

**Communications Working Group**  
Final Report and Recommendations  
April 2016

# Communications Working Group Final Report and Recommendations – April 2016

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## **Message from Marg Campbell, Executive Director, Delisle Youth Services, Communications Working Group Chair**

Our Communications Working Group, formed in support of Moving on Mental Health – Toronto Year 1, embarked on an exciting and somewhat daunting challenge in the summer of 2015: define and plan for sustainable community engagement in Toronto, and map the community mental health landscape.

Our Working Group team, with representation at all levels of management and front-line staff within Toronto Core Services Providers (CSPs), recognized immediately the enormity of the tasks before us. Toronto faces the unique challenge of the scope and scale of the potential and current youth and parent population who require infant, child and youth mental health support. In addition to the significant scale, this population is both geographically dispersed as well as linguistically and culturally diverse, with a wide range of needs.

The Communications Working Group identified that while there exists some effective best practice examples of effective youth and family engagement activities across the sector, the fact remains that community engagement is not currently executed consistently across the service delivery, program development or governance of Core Services agencies in Toronto.

We determined that the Moving on Mental Health Toronto (MOMH-TO) MOMH-TO collective has a unique and exciting opportunity to make engagement a predictable and consistent exercise – embedded at every level of service. Some proven strategies might be operationalized and rolled out through the Toronto region – making engagement an intrinsic part of all Core Services Agencies activity.

Based on our discussions in the Communications Working Group from September 2015 to February 2016, we confirmed that what is most important is that youth and parental engagement is meaningful and not token and integrated into agencies and service. It was agreed that parents and youth should play a critical role as key advisors to the Core Services agency community. There was further consensus that this engagement process needed to be structured, predictable and operationalized.

Critically important as well, was the process of mapping the key players, partnerships and planning tables in Toronto. The Communications Working Group identified, through the multi-faceted exercises and discussions held since June 2015, key organizations, key contacts and planning tables/key initiatives – which represent the key partnerships, influencers and tables that will help create pathways of care and continuity of handoffs to ensure every client receives the best possible service.

More than eight months of research, literature review, interviews and discussions are captured in this report. It was authored by Working Group Chairs Tony Diniz and Marg Campbell, and Member, Ekua Asabea Blair, Massey Centre; Jennifer Grant, CTYS, Paul Heung, Youthdale, Steven Gottlieb, The Boundless School, Tanya Pobuda, EMYS, Jasmine Thibault, Centre Francophone, Jennifer Holmes-Haronitis, North York General.

My thanks to the hard work and support of every member of the Communications Working Group.

**Marg Campbell, Executive Director, Delisle Youth Services,  
Communications Working Group Chair**

## Introduction: Moving On Mental Health (MOMH)

Moving on Mental Health is an important part of Ontario's Comprehensive Mental Health and Addictions Strategy. The plan ensures children, youth and families are able to get mental health services in their communities that are accessible, responsive and based on the experiences of the children and youth who need help.

The goal of MOMH is to ensure all children, youth and families in Ontario have easy access to:

- Mental health services in their communities, and
- Mental health services and supports that meet their needs

Strengthening the community-based system for delivering mental health services will bring people and organizations closer together locally and benefit everyone.

### East Metro Youth Services - Toronto Lead Agency

In February 2015, East Metro Youth Services (EMYS) was named the Toronto Lead Agency by the Ministry of Children and Youth Services (MCYS) to lead the implementation of the Moving on Mental Health (MOMH) action plan. This plan will transform the experience of children and youth with mental health challenges. We are committed to working collaboratively with our fellow agency partners to achieve the goals of the MOMH action plan.

### Collective Impact – A collaborative approach

The Collective Impact Framework is based on the belief that no single organization can tackle or solve the increasingly complex social problems we face as a society. The framework is based on the premise that multiple organizations need to join together to work toward a common agenda.

John Kania & Mark Kramer first wrote about Collective Impact in the *Stanford Social Innovation Review* in 2011 and identified five key elements for Collective Impact to succeed. EMYS has adopted these elements to guide and shape our work in leading the transformation of the community-based child and youth mental health sector in this city.

