the design, including engagement with youth and families as part of the lead agency Engagement Strategy.

**Minimal intrusion to agency infrastructure** - The CPA Intake Solution will include a virtual Call Center (Contact Center) where accredited mental health CSPs in Toronto agencies will contribute in-kind staff resources to CPA and/or may choose to agree to the transfer of some of their core service funds to this system wide service (staff model still to be determined). These workers will use a virtual Registration Module to triage callers and refer to services as appropriate, including walk-in locations. Participating agencies will utilize a services database that will facilitate and inform service lookup and referrals. Receiving agencies will use a common screening tool and submit common data elements to accurately measure performance of the model and identify trends and other areas for improvement. The data sharing solution is anticipated to be non-intrusive to the participating agency infrastructure, therefore likely a cloud based solution that facilitates and simplifies data sharing and transfer. Technology, training and other core aspects will be provided to participating agencies at no cost to them.

**Collective oversight** – A memorandum of agreement (MOA) governing participation in the Toronto CPA program will be drafted on behalf of participating agencies. The formation of a CPA Steering / Advisory committee comprised of representation from participating agencies to monitor the CPA Memorandum of Agreement amongst participating agencies, and to inform continuous performance review and ongoing system enhancements, will be established in consultation with CSP senior leadership.

**Challenges** - A significant challenge in the development of the CPA is the limited capacity, both of budget compared to similar initiatives across Ontario, and in implementation of an effective point of access across a large geographic and culturally diverse service area without adversely impacting existing services. To address this, we will be implementing the project incrementally, utilizing existing expertise within the sector. By using a decentralized model, we are working to minimize the impact on participating agencies both in terms of people and technological resources.

Part of an integrated access system: The CPA will not replace existing points of access but will enhance the service system's ability to ensure children, youth and families and the wider community know where and how to access service no matter where they live in Toronto. To further enhance this concept, the CPA will use a virtual, decentralized model where partnering core service providers will enter agreements to use existing intake staff, housed at their home agencies, to answer a common CPA telephone number on a predetermined schedule. The CPA project team is working closely with Centre francophone to ensure Francophones who wish to utilize this service in French can talk to someone in French and to access available services. The lead agency is also engaging Indigenous service providers to explore options to facilitate access, through the CPA telephone line and website, for children, youth and families who are seeking services from Indigenous providers. (See **Priority # 3** Engagement with Youth, Families and Diverse Communities for details on the Engagement)

N.B. East Metro Youth Services can only commit to realizing CPA in Toronto if adequate funding is made available for this purpose.

## **Priority #2 - Core Services Gap Identification**

Mapping services provided as well as service gaps, is a complex task for a city as diverse and large as Toronto. The Year 1 Service Mapping Survey was a first step, providing a basis of knowledge to build on

through further consultations and/or follow up with individual organizations for clarification. The findings and recommendations from the Year 1 Knowledge, Information, Data and Systems (k/i/d/s) Working Group have been incorporated into a gap identification plan for a knowledge, information and data performance management system for Toronto. The data gathered will also inform and guide practitioners', program and organizations' continuous improvement practices and will inform key decisions required for system improvement.

**Objectives:**

- Gather data to inform and guide practitioners', program and organizations' continuous improvement practices
- Develop a Performance Measurement framework.
- Be client-centred and considerate of Toronto's diverse communities
- Benefit children, youth or families who need or wish to access a mental health service and anticipate future state and needs

**Status:**

**Core Services Definitions**

As the initial work of the service mapping was reviewed, it became clear the sector required a review of the seven Core Services definitions to ensure consistency of understanding and application. In the fall of 2016, all CEO/EDs of CSPs, as well as their Clinical Managers/Directors, were invited to a facilitated series of sessions resulting in:

- A common and shared operational understanding of actual service delivery in Toronto against MCYS defined core services and key processes
- A more accurate indication of current service delivery against MCYS defined core services and key processes
- A commitment to, and plan for, consistent application from CSPs and working groups of the shared understandings

As part of the next steps in this process, the working groups are using the results of the core services definitions exercise to support their work in identifying system strengths and gaps and to inform future service contracting.

**Priority mapping (See Section C for more details)**

**Challenges:**

Lack of existing data has been one of the largest challenges in mapping the core services against priority and/or vulnerable populations. In Year 2 we embarked on a process to align the understanding and reporting of the core services among the CSPs. Following the model of Year 1, working groups were struck based on specific ages which generally align with how services are delivered. With this focus working groups could better identify clinical clusters, prevalence, service gaps and explore possible solutions. Work continues with the City of Toronto to develop mapping tools to identify Toronto's population mix through the socioeconomic and determinant of health lenses.

**Priority #3 - Engagement with Youth, Families and Diverse Communities**

According to 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.”

Based on discussions in the Year 1 Communications and Engagement Working Group, the key imperative is that youth and family engagement is “meaningful and not token.” It was agreed that families and youth could play a critical role as key advisers to the core services agency community. There was further consensus that this engagement process needed to be structured, predictable and operationalized. Using a diversity and equity lenses is a guiding principle in all the lead agency engagement activities. To that end, we recognize that 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.

**Objectives:**

- Assign dedicated resources to developing and implementing a comprehensive engagement strategy for youth, families and the many diverse communities in Toronto
- Identify key stakeholders in Toronto’s diverse communities and begin to develop relationships to create incremental, sustainable, meaningful engagement of those communities in the system transformation process
- Develop and implement tangible engagement activities for youth and families that can inform the Year 2 recommendations and serve as the foundation for future engagement

**Status:**

**Youth and family engagement**

In August 2016, the lead agency used funding from the Ontario Centre of Excellence for Child and Youth Mental Health to hire a dedicated Engagement Co-ordinator to develop a youth and family engagement strategy, lead engagement activities and to help develop mechanisms that ensure this engagement meaningfully informs all aspects of EMYS’ lead agency work, as well as enhancing 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. Our long-term framework and strategy development front involves building capacity within our system to engage families and youth in our service area as well as embedding engagement processes and commitments in the operations of organizations and systems. Our project based approach ensures that the voice of youth and families informs our lead agency analysis and recommendations on an on-going and timely basis.

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 for Child and Youth Mental Health (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 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 was sent through our CSPs and other stakeholders to youth and families which identified 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, and 51 youth and family members participated. See Appendix D for Youth and Family Consultations-Summary

### **Engaging diverse communities**

To launch this work, the lead agency has 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 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. To this end, we have partnered with the above organizations around a youth leadership event that will take place 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 youth engagement and leadership in mental health services. Additionally, we have held a consultation with 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 served by YOWs across the city.

These activities are providing valuable insight and helping inform the work of the lead agency and our working groups, and will inform the framework of a comprehensive engagement strategy. In addition, through these meetings we have been able to facilitate 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 of francophone community**

(See Section H)

### **Engagement with Indigenous service providers**

Self-determination of Indigenous People is a key principle respected by the lead agency. The goal is to align our efforts with Indigenous Service Providers and facilitate partnerships and collaboration where and when it makes sense. EMYS reached out to engage Toronto’s Indigenous providers, informed them

of EMYS's leadership role and learned from them about how to best consider a beginning consultation work effort. Executive Director, Claire Fainer, has been meeting with the leadership to lay the groundwork for continued and new alignment and collaboration between the CSPs involved in MOMH and the individual Indigenous service provider organizations.

### **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 government funding to 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. We are grateful to The Centre for its support in this area.

#### **Complexity of Toronto's population**

Toronto's population size and diversity are contributing factors in our engagement work. Toronto's population is uniquely diverse and comprises of many cultural, linguistic, and geographical communities, which in turn require a variety of engagement strategies and approaches. In addition, stigma around mental health remains common in many communities in Toronto leading to limitations by some families and youth to engage with our CSPs. To overcome these challenges the lead agency is working with our CSPs to develop engagement activities in their local communities that are culturally competent and appropriate. We are also looking for opportunities to support anti-stigma activities such as the New Mentality groups.

#### **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 life. 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 (such as 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 remains a lack of a common understanding of youth and family engagement processes among service providers across Toronto. Thus, commitment to long term and sustained meaningful engagement strategies within organizations remains limited in some cases. To overcome this challenge the lead agency have 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 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.

#### **Priority #4 - Building the Toronto Brand**

Toronto CYMH providers are working toward building an integrated system of community-based care for infants, children and youth as well as building pathways and partnerships with the many other sectors that touch this population. Families in Toronto, no matter where they live, should be able to easily identify where to get community-based services close to home with the assurance that necessary connections will be facilitated to other providers as required (e.g. health care and education systems).

##### **Objectives:**

- Develop a strong brand that clearly identifies community-based agencies as belonging to one system with common visions, mandates, accountabilities, results and outcomes is essential to success
- Implement a strategy that incorporates the Toronto sector brand into existing and new resources available across Toronto

##### **Status:**

**Phase I** – Build on Collective Impact approach and continue to overcome the historical barriers between service providers, reduce fragmentation and facilitate a common goal and sense of purpose in the system transformation. Change management takes time and intense effort, and is exponentially assisted when all stakeholders share common values and attitudes toward achieving end goals, and feel collective ownership. The Collective Impact model adopted as the foundation for the system transformation process is key. To complement these processes, the lead agency is developing a brand which will signify work that impacts and is benefiting the entire service region.