#### 1. A common agenda

Coming together to define a problem and create a shared vision to solve it

#### 2. Shared measurement

Agreeing to track progress in the same way, which allows for continuous improvement

#### 3. Mutually re-inforcing activities

Co-ordinating collective efforts to maximize the end result

#### 4. Continuous communications

Building trust and relationships among all participants

#### 5. Backbone support – East Metro Youth Services

Dedicated staff to coordinate, support and facilitate key activities and processes

### Role of Working Groups

The sheer number of organizations both inside and outside the community-based child mental health sector requires a more intentional focus on relationship building and coordinating opportunities to simply engage and build a spirit of collaboration. These time intensive activities are foundational to building a sustainable system change.

To help lay the foundations for Toronto's system transformation; working groups were established to leverage the expertise of the 33 Core Service Providers (CSPs) who receive funding for community-based child and youth mental health funding. In addition to providing the invaluable research, analysis and recommendations to inform the Core Services Delivery Plan and Community Mental Health Plan, there were approximately 60 working group members who contributed greatly to the spirit of Collective Impact and formed emerging relationships across agencies. The analysis, recommendations and research results provided by the working groups will be incorporated into the larger analysis and planning process as we move forward.

## **Purpose of the Communications Working Group**

The Communications Working Group was responsible for framing and leading a range of communications and engagement activities including internal communications (with Core Services Providers) external communications with other service providers and community partners, recommending engagement strategies with Boards of Directors of Core Services Agencies (CSAs) and leading development of a community engagement strategy that will support the development of the Core Services Delivery Plan and Community Mental Health Plan.

The Working Group was also asked to consider the unique requirements of Toronto's diverse communities. The Communications Working Group was tasked with guiding and supporting communications and community development activities including a specific focus on youth and families.

Another important consideration was the development of a "brand" that can be adopted by all Toronto CSPs to strengthen the identity and heighten visibility of child and youth mental health services in Toronto.

It was recognized that the Moving on Mental Health in Toronto system transformation will be a significant change to all of the stakeholders of children's mental health services in this complex environment. In addition, given the emphasis of MOMH-TO on the client experience and the overall growing importance of engagement in health care, key decisions are likely to be better informed and better received by the perspectives of an engaged audience.

To this end, the Communications Working Group informed and established key communications vehicles including a monthly newsletter entitled Connections, as well as establishing and promoting a process for taking communications suggestions and submissions from the wider community.

Other vehicles like hand-outs, briefings, presentations, information packages and an interim Website focused on the Toronto Lead Agency were established. These materials were informed, reviewed and approved by all members of the Communications Working Group.

The Communications Working Group completed the following activities during Year 1:

- Identified the engagement needs of various prioritized stakeholders and develop a plan to address those needs
- Explored and import best practices in engagement, communications and marketing to maximize the impact of this work
- Monitored provincial developments on branding and marketing
- Developed a communications plan for MOMH-TO
- Affirmed an overall principle of the value of engagement and embed this in Lead Agency development and operating principles

## **Executive Summary**

### **Situation Analysis:**

Nearly 8% of the Canadian population lives in Toronto. With 2.8 million residents, the city's child and youth population is an estimated 734,380 (2011 Census). More than 29.1 % of the total Toronto population is between 0 to 24 years of age or 21 % of the population is between 0-18 years.

With one in five Canadians experiencing a mental health issue in their lifetime, the mental health client population in the Toronto region is on a scale that surpasses any other service region in Canada. According to the Globe & Mail's June 1, 2015 article *How to Fix Canada's Mental Health System*, "Three in four children and youth don't access services and treatments – despite the fact that children who experience such mental-health illnesses and problems are at much higher risk of experiencing them as adults and are more likely to have other complicating health and social problems."

As North America's fourth largest city, Toronto is also one of the world's most diverse and multicultural:

- Over 140 languages and dialects are spoken in Toronto
- More than 30 per cent of Toronto residents speak a language other than English or French at home

- Half of Toronto's population (1,237,720) was born outside of Canada
- 47 per cent of Toronto's population (1,162,635 people) reported themselves as being part of a visible minority
- The top 10 languages are Mandarin, Cantonese (and other Chinese dialects), Italian, Spanish, Tagalog, Tamil, Portuguese, Farsi, Urdu and Russian

Regent Park, Oakridge, Thorncliffe Park, Flemington Park and Kensington-Chinatown represent the top five neighbourhoods with the highest density of low-income residents. (Source: 2015 Toronto Public Health report, Unequal Cities). According to Three Cities Report – a study on income inequality by J. David Hulchanski of Cities Centre, over time high-risk, low income populations will be found predominantly in the northeastern and northwestern parts of Toronto. For high-risk populations such as newcomers and low-income residents, access to services and navigating a complex and multi-faceted system can be a challenge.