In Year 1, we established a logo which would represent the lead agency activities in moving forward with the priorities and goals established in MOMH. During year 2 this logo and templates have consistently been used for all working group meetings, correspondence within the collective and by lead agency to Governments, funders and stakeholders, and on outreach materials promoting the collective of all CSPs in Toronto.

To effectively access and leverage the full capacity of Toronto's infant, child and youth community-based mental health sector, it is paramount to overcome historical competitive barriers and develop a collective ownership of the system. While this process is one which will require ongoing attention and thoughtful planning, the feedback from the AAR of Year 1, and the ongoing, meaningful participation in the working groups, CPA and walk-in collaborative, as well as the qualitative feedback from CSPs indicate that we might have begun to establish the foundations from which to build an integrated sector.

**Phase II** – Begin to develop public facing resources which will complement the existing branding and messaging, but which are applicable across the service region. The purpose of this branding is not to replace the branding and logos of Toronto’s CSPs, but to develop a presence which will be recognized across Toronto as an access point to finding help in the community-based infant, child and youth mental health system in Toronto. Earlier this year we began the process of developing a website which, when complete, will provide online access to information about the Centralized Point of Access, the growing network of ‘what’s up’ walk-in sites, all CSPs as well as a host of online psychoeducational materials. The site will offer information in both English and French and is informed by engagement activities with families and youth.

**Challenges:**

The development of the lead agency- MOMH website has proven more challenging than originally anticipated . As one of the tangible and visible outcomes of the branding process it is vital to ensure that the process is done right, and fits within the expectations of the collective. From a simple website intended to share knowledge and build capacity among CSPs, the website’s purpose has grown to include, and primarily become an online resource for the public looking to access the community-based child and youth mental health system. To that end, we have incorporated the information from our youth and family engagement activities, and have engaged a consultant who is working with the lead agency team and EMYS Communications Manager.

**SECTION F: 2016-17 PRIORITIES**

The key priorities identified in this CSDP have been chosen to incorporate the work done to date and reflect the dynamic environment in which we are working. Engagement of families, youth, Indigenous populations and diverse communities will be incorporated throughout the activities and represent a core component of all aspects of our work.

**Governance**

- a. Incorporating revised expectations of lead agency roles and responsibilities
- b. Ensuring EMYS as the lead agency is prepared operationally to assume these roles (i.e. working with the regional office to participate in the services contracting process)
- c. Working with all CSP Boards of Directors to ensure understanding of governance responsibilities between the lead agency and the CSPs
- d. Identifying key processes to resolve challenges which may emerge between the lead agency and individual CSPs and between the lead agency and MCYS.
- e. Negotiating the annualized system management funding allocation with MCYS.

Work on governance change vis-vis the lead agency status has been underway for over year, however, the decision part way through fiscal year 2016/17 to take on full lead agency status in April 2017, one year earlier than originally anticipated, places governance readiness as a key priority for the coming year. Work focused on required governance changes to the EMYS governance structure and work with other Boards across the city to ensure there is a shared understanding of what these new responsibilities mean for lead agency to CSP agency relationships has been accelerated. As of the drafting of this CSDP we are awaiting finalization of ministry roles and responsibilities for mature lead agencies and this may impact some of progress and timelines moving forward. 2017/18 will also be a

year of transition as a new planning cycle is expected to be implemented this year requiring development of a new CSDP due December 31, 2017.

### **Governance Overview**

The first three phases of our governance work will set the stage for the final deliverable: Governance Moving Forward, an action plan to implement the mechanics of governance for the lead agency and its relationship with boards of CSPs. We anticipate this work will be completed in September 2017. See **Appendix E** for a summary of Phase 1 and 2.

**Phase 1** - In early 2016 EMYS retained the Institute on Governance (IOG) for assistance to address the governance aspects of transitioning to system level responsibility. Phase 1 produced a report entitled—East Metro Youth Services—Mandate and Mission Review, March 28, 2016.

**Phase 2** - The results of Phase 2 Case Studies and Best Practices was presented to the EMYS Board of Directors in October 2016.

**Phase 3** - Consists of an EMYS Organizational and Board Assessment. The lead agency is exploring opportunities to provide and/or facilitate sector-wide capacity building and knowledge exchange events in areas such as privacy and consent, fiduciary responsibilities, cultural safety and competence for Indigenous and populations at risk etc. Finally, as EMYS takes on the full responsibility of lead agency for Toronto, we will be engaging MCYS to better clarify key issues such as regulations to CFSA and their relations to EMYS as lead agency as well as the negotiation around system management funding allocations.

### **Centralized Point of Access**

- a) Establishing the initial telephone and online access point to Toronto’s community-based infant, child and youth mental health services
- b) Establish the foundations for a common screening tool across Toronto
- c) Establish the foundation for a system-wide data strategy
- d) Embedding processes and tools to address diverse populations including Francophone and Indigenous populations

The development of a Centralized Point of Access is well underway. While we remain challenged with respect to identifying the source of required funding to fully operationalize this initiative we continue to move forward in our planning work and have engaged not only our group of Executive Directors but intake staff and clinical managers and directors to help shape the implementation. As indicated in Section E, Priority 1 – CPA, during the first quarter we will be finalizing the development of the CPA, including aligning the French Language Services component, identifying the process for providing access for those seeking services from Toronto’s Indigenous Service Providers, and finalizing the data sharing agreements and performance measurement/quality assurance components. Q2 will be focused on testing the model design and implementation readiness for a hard launch in September 2017.

### **Project timelines - high level**

Finalization of staff model	March
Finalization of software and hardware solutions	March
Signing of MOA’s and data sharing agreements	April

Call Center Computer Equipment Distribution to Participating Agencies	May
Training (CPA Referral/Triage Tool, interRai screening for CPA referrals etc.)	May
Quality Assurance and User Acceptance Testing	June
Soft Launch, testing and fine tuning	July
Public Launch	September

### Operationalizing the Working Group Recommendations

- a) Review, prioritize and where relevant and possible, operationalize the working group recommendations into action
- b) Further development and beginning of implementation of key strategies (e.g. engagement, performance management and data)

To help lay the foundations for Toronto’s system transformation, in Year 1 we established working groups to leverage the expertise of the CSPs. Year 2 saw the creation of three new working groups whose primary goal was to view the work through specific age groups of our clients (0-6, 7-12, 13-18). The mandate of these working groups is to expand the system profile as it relates to both their specific age focus as well as the broader Toronto context. Key areas for review, analysis and recommendations include:

- Translation of the seven Core Service definitions providing context as they relate to the respective age range of each working group and where possible, clinical clusters (i.e. breakdown of services such as day treatment, targeted prevention etc.)
- Strengths and opportunities that currently exist in our system including evidence-informed/best practices and promising initiatives
- Service gaps and barriers within the system facing infants, children, youth, and families as well as agencies, which are impeding access to effective service delivery as well as improvement and innovation within the sector
- Existing and potential pathways, access and transition points through core services, with other non-core services and with other sectors (e.g. health, education)
- Key trends and possible impact on our work moving forward

The working groups will be submitting their recommendations in June 2017. As mentioned, preliminary analysis has begun on the analysis to date. In Q2 we will entail an increased focus on planning for the implementation of these recommendations is fiscal year as well as informing priority setting in the development of the next CSDP for Dec 2017.

### Priority work plan

Q1 (Apr – Jun)	Q2 (Jul – Sept)	Q3 and Q4 (Oct – Mar)
Governance	Governance	Governance

<p>EMYS Organizational and Board Assessment and development of a governance action plan</p> <p>Conduct a needs assessment and potential opportunities for sector-wide capacity-building and knowledge exchange</p> <p>Review Ministry roles and responsibilities for governance implications</p> <p><b>CPA</b> Finalize the development of the I CPA (infrastructure, staffing, training, data sharing etc.)</p> <p>Development of the website</p> <p><b>Operationalizing the Working Group Recommendations</b> Analysis and consolidation of Year 2 data and recommendations from the working groups</p> <p>Further consultation with working group chairs around necessary linkages between Year 2 recommendations to inform development of action plans</p> <p>Draft work plan for presentation at Spring CSP meeting</p> <p>Review recommendations and results from other information gathering activities to identify</p>	<p>Development of a governance action plan including recruitment of new Board members</p> <p>Recommendations to new Board regarding governance implications of Ministry roles and responsibilities expectations</p> <p>Youth engagement training for EMYS and other CSP board members</p> <p><b>CPA</b> Quality Assurance and User Acceptance Testing; Software and technology testing</p> <p>Soft launch &amp; fine tuning (telephone and online/website platforms)</p> <p>Public Launch (September)</p> <p><b>Operationalizing the Working Group Recommendations</b> Implementation of short- and medium-term activities identified in Q1</p> <p>If relevant and appropriate, convene action-oriented task groups to assist in achieving “quick wins” and/or assist to evaluate recommendations and create action plans to address the priorities identified</p> <p>Continue implementation of relevant system-wide strategies (i.e. engagement, performance measurement, data etc.)</p> <p>Where necessary and relevant, engage sector networks, tables</p>	<p>Continued implementation of the Governance Moving Forward action plan</p> <p>Identification to ministry and CSPs of early lead agency board challenges</p> <p>Province-wide discussions regarding early learnings, issues and challenges resulting from full lead agency implementation and implications for governance.</p> <p><b>CPA</b> Implementation</p> <p>Ongoing quality improvement processes (including regular meetings of intake staff, supervisory managers and senior leadership of agencies hosting CPA intake staff)</p> <p><b>Operationalizing the Working Group Recommendations</b> Presentation of draft Core Service Delivery and Community Mental Health Plans to CSPs for review and feedback</p> <p>Finalize Core Service Delivery and Community Mental Health Plans</p>
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short- and medium-term activities as well as longer-term priorities	and expertise in the development of the action plans and CSDP/CMHP for December 2017	
Further refine and begin to implement relevant system-wide strategies (i.e. engagement, performance measurement, data etc.)		

## SECTION H: FRENCH LANGUAGE SYSTEM PARTNERS

Mapped in both Year 1 and Year 2, the following 12 agencies consistently reported capacity for French Language Services including Active Referral Clause: Aisling Discovery, BOOST, EMYS, CDI, Centre francophone de Toronto, Delisle {fall 2016 merged with Oolagen to form Skylark}, Etobicoke Children’s Centre, Massey Centre, Rosalie Hall, The George Hull Centre, The Hincks-Dellcrest Centre\*, Youthdale

Additionally, in more in depth research during Year 2, the FLS Working Group identified there are seven FLS designated positions excluding the CFT. The following chart outlines the findings:

Name of the agency	Number of FLS designated positions
Griffin Centre Mental Health Services	1
Massey Centre	1
Boost Child & Youth Advocacy Centre	1
East Metro Youth Services	1
Hincks-Dellcrest Centre*	3
Centre francophone de Toronto	12
	<b>Total : 19</b>

*\*Special Note: Hincks-Dellcrest Centre, pre-merger January 2017 with SickKids, had the capacity for delivering services under Clauses 1 and 2 within Ministry codes A349 and A355. Presently Lead agency has been notified of a business case submitted to the Ministry for Hincks to transfer these three staff positions to Centre francophone de Toronto (CFT) (February 2017).*

### Who was engaged and how were they engaged

The lead agency submitted a successful joint application with CFT for a 2016-17 Canada-Ontario Agreement on French Language Services (COA) grant. After the formal announcement in July 2016, a francophone consultant was hired part time in October 2016 to assist the FLS Working Group in implementing activities in their workplan. 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 FLS provider in the CYMH sector covering Toronto, Centre francophone is building its capacity internally to further streamline its partnership with CSPs. In Year 2, it was recognized that linkages through a MOA will need to be created regarding the CPA, a key priority deliverable for lead agency. While 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, as the lead agency 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.

Significantly, Centre francophone has also ensured that Conseil Scolaire Viamonde and Conseil Scolaire de District Catholique Centre-Sud are strong partners for the broader service delivery processes of FLS in Toronto’s catchment area in addition to these francophone boards’ participation in the Community Mental Health Plan (CMHP).

Challenges:

The two francophone school boards cover territory from Windsor to Peterborough and are often stretched for staff resources for our working groups and tables.

- Any identified concerns from French language system partners. No, N/A

## **SECTION I: APPROVALS**

The 2016-17 CSDP was approved by the EMYS Board of Directors at its March 28, 2017 Board meeting.

## **APPENDIXES**

Appendix A	After Action Review
Appendix B	Core Services Definitions chart

Appendix C	Health Partnership Table Terms of Reference
Appendix C	0 - 6 WG mandate letter
Appendix C	7-12 WG mandate letter
Appendix C	13 - 18 WG mandate letter
Appendix C	Education Partnership Table Terms of Reference
Appendix D	Youth and Family Consultations-Summary
Appendix E	Governance Phase 1 and 2 deck

## Appendix A: After Action Review

# After Action Review Follow Up Report

Presented to EMYS, Lead Agency for the MOMH Toronto Service Area by:

Peggy Schultz and Peter O'Donnell

April 2016

## A Brief Background...

With any significant change initiative it is important to review periodically not only the results of the project but the change process as well. This is especially true when the process itself represents a major shift from past change management practices. East Metro Youth Services chose to utilize a Collective Impact process to fulfill its mandate as the Lead Agency for the Moving on Mental Health/Toronto (MOMH/TO) system transformation initiative. There are a wide range of other indicators on which to report progress – many of which are embedded in the project proposals and plans submitted to the funder. The purpose of this report is to provide a summary of a separate ‘After Action Review’ conducted recently, which gathered feedback on the Collective Impact process from the perspective of many of its key participants.

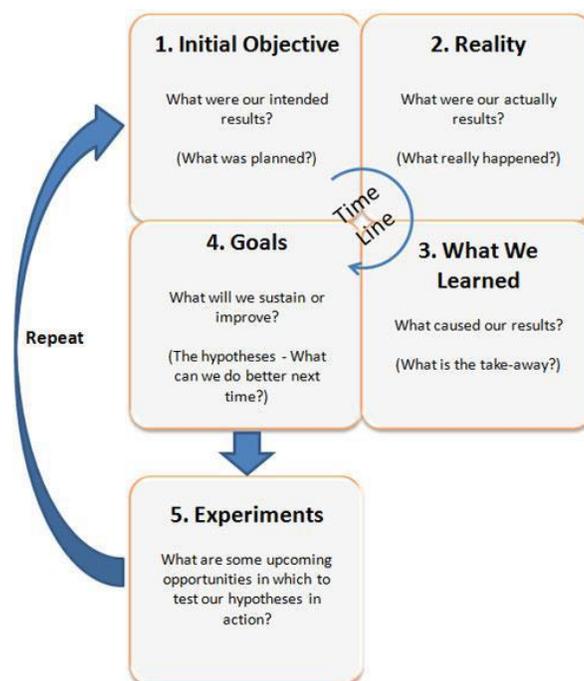
There has been considerable attention given to the Collective Impact model in recent years. There are five main components in this approach to creating social system change:

- A Common Agenda
- A Shared Measurement System
- Mutually-reinforcing Activities
- Continuous Communication
- A Backbone Support Organization

All five of these components have been activated to a greater or lesser degree in the first year of this project, but there is much to be done going forward. The decision by the funder (MCYS) to implement a Lead Agency strategy to bring about system transformation itself establishes a common agenda framework and provides the resources to establish the required support organization – the so-called ‘backbone.’ To be effective, the new ‘system’ must involve heightened collaboration, continuous communication and, ideally, a shared measurement system to support system-wide planning and decision-making.

This brings us to a key question: ‘How are we doing on these elements one year in?’ The After Action Review (AAR) model is uniquely suited to addressing this ‘developmental’ evaluation question. Developed almost two decades ago as an alternative to more traditional ‘backward looking’ approaches, an AAR is more focused on identifying the lessons learned from a review of past action. The focus then shifts naturally to applying this learning to future action... a parallel process of Before Action Planning, complete with ongoing learning and experimentation.

The basic framework of the AAR looks like this:



There is no need in this report to replicate the information provided elsewhere regarding the planned and actual activities of 'the collective', all of which are summarized in the Lead Agency proposals and year-end activity reports. This report will focus on the key lessons learned as revealed in a series of interviews and dialogues with the participants most closely involved with the process.

### A Summary of the Process...

Between February 23<sup>rd</sup> and March 16<sup>th</sup>, Peggy Schultz facilitated the following feedback sessions:

- Working Group Chairs (2/23 – four current chairs)
- Working Group Participants (2/25)
  - Patty Hayes (Central Point of Access)
  - Ekua Asabea Blair (Communications)
- Project Partners (2/26)
  - Charlie Carter & Jana Kocourek (Ontario Centre of Excellence)
- Funder (MCYS) (3/1)
  - Gale Lariviere (Program Supervisor, Toronto Region, Children's Mental Health Lead)
- Core Services Agencies Meeting (3/3)
  - Executive Directors from almost all Core Services Agencies
- Lead Agency leadership staff (3/16)
  - Claire Fainer (ED) & Roberta Bustard (Lead Agency Strategy Director)
- Lead Agency Backbone team (3/16)
  - Darren Fisher, David O'Brien, Tanya Pobuda, Alisha Singh, Janice Wiggins

This process obtained feedback from a large and diverse number of participants, and also provided opportunities for all to identify key insights and their implications for the next stage of development.

## Key Insights & Implications for Future Action...

While the various interviews and discussions were unique and wide-ranging, there were a number of commonly-stated key insights. What follows is a brief summary and thoughts about how to translate these 'lessons' into future action.

### *Launching the Collective Impact Process:*

The success of any Collective Impact initiative is determined by the degree to which it engages 'the collective' as early as possible. Before the first meeting of the agency EDs, there had been a number of individual discussions, but the June 3<sup>rd</sup> meeting was the first opportunity for this key group of stakeholders to come together. A number of EDs likely expected to be 'told' what the master plan entailed, and hoped to have the chance to comment on it. Instead, they were put to work right away, working in groups to surface issues to be addressed, and using this input to draft the mandate statements for the four Working Groups that formed the core structure of the year one collective effort. This set the tone for the subsequent ED meetings, and began the shared effort to establish the foundational components of Collective Impact.

In the AAR interview and dialogue sessions, there were a number of shared insights: the process started quickly and sped up from there, with signs of progress along the way, but also a sense of 'flying blind' at times, and occasionally wondering 'Will this actually work?' During the course of the year, most participants felt positive about what was being accomplished and there was a growing sense of commitment and momentum, supported by a genuine spirit of generous collaboration.

The work of the four Working Groups was often cited as being both essential to achieving the first year goal of building a foundation for future action, and also the means of engaging many more people from all corners of the agency network. Their work, and the opportunities at each all-agency meeting for reporting and feedback, demonstrated the potential of pursuing a common agenda, contributing to mutually-reinforcing activities, and improving continuous communication. Significant progress was made on framing the requirements for a shared measurement system, establishing criteria for a single point of access strategy, and mapping current services. All of this created a rich context for the emerging work of the backbone support organization.

Other common insights regarding the 'launch' included the realization – painful at times – of the workload challenges facing everyone involved in the process, coupled with both general and specific capacity limits that made it difficult to move more quickly in some areas. At the same time, the backbone organization was itself being 'built on the fly.' There was little time for thinking or planning, and the added pressure of developing systems and processes quickly. Despite this – and the newness of the people and the process itself, there was mainly positive feedback regarding how it all worked, and on the quality of the working relationships.

Importantly, year one concluded with this 'experiment' in developmental evaluation. There has been broad, constructive participation by everyone involved, resulting in collective learning to guide the transition from launch to sustained growth.

### *Acknowledging Complexity:*

Another important theme emerging from the feedback conversations is that both the current 'system' and whatever form it transitions to in the future – is extraordinarily complex. The Core Services Delivery Agencies are more different than alike, although they share many common desires and challenges. This

presents both the obvious challenge of creating a system that works equitably for all of its members and, at the same time, takes advantage of the diversity that exists in each.

An essential step in addressing this complexity is the building of relationships, beginning with identifying the various ‘players’ and what makes them unique. Many of the participants in this process have commented on how beneficial it has been to spend time together, and also to begin to gather a wealth of practical information about each other’s work.

What has emerged over time, though, is the need to define more clearly the various ‘entities’ that make up the overall system, their unique roles, and their influence within the system, both currently and in the future. Those entities include the individual service agencies, the MOMH collective, as well as other collaborations, ‘tables’ and partnerships in which they participate. All of these individual and connected entities influence each other, and all are experiencing varying degrees of change (intentional or not... desired or not.) There is a common concern that, with the need to develop an even broader collaboration around the community mental health plan, the weight of maintaining service delivery will become even more onerous. And, there’s also the matter of designing a governance structure that makes sense when more and more of the work involves shared planning and delivery initiatives.

There are other key entities whose role and influence must be addressed. One is the funder, of course, with its stated intention to change how it works with all of the above service providers and collaboratives. It’s not clear how that will look going forward, particularly its influence on funding decisions that it suggests will shift to the Lead Agencies. This leads inevitably to questions concerning the role(s) that East Metro Youth Services fills. There are at least three such roles: Lead Agency, service agency and ‘backbone support’, the latter also incorporating whatever Working Groups and other structures are established to do the work. Not only is this a challenging ‘balancing act’ for EMYS internally, but it complicates its relationships with all of the other entities. There is a widely-felt need to clarify these roles and relationships. It’s a conversation that needs to begin soon, both internally and in the collective forum.

#### *Beginning the Shift from Competition to Collaboration:*

As stated earlier, there has been largely positive feedback about the way people from across the system have begun to do actual work together, whether in the Working Groups, or through the ED sessions. An example of a tangible product of collaborative planning is the expansion of the walk-in service model, which was triggered by a funding opportunity offered by the Ministry, and developed from input at an ED session. This was the first ‘collective’ initiative, and stands as a good example of what is called ‘lean experimentation.’ The response to the approval of this initiative was overwhelmingly positive but, at the same time, there were comments about how it was essentially an expansion of an EMYS program, and involved only a few additional service agencies in its implementation.

This is a good illustration of the challenge of moving from what has been a somewhat competitive system, where individual agencies focus on growing or maintaining their unique services (and budget allocations), to a more collaborative system. That’s why the underlying objective of considerable effort in this first year has been to build trust among the service agency leaders, a necessary step to creating a collaborative ‘space.’ For the collective effort to be effective, there must be transparency and a willingness to ‘seek and tell the truth’ to each other. The result will be both increased collaborative action and innovation, and a ‘safe space’ in which to surface and discuss fears, risks and disagreements on issues to do with funding, service delivery, clients, agency autonomy, etc.

Again, the feedback from many participants has been largely positive, but others have pointed out the need for further dialogue on what it means to work collaboratively, how to maintain appropriate individual agency focus, what shared leadership means. These questions need to be part of the dialogue described under the previous heading.

*Communication & Engagement:*

Not surprisingly, given what's been summarized above, the topic of communication and engagement was a frequent source of comments. There has been considerable effort devoted to planning and implementing a wide-ranging communication strategy. There has been no shortage of information to disseminate, reports and proposals to circulate, knowledge/resources to be shared... not to mention countless formal and informal conversations. Not only is this a core component of Collective Impact... it's also the chief means by which work gets done in the social sector. As in the case of the other themes, the feedback has been largely positive. People have appreciated being kept up to date on Ministry developments, the ongoing work of the Working Groups, and such.

What is also clear is that, until now, communication has been almost entirely among the funded core services agencies and, even there, mainly with agency leaders and staff that have been invited to participate in the Working Groups. In an effective Collective Impact strategy, what is essential is establishing connections with the wider community of stakeholders... clients, other service providers and sub-sectors, and beyond. This scope and level of engagement goes beyond the 'mandated' requirement to develop a Community Mental Health Plan which, itself, is still primarily aimed at connecting service providers.

A number those involved in the feedback process commented on the need to begin to reach out to clients... others felt it was time to engage agency boards at the collective level... still others expressed the need to engage all agency staff. All of these 'audiences' have important questions to be addressed, they answers to which will both strengthen and shape their participation in the overall process. In addition, there is the need to 'map' what is already a rapidly-expanding network of connected organizations and individuals... a network that will continue to grow exponentially. The Communications Working Group has done much important groundwork in this area, and developed a broad plan for implementation in the next phase. This needs to be a priority from the beginning of the next year.

*Transforming the System:*

All of which brings us to the primary purpose of the whole undertaking... transforming the system that delivers mental health benefits to children and youth across Toronto.

A frequent comment in this area is that, while there has been much activity in this first year, what is still lacking is a comprehensive shared vision for what the system of the future will be... how it will be different than the current system... what will change in how services are delivered and to whom... what results will improve... why, in the end, it will have been worth the investment.

Bringing that vision to life will require a huge commitment to building collective intelligence, improving collaborative capacity, establishing new shared systems and processes, addressing the challenge of shared governance and leadership and, ultimately, shifting the current power dynamics. If successful, one result of Collective Impact is that the 'collective' will be positioned to exercise its influence more fully and more strategically by continually learning its way into the future... ongoing transformation will be its 'guiding star', not the need for periodic 'corrections.' This venture must develop such a vision, and ensure its action are guided by it at every level.

## Appendix B: Core Services Definitions Chart

### CORE SERVICES – 2016 REFINED DEFINITIONS

Overarching statements:

Brief Services as a core services not the same as “brief counselling” which goes under “Counselling Services”-

Clients may participate in multiple core service programs and will be counted individually as per each program in which they participate.

<b>Targeted Prevention (A356)</b>	<b>Brief Services (A348)</b>	<b>Counselling/Therapy Services (A349)</b>	<b>Crisis Services (A350)</b>
<ul style="list-style-type: none"> <li>▪ Any child under 18 who is usually not registered and where participation is anonymous i.e. no health information is recorded; it can include registered children/youth in certain instances</li> <li>▪ Includes workshops for professionals</li> <li>▪ May include workshops for parents depending on purpose e.g. Triple P Seminars for parents included</li> <li>▪ Can be targeted to community groups as long as it is directed at specific risk factors/at-risk population</li> </ul>	<ul style="list-style-type: none"> <li>▪ Up to 3 sessions – can be for any level of need (2, 3 or 4) where the intention is to have a short solution-focused intervention</li> <li>▪ Can serve clients on the waitlist for more intensive services</li> </ul> <p>Brief Services should be captured under Service Coordination and Access and Intake</p>	<ul style="list-style-type: none"> <li>▪ Services based on one or more assessments beyond just intake (e.g. psychosocial, psychiatric, OT, etc.)</li> <li>▪ May overlap with other core services</li> <li>▪ Included in the definition are infants, children, youth, families and groups</li> <li>▪ When an agency provides a specialized assessment that results in the child or family going into treatment with the same staff group, the client would be counted under both specialized assessment for the assessment portion and subsequently under Counselling / Therapy for the treatment</li> </ul>	<p>Only counted in agencies providing 24/7 support</p>

<b>Family/Caregiver Skills Building and Support (A351)</b>	<b>Intensive Treatment Services (A353)</b>	<b>Specialized Consultation &amp; Assessment Service (A355)</b>
<ul style="list-style-type: none"> <li>▪ Includes all registered parents and must be part of a treatment plan</li> <li>▪ Services that support families rather than services that are part of counselling and therapy</li> <li>▪ Mostly parent or peer support or educational groups</li> <li>▪ Could include respite services if any existed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Includes all forms of day treatment, intensive in-home and residential services (counselling, multi-disciplinary)</li> <li>▪ Specialized treatment services, e.g. psychiatry, are part of Intensive Services unless for outpatients where it would get counted under counselling /therapy</li> <li>▪ If specialized service is treatment related it gets captured under Intensive Treatment Services; if it is assessment/consultation related, it gets captured under Specialized assessment and consultation</li> </ul> <p>Clients will receive follow up from their original service until such time as they are transferred to a new therapist upon which time they are transferred from intensive services</p>	<ul style="list-style-type: none"> <li>▪ Additional (one-off) consultation/ assessment services that otherwise not part of the program but is later determined to be needed to inform treatment whether provided by an internal or external provider</li> <li>▪ Can be any discipline including Psychology, psychiatry, DISCs, Speech and language therapy, occupational therapy, physiotherapy</li> </ul> <p>Includes consultation to treatment team to inform treatment interventions</p>

## Appendix C: Health Partnership Table Terms of Reference

### HEALTHCARE PARTNERSHIP TABLE

#### TERMS OF REFERENCE

##### Purpose

To recommend, develop and implement evidence-informed transition practices between hospitals and community based child and youth mental health organizations ensuring a stepped-care, seamless, timely and therapeutic approach.

##### Background

As the lead agency for community based child and youth mental health services in Toronto funded through Ministry of Child and Youth Services (MCYS), East Metro Youth Services (EMYS) is 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 Moving on Mental Health

Through the development and ongoing refinement of first year and ongoing key deliverables of the Core Service Delivery and Community Mental Health plans, the lead agency will continue to leverage the expertise of the sector.

In order for these objectives to be met, EMYS has established an Education Table, a Health Care Table and specific working groups to inform the development and implementation of Moving on Mental Health Toronto (MoMH-TO). All will meet regularly for a limited term, providing expertise, insight and recommendations in their respective topic areas.

##### Mandate

The **mandate** of the Healthcare Table includes the following:

- Evaluating need and 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 healthcare to mental health services and mental health services to healthcare;

- Identify mental health/education service priorities;
- Adopting a “systems” approach to the planning, description, implementation and evaluation of services.

### **Collective Impact Model**

Early in year 1, the Lead Agency adopted a Collective Impact Model to provide a framework for the transformation of the Toronto system. Implementing a Collective Impact approach requires a strong ‘backbone’ organization and this is the role EMYS fills as Lead Agency. As the backbone organization, 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 will continue to guide the work for the infant, child and youth mental health sector transformation in Toronto. Collective Impact 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)

### **Guiding Principles**

At the December 9<sup>th</sup>, 2015 Moving On Mental Health Meeting-Toronto, the core service providers agreed to the following guiding principles to guide our work. All tables, working groups, advisory committees and other structures will incorporate these principles into their work.

- Always ask, “does this make things better for our clients?”
- Courageously pursue our vision
- Embrace a ‘no surprises’ approach to communication
- Remember that we are but one part of a broader system
- Lead and embrace change
- Proactively find ways to collaborate and share
- Ground our relationships in kindness, transparency, and honest collaboration
- Give ourselves and our partners permission to not get everything perfect
- Know that progress today is better than perfection that may never come
- Remember, small achievements change the world
- We need to be transparent about our conflicts of interest
- Approach the work from an inclusive perspective respecting diversity of all kinds
- Recommendations will be accompanied by considerations

## **Members**

Members on this Table will be comprised of participants with relevant expertise as well as other individuals identified as having expertise beneficial to achieving the current mandate.

Participants will be 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.

## **Methodology**

### Time commitment:

The mandate of this Table will be for a fixed term starting December 2016 and ending June 2017.. Extension and/or adaptation of the current mandate and membership will be at the discretion of the Lead Agency and working group chair, informed by the working group participants.

It is anticipated that the time commitment for participants will be 4 hours per month. Time commitments will be based on individual commitments to the work plan and key activities that arise from individual meetings. Meetings will be scheduled with as much notice as possible. Whenever possible the agenda and supporting document will be sent in advance for review and information by members.

### The mandate and key activities of the Health Care Table will be achieved through a multi-pronged process which may involve:

Structured discussions and knowledge exchange - Membership of this Table will represent a cross section of agencies providing services in Toronto plus relevant stakeholders and expertise. Meeting on a regular basis the Co-Chair(s) will lead the Table through structured discussion and analysis of key issues, challenges and opportunities brought forward from members' professional experience, as well as from possible investigative and research activities.

Literature review/research activities - Literature search and review of relevant reports – The Health Care Partnership Table will be provided with as much research and materials as possible at the start of the term. Should other issues arise where the Table requires additional research, the Table will have access, through the Lead Agency, to the Ontario Centre of Excellence for Child and Youth Mental Health, among others who can provide literature searches. The lead agency will also support and help facilitate access to other relevant sources for reports.

Consultations/meetings with key advisors/organizations - If relevant, the co-chair(s) and/or committee members may meet with experts and organizations deemed appropriate to the Education Partnership Table's mandate. Such meetings will be documented and provided to the lead agency to include in relevant reports.

## **Lead Agency Backbone Support Role and Expectations for Members:**

### Attendance

Following the principles of transparency and mutual accountability, the names of members present for each meeting will be recorded within the meeting records. The lead agency will provide access to a teleconference number to facilitate full participation of members. Additionally, meeting space at 365 Bloor Street East, Suite 1010 will be available.

### Record-Keeping (eg. Minutes, Agendas, Meeting Summaries, etc.)

The lead agency will work with the Co-Chair(s) to determine the best method for recording and reporting meeting summaries. At a minimum, these meeting summaries will be reviewed and approved by the members, with final approval by the Co-Chair(s). Approved summaries may be available to the Chairs of other working groups, tables and advisory committees to facilitate alignment of the analysis and work.

Work plan - A work plan will be developed. This plan will identify key deliverables, major activity areas of work, who is responsible and deadlines.

Report and recommendations – At the end of the mandate, the Partnership Table will produce a report detailing the analysis, including context of discussion and considerations, as well as recommendations for next steps as per its mandate. The development of this report will be supported by the lead agency. Health Care Partnership Table reports will be made available to members and, at the discretion of the lead agency, public through appropriate processes.

### Project Manager Lead

EMYS Lead Agency will provide a dedicated Project Manager to the Education Partnership Table who will act as the main point of contact for the Co-Chair(s). This Project Manager will facilitate activities and ensure that backbone agency support (see above) is provided equitably for this Table in addition to the other Tables, Working Groups and Advisory Committees. The Project Manager will meet regularly as agreed with the Co-Chair(s) and work in a collaborative fashion to respond to questions, concerns, details or material requests. The Table can also expect that other EMYS Lead Agency staff will, from time to time, be involved in various activities as required.

### Meeting Dates

All meetings will take place at 365 Bloor Street East, Suite 1010 at 10am-12pm on the following dates; Tuesday January 31<sup>st</sup>, February 28<sup>th</sup>, March 28<sup>th</sup>, April 25<sup>th</sup>, May 30<sup>th</sup>, June 27<sup>th</sup>, 2017.

## Appendix C: 0-6 Age Related Working Group Mandate Letter

September 28, 2016



Ms. Ekua Asabea Blair  
Chief Executive Officer  
The Massey Centre for Women  
1102 Broadview Avenue  
Toronto, Ontario M4K 2S5

Dear Ekua,

Thank you for agreeing to chair the 0 to 6 Aged Working Group. The goal of the Year 2 working groups is to continue the foundation of work completed in Year 1 by the lead agency and Year 1 working groups to identify the current landscape for MCYS core services. Harnessing the expertise and experience of its members, working groups will provide analysis and recommendations assessing where we currently are as a sector and what is needed to "move the needle".

Understanding the service landscape is a critical component of planning for service delivery. The specific mandate of your working group will be to expand the system profile as it relates to both your specific age focus as well as the broader Toronto context. Key areas for review, analysis and recommendations include:

- Translation of the 7 Core Service definitions providing context as they relate to the respective age range of your working group and where possible, clinical clusters (i.e. breakdown of services such as day treatment, targeted prevention etc.)
- Strengths and opportunities that currently exist in our system including evidence-informed/best practices and promising initiatives
- Service gaps and barriers within the system facing infants, children, youth, and families as well as agencies, which are impeding access to effective service delivery as well as improvement and innovation within the sector
- Existing and potential pathways, access and transition points through core services, with other non-core services and with other sectors (e.g. health, education)
- Key trends and possible impact on our work moving forward

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Suite 1010, Toronto,  
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## Appendix C: 7-12 Age Related Working Group Mandate Letter

September 28, 2016

Mr. Tony Diniz  
CEO, Earlscourt-Crèche Child Development Institute  
197 Euclid Ave.  
Toronto, ON M6J 2J8

Dear Tony,

Thank you for agreeing to chair the 7 to 12 Aged Working Group. The goal of the Year 2 working groups is to continue the foundation of work completed in Year 1 by the lead agency and Year 1 working groups to identify the current landscape for MCYS core services. Harnessing the expertise and experience of its members, working groups will provide analysis and recommendations assessing where we currently are as a sector and what is needed to “move the needle”.

Understanding the service landscape is a critical component of planning for service delivery. The specific mandate of your working group will be to expand the system profile as it relates to both your specific age focus as well as the broader Toronto context. Key areas for review, analysis and recommendations include:

- Translation of the 7 Core Service definitions providing context as they relate to the respective age range of your working group and where possible, clinical clusters (i.e. breakdown of services such as day treatment, targeted prevention etc.)
- Strengths and opportunities that currently exist in our system including evidence-informed/best practices and promising initiatives
- Service gaps and barriers within the system facing infants, children, youth, and families as well as agencies, which are impeding access to effective service delivery as well as improvement and innovation within the sector
- Existing and potential pathways, access and transition points through core services, with other non-core services and with other sectors (e.g. health, education)
- Key trends and possible impact on our work moving forward

Working groups will begin in September 2016 and run until May 31, 2017. The deliverables for the Working Groups will include, through the Chair, regular updates including areas of alignment and other relevant issues, to the other Year 2 working groups, Health and Education Partnership Tables, and Centralized Point of Access initiative. The working groups are further encouraged to identify other opportunities for cross-pollination of working group activities and ideas.

The working group will produce a final report identifying the group’s analysis and recommendations which will inform the work of the lead agency as we move into year 3 planning.

Consideration of the unique requirements of Toronto's diverse communities must also inform the recommendations of each working group. The lead agency will provide backbone support, working with your working group to guide and support any community engagement activities including a specific focus on youth and families. Additional backbone support will include: strategic guidance to assist the Chair in monitoring and measuring progress, facilitating literature searches, access to any available reports and data and other relevant information sources; as well as logistical support including the development and dissemination of meeting summaries, assisting in the scheduling and hosting working group meetings and providing the Chair with reporting and presentation templates.

Once again, thank you for agreeing to Chair this working group. We look forward to working with you.

Sincerely,

Claire Fainer

Executive Director

## Appendix C: 13-18 Age Related Working Group Mandate Letter

September 28, 2016

Ms. Suzette Arruda-Santos  
Executive Director  
Yorktown Child and Family Centre  
2010 Eglinton Avenue West, Suite 300  
York, ON M6E 2K3

Dear Suzette,

Thank you for agreeing to chair the 13 to 18 Aged Working Group. The goal of the Year 2 working groups is to continue the foundation of work completed in Year 1 by the lead agency and Year 1 working groups to identify the current landscape for MCYS core services. Harnessing the expertise and experience of its members, working groups will provide analysis and recommendations assessing where we currently are as a sector and what is needed to “move the needle”.

Understanding the service landscape is a critical component of planning for service delivery. The specific mandate of your working group will be to expand the system profile as it relates to both your specific age focus as well as the broader Toronto context. Key areas for review, analysis and recommendations include:

- Translation of the 7 Core Service definitions providing context as they relate to the respective age range of your working group and where possible, clinical clusters (i.e. breakdown of services such as day treatment, targeted prevention etc.)
- Strengths and opportunities that currently exist in our system including evidence-informed/best practices and promising initiatives
- Service gaps and barriers within the system facing infants, children, youth, and families as well as agencies, which are impeding access to effective service delivery as well as improvement and innovation within the sector
- Existing and potential pathways, access and transition points through core services, with other non-core services and with other sectors (e.g. health, education)
- Key trends and possible impact on our work moving forward

Working groups will begin in September 2016 and run until May 31, 2017. The deliverables for the Working Groups will include, through the Chair, regular updates including areas of alignment and other relevant issues, to the other Year 2 working groups, Health and Education Partnership Tables, and Centralized Point of Access initiative. The working groups are further encouraged to identify other opportunities for cross-pollination of working group activities and ideas.

The working group will produce a final report identifying the group's analysis and recommendations which will inform the work of the lead agency as we move into year 3 planning.

Consideration of the unique requirements of Toronto's diverse communities must also inform the recommendations of each working group. The lead agency will provide backbone support, working with your working group to guide and support any community engagement activities including a specific focus on youth and families. Additional backbone support will include: strategic guidance to assist the Chair in monitoring and measuring progress, facilitating literature searches, access to any available reports and data and other relevant information sources; as well as logistical support including the development and dissemination of meeting summaries, assisting in the scheduling and hosting working group meetings and providing the Chair with reporting and presentation templates.

Once again, thank you for agreeing to Chair this working group. We look forward to working with you.

Sincerely,

Claire Fainer

Executive Director

## Appendix C: Education Partnership Table Terms of Reference

### Toronto Mental Health Lead Agency Education Partnership Advisory Committee

#### Terms of Reference

##### Purpose:

This Committee is an advisory body to East Metro Youth Services (EMYS), the Lead agency responsible for the transformation of the community-based mental health system in Toronto. The committee’s primary function is to examine how to effectively partner with Boards of Education to ensure the best delivery of mental health services for children and youth in the following four priority areas:

*	• <b>SECTION 23 PROGRAMS</b>
*	• <b>SCHOOL-FOCUSED PRIORITY ACCESS INITIATIVE</b>
*	• <b>SCHOOL DEVELOPMENT PROJECTS</b>
*	• <b>EARLY YEARS</b>

The Toronto District School Board, Toronto Catholic District School Board, the Conseil scolaire de district catholique Centre-Sud, Conseil scolaire Viamonde, and members of community-based child and youth mental health agencies will form the core membership of this committee.

##### Background:

As the lead agency EMYS is responsible for ensuring:

- Infants, children and youth receive the right mental health service at the right time and place, and
- The effectiveness and performance of core service agencies and the system meet the objectives of Moving on Mental Health

A key element of East Metro Youth Services work is the development of a Community Mental Health Plan (CMHP). The CMHP focuses on increasing our understanding of the child and youth mental health services and supports delivered by other sectors (such as education, health, early years, child welfare and youth justice), as well as non-“core” mental health services delivered

by agencies. This will provide a foundation to determine how best to optimize services among various sectors through improved pathways and service protocols.

The Education Partnership Advisory Committee is one of a number of Tables and Working Groups established by the lead agency to ensure maximum multi-sector involvement in building a more effective community-based system of child and youth mental health services in Toronto.

**Mandate:**

The *mandate* of the Education Partnership Advisory Committee 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.

The work of the Committee will be informed by individual workgroups that will be created for each priority area. The workgroups will be formed based on interest and expertise and they will be phased-in starting with Section 23 Programs and the School-Focused Priority Access Initiative. The remaining two priority areas (School Development Projects and Early Years Initiatives) will be explored following the completion of the work associated with the first two priority areas.

**Membership:**

Members on this Committee will be comprised of participants with relevant expertise as well as other individuals identified as having expertise beneficial to achieving the current mandate. Participants will be 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. Expertise in one of more of the following areas will be required:

1. Section 23 Programs
2. Student-focused worker Initiative
3. School Development Projects

#### 4. Early Years i.e. 0 to 6 Early Years Division

##### **Meetings:**

##### Dates and Frequency:

Advisory – TBD

Workgroups - TBD

##### Time commitment:

The mandate of this Committee will be for a fixed term starting September 2016 and ending February 2018. Extension and/or adaptation of the current mandate and membership will be at the discretion of the Lead Agency and Committee co-chairs, informed by the Advisory membership and working group participants.

It is anticipated that the time commitment for participants will be approximately 4 hours per month. Time commitments will be based on individual commitments to the work plan and key activities that arise from individual meetings. Meetings will be scheduled with as much notice as possible. Whenever possible the agenda and supporting document will be sent in advance for review and information by members.

##### **Chairperson:**

This committee will be co-chaired by a Mental Health representative and a School Board representative.

##### **Recorder:**

Minutes for all Advisory and Workgroup meetings will be recorded and will be provided to members.

##### **Decision Making:**

Decisions are made by consensus where possible. Where consensus is not possible, a vote of 50% plus one is required to pass any decisions.

## Appendix D: Youth and Family Consultations Summary

Date and Time	Hosting Agency	Audience	Consultation Area	Supporting working group	Number of participants
February 2 <sup>nd</sup> , 2017 4:30pm	Rosalie Hall	Teen Parents	Home and Family Challenges, Early Identification, Informal and formal supports	0-6 working group	15
February 7 <sup>th</sup> , 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 <sup>th</sup> , 2017 5:00:pm	East Metro Youth Services	Youth at residential treatment programs	Residential treatment services	Residential Treatment Working Group	9
February 13 <sup>th</sup> , 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 <sup>th</sup> , 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 <sup>th</sup> , 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 <sup>th</sup> , 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 E: Governance Phase 1 and 2

### Appendix E

# East Metro Youth Services Phase I & II Mandate Review & Comparative Research

Institute on  
Governance  
LEADING EXPERTISEInstitut sur  
la gouvernance  
EXPERTISE DE POINTE

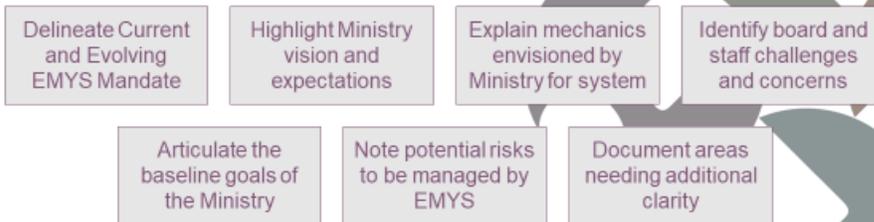
## Scope of Phase I & II Research

- **Phase I** focused on the overarching devolution framework envisioned by MCYS – emphasis structures and processes EMYS needs to meet new responsibilities
  - *Central challenge for EMYS vis-à-vis the Ministry: to ensure EMYS has the capacity and the space (resources, authorities and support) to take on the systems role*
- **Phase II** focus has been on relationship between EMYS and other Toronto service agencies – particularly practices that could be adopted
  - *Central challenge for EMYS vis-à-vis the service agencies: to establish balanced and effective methods for their inclusion in its systems governance and to foster a strong corporate culture that will fuel the machinery of the system*
- Literature review and case studies focused on forms of collaborative “networked” governance, including “lead agency” models

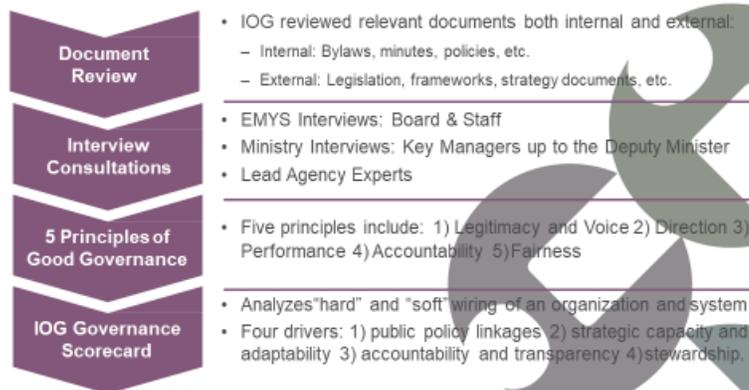
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EXPERTISE DE POINTE

## Project Overview

- EMYS undergoing intensive transformation to lead agency
- Governance is a core outstanding issue
- Current report conceived as first of multi-phase project
- Objectives of this phase of the project:

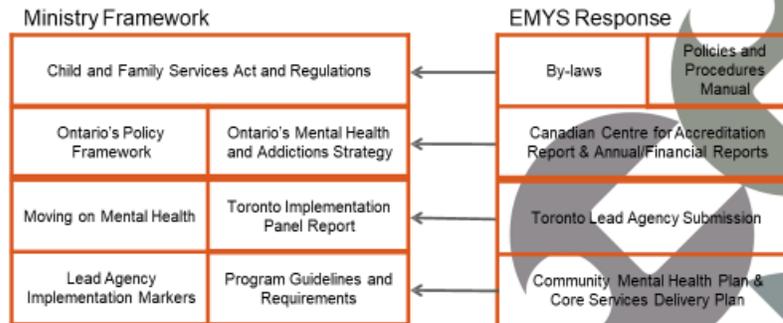


## Methodology



# EMYS Document Review

## Key Documents Reviewed



*"There was one over-arching reason for change: the need for efficiencies in the system so that children, youth and their parents can get the services they need, when and where they need them."*

## Interview Themes

<b>1. EMY Organizational Governance</b>	<ul style="list-style-type: none"> <li>Board recruitment will wait until governance addressed</li> <li>Consensus on mandate and governance structure challenges</li> <li>Board skills training required on becoming system leaders</li> <li>New responsibilities will lead to changing relationships</li> </ul>
<b>2. Lead Agencies in Systemic Governance</b>	<ul style="list-style-type: none"> <li>Comparative research to address tension - lead agency vs. service provider</li> <li>Need formal instruments of authority and other systemic components</li> </ul>
<b>3. Lead Agency Challenges</b>	<ul style="list-style-type: none"> <li>Change management strategy; manage expectations</li> <li>Balance service delivery with system-wide responsibilities</li> <li>Attention to operational concerns: audits, data, HR, IT, admin, staffing</li> </ul>
<b>4. Partnership &amp; Stakeholders Engagement</b>	<ul style="list-style-type: none"> <li>Two levels of partnership: systemic and programmatic</li> <li>Systems: various partnerships and manage broader interactions</li> <li>Programmatic: influence initiatives funded by Ministry resources</li> </ul>
<b>5. Lead Agency Roles &amp; Responsibilities</b>	<ul style="list-style-type: none"> <li>Desire for legislated roles &amp; responsibilities; accountabilities; funding</li> <li>Need for standardized tools for data assessment, evaluation, and collection</li> </ul>
<b>6. Organizational Service Delivery</b>	<ul style="list-style-type: none"> <li>Maintain and communicate credible service delivery</li> <li>Peer relationship management</li> </ul>
<b>7. Residual Ministry Authority</b>	<ul style="list-style-type: none"> <li>Uncertain scope and exercise of residual ministerial authority</li> </ul>

## Key Findings

*“Devolution does not only change administrative and service delivery responsibilities – it reshapes who makes decisions, the processes by which decisions are made and stakeholder voices are expressed, and how accountability is rendered.”*

### Nature of the system and the key issues it raises

- Service delivery risk: gap between new responsibilities and capacity
- Governance risk: gap between new responsibilities and authorities
- Provincial direction on governance is not yet devolved out: risk of ill-defined or heavily discretionary ministerial authorities
  - Need for clarity and devolution of autonomy and authorities
- Lead agency concept: devolution, consolidation, rationalization
- Expectation that efficiencies will be found: will need to watch that resources meet responsibilities
- Devolution changes service delivery but also governance
- Key relationships: Ministry-EMYS; EMYS-Service Agencies; Ministry-Service Agencies; and Community of Lead Agencies.

## Key Findings

### The status of legislation

- *Child and Family Services Act* is the key framework that establishes current responsibilities, accountabilities, and authorities
  - Does not address structures of the new system
- Status of new legislation is uncertain
  - Use of funding and accountability agreements are ad hoc
  - Uncertainty does not favour lead agencies: preferable to have legislation

## Key Findings

### The Ministry-EMYS-agency relationship

- Ministry will want:
  - Involvement in key decisions on services agencies (mission, amalgamation, service reductions)
  - inspection/enforcement powers, licensing residences, approving assessment tools
- EMYS will want:
  - clear roles, responsibilities, and authorities (preferable legislated)
  - a provincially consistent system to create clear and formal mechanisms
- Stress test for system will be authority and process for discretionary funding

## Key Findings

### Areas for additional exploration: Service agency perspectives, evolution of the Consortium, and evolution of the EMYS board

- Service agency perspective will need to be fostered through bi-lateral and multi-lateral engagements – networked governance should be supported
- Lead agency consortium also merits support
- Capacity needs to be enhanced on EMYS Board
  - Intensified engagement capacity
  - Oversight and direction responsibility will change
  - Increased performance management and service delivery accountabilities
  - Different models of board governance should be considered

## Actionable Items

### Legislation and other measures that set out:

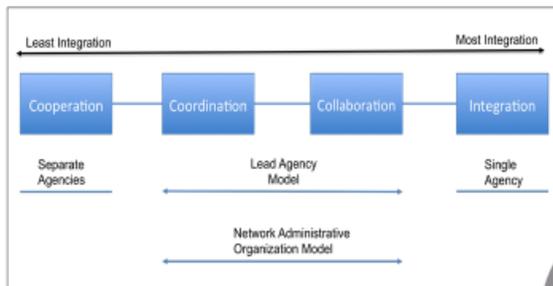
1. Statement of core governance and accountability principles
2. Authorities of the minister vis-à-vis lead agencies
  - Including parameters for accountability and funding agreements (AFAs)
  - Consider ministerial approval of the lead agencies annual plans
  - These could set out general reporting and metrics requirements
3. Authorities of lead agencies vis-à-vis service agencies (including AFAs)
  - Consider lead agency approval of annual plans of service agencies
  - Establish reporting systems and metrics as well as an engagement process and systems for networked governance
4. Residual authorities of Minister vis-à-vis service agencies
  - Strict rules of engagement for the Ministry (ie failure to follow core guidelines)
  - Criteria and process for discontinuing funding or service
  - Consider a directive authority with tight protocols for use
5. EMYS should be in charge of service agencies, but also their voice
  - Collaborative governance needed
  - Requires consultation and engagement process and culture
  - Service agencies need to be included in process of collaboration and networked governance
6. Consortium should become forum for mutual support and common voice

## PHASE II

## The MCYS Lead Agency Model

- Lead agency model does not follow a prototype
- EMYS has advantage of deep immersion in mission and experience with relationships
- Challenge is taking on large-scale systems responsibilities
- Regardless of level of vertical authority, EMYS will need to lead and coordinate the network collaboratively
  - 1) establishing inclusion in systems governance
  - 2) fostering a strong corporate culture to fuel the system
- Need to draw on experience of other organizations and be aware of MCYS readiness markers

## Literature Review



- MCYS variant of lead agency is quite far along the integration spectrum in terms of leadership, planning, service delivery alignment, performance and financial management

- EMYS is also well placed to draw upon the collective impact approach, which is a robust version of networked governance that includes the following elements:
  - Common agenda
  - Shared measurement systems
  - Mutually reinforcing activities
  - Continuous communications
  - Backbone organization



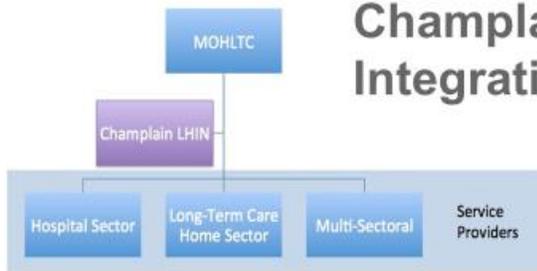
### KEY OBSERVATIONS

- Clearest formal vertical authority for system governance: Service agencies not included in LHIN board (competency-based rather than representational)
- Use of bilateral or selective strategic engagement rather than broad fora
- Individual and organizational consultation in planning
- Defined and escalating intervention tools
- Different types of integration and various means of achieving it
- Alignment through shared initiatives

## Case Studies

- Case studies were selected based on
  - comparability of structure and mission
  - record of success
- IOG examined structures, processes, and practices of network leaders
- Most had developed mechanisms to include partners in the machinery of systems governance; all gave partners a voice in governance

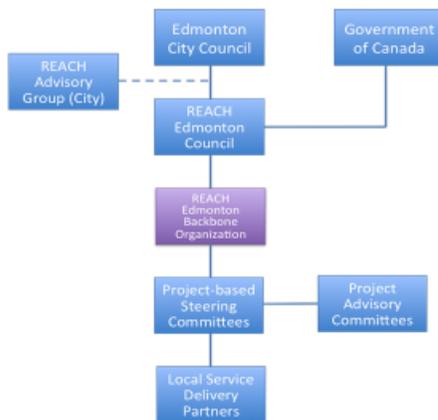
## Champlain Local Health Integration Network



### KEY OBSERVATIONS

- Clearest formal vertical authority for system governance: Service agencies not included in LHIN board (competency-based rather than representational)
- Use of bilateral or selective strategic engagement rather than broad fora
- Individual and organizational consultation in planning
- Defined and escalating intervention tools
- Different types of integration and various means of achieving it
- Alignment through shared initiatives

## REACH Edmonton



### KEY OBSERVATIONS

- Initial nurturing by municipal overseer was followed by increased autonomy and funding
- Direct stakeholder representation at board level discontinued due to lack of corporate perspective (e.g., conflict of interest on funding decisions)
- Direct stakeholder representation continued at the project steering committee level – indicative of the need for partner inclusion and for flexibility in organizational structure
- Active integration of all five elements of Collective Impact approach into organizational structures and strategic plan
- Continuous attention to demonstrating the systems-level value proposition: Need to manage perception of taking dollars away from service delivery – e.g., through Social Return on Investment (SROI) which has been effective in measuring and communicating value
- Philosophy of continuous communication supported by supported by CRM software.

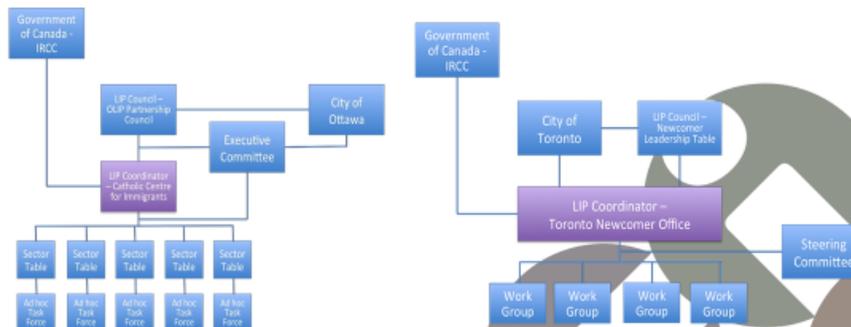
## Logan Communities for Children



### KEY OBSERVATIONS

- Closest in initial orientation to EMYS' dual role; has evolved from joint planning and co-delivery to greater separation of roles, but maintained collaborative orientation
- Service partners included on the core governance body but through a nomination process focused on competencies rather than representation
- Representative committee structure with observer status for select officials
- Active engagement of non-funded as well as funded partners (but non-funded collaborations require other forms of resourcing)
- Flat management – ongoing functional and board level bilateral relationships are key drivers
- Hard data is important, but qualitative metrics are useful to enrich reporting and support communications, and data collection should not tax relationships
- Emphasis on cementing partnerships early through partnership broker training and application of partnership development tool

## Local Immigration Partnerships



### KEY OBSERVATIONS

- Two model options within the broader system
- Key stakeholder (local government) can be different than source of funding (federal government)
- Weakest formal vertical authority: No formal authorities or funding of partners
- Research and value proposition nurture partner involvement despite lack of authorities
- Broad representation on Council is balanced with core leadership body (steering or executive committee) and grassroots agenda setting by sectors
- Consensus-based decision making is assisted by professional facilitation and differentiation of various forms of consensus

## Case Study Summaries

<p><b>Ontario LHINs</b></p> <ul style="list-style-type: none"> <li>• Purpose-created for systems admin.</li> <li>• Robust clarity of mandate and role</li> <li>• Vertical authority to manage their system</li> <li>• Service providers not included in LHIN machinery</li> <li>• Mandate and results compel them to build strong collaborative relationships</li> <li>• Bilateral and strategic engagements have produced better outcomes than broad based fora</li> </ul>	<p><b>Logan CfC</b></p> <ul style="list-style-type: none"> <li>• Similar to EMYS in systems leadership and direct service role</li> <li>• Less devolved authority than LHINs or REACH</li> <li>• Exhibits some of the most innovative and successful practices for partnership and collaborative arrangements</li> <li>• Evolved towards focusing on backbone role as manager of systems partnerships</li> <li>• Strengthened practices during changes</li> </ul>
<p><b>REACH Edmonton</b></p> <ul style="list-style-type: none"> <li>• Partnership focus, rather than managing providers</li> <li>• Requires innovative collaboration and willingness to evolve and transform system</li> <li>• Collective Impact is fully integrated</li> <li>• Moved from direct board level stakeholder representation to project steering committee level to overcome self interested perspectives</li> </ul>	<p><b>Local Immigration Partnerships</b></p> <ul style="list-style-type: none"> <li>• Least devolved authority of case studies organizations</li> <li>• Lack leverage of funding role</li> <li>• High levels of direct partner representation on their boards</li> <li>• Challenge in making authoritative decisions or obtaining performance measurement data</li> <li>• Strong value proposition is critical to achieving buy-in</li> </ul>

## Thematic Highlights

- Networked governance exists on a spectrum
  - The position of EMYS on this spectrum is TBD, but it will be a lead agency (quasi-peer) rather than a pure network administrative organization (vertical oversight)
  - Relationship management, collaboration and partnerships are more important when less authority has been devolved
  - Challenges for networked systems lacking vertical authority: delays, complexity, coordination costs, competing interests, conflict, and need for strong value proposition

## Thematic Highlights

- Case studies varied but exhibited successful engagement and collaboration practices:
  - Partners need systematic voice in decisions – less formal systems are more likely to result in direct representation
  - Responsive, consultative culture and practices are needed
  - Decision-making needs a corporate/systems orientation over representative orientation
- EMYS should work with IOG on design of mechanisms for service agency inclusion and identification/adoption of collaboration practices based on research and case studies

## Recommendations

1. Seek a clear devolution of ministry authority for governing network
2. Work with IOG on inclusion of service agencies in decision-making, design of governance bodies, and the extent of separation of EMYS service role from system
3. Manage expectations and potential conflicts of interest if service agencies included in governance bodies
4. Develop coordination function that draws on best practices
5. Integrate “Collective Impact” thinking into planning
6. Lay groundwork through transparency and clarity of role
7. Treat reporting and system integration as tentative

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# PHASE III & IV

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## Proposed Next Phases

- Phase 3 will focus on an organizational and board assessment with readiness to expand its mission, a review of bylaws and board governance, along with strategic advice and support
- Phase 4 will involve developing detailed proposals for the mechanics of the new regime, along with strategic advice and support



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