According to Alexandra Johnne, a parent with lived experience accessing the mental health care system for herself and her two children, access and navigation has been an issue. “When you are dealing with these issues, the last thing you want or need is barriers. You don’t need more roadblocks. You want to find the help you need right away. Connecting to key resources can be really challenging - particularly when you are in crisis.”

Sarah Cannon, Executive Director, Parents for Children’s Mental Health, says: “We as families, and those who use the services and who truly know where the gaps are, what the deficits are, and what we are missing, should be largely consulted about what is a core service, and what the greatest need is.” Cannon noted that there is often an effort to engage parents and youth but due to limited resources, at times those efforts can be seen as being more “token” and driven by a “checkbox” mentality.

In the words of one key stakeholder speaking during a Lead Agency meeting, , “many of our agencies are very focused on service provision and devote not much time and resources in support of reaching out” into their communities.

Few standing parental advisory groups exist working in partnership or with a closely linked affiliation with the child and youth mental health service delivery community in Toronto. A survey of the CSPs in Toronto identified an established, standing parents group at Hincks-Dellcrest. Arms-length parent organizations such as Parents for Children’s Mental Health and FAME – Families for Mental Health Everywhere, were engaged as key informants as part of the Community Engagement Planning exercise conducted by the Communications Working Group).

While some effective best practice examples of effective youth and family engagement activities across the sector exist, the fact remains that community engagement is not currently executed consistently across the service delivery, program development or governance of CSPs in Toronto. The MOMH-TO collective has a unique and exciting opportunity to make engagement a predictable and consistent exercise – embedded at every level of service. Some proven strategies could be operationalized and rolled out through the Toronto region – making engagement an intrinsic part of all Core Services Agencies activity. It should be noted that many agencies have policies prohibiting current clients from participating on Boards.

### **Community Engagement Defined**

According to the Ministry of Children and Youth Services, “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.”

This process, as defined in the Ministry’s Program Guidelines and Requirements 1 (PGR1), will assist all CSPs to become “more accountable to the population that they serve, enabling a “two-way communication” between service providers and clients.”

The minimum expectations as defined by the Program Guidelines and Requirements (PGR) are detailed as follows:

- Youth and families are provided with orientation on youth and family engagement policies and practices and how they can take part in engagement activities;
- Children, youth and their families are engaged in the development and implementation of individual treatment or service plans and participate in processes to identify the impact of services;
- Participatory methods are used to evaluate the outcomes of services to the greatest extent possible;
- Children, youth and their families provide input into planning, evaluation and delivery of services;
- Children, youth and their families are given the opportunity to provide feedback on their overarching experience with the service.

According to the Ontario Centre of Excellence for Child and Youth Mental Health, family engagement is defined an active partnership between families and service providers. “For service providers, this means listening to what families think, engaging them in two-way communication and involving them as essential allies in decision making so that their involvement is meaningful and has a purpose. Effective family engagement requires the service provider to develop a relationship-building process focused on listening.”

## Opportunity

### Why Community Engagement?

In early 2016 The Ontario Centre of Excellence for Child and Youth Mental Health published an “Evidence in Sight” report entitled *Best Practices in Engaging Families in Child and Youth Mental Health*. It included findings regarding the role of families:

“involvement of families in their child’s treatment” can be linked to successful treatment outcomes (Hoagwood, 2005).

It can create a longer lasting relationship as well. “Engagement interventions implemented during first contact with youth and families boosts service use (McKay et al., 2004). When there is a match between the family’s preferences for service and service that they actually receive, families have longer involvement in service (Bannon & McKay, 2005).”

#### **Differentiated Landscape:**

Social mobilization efforts such as meetings, town halls, feedback forums and face-to-face interviews have traditionally been the way in which engagement activities have been executed in the past. Today, in a densely populated and culturally diverse city such as Toronto, these traditional approaches are being supplemented by new technologically driven outreach, such as social media and online forums.

According to the Tamarack Institute, Canada has the second highest number of Internet users in the world (86%), second only to the UK at 87% and followed by Germany at 84%. Even more amazing is that Canada has the highest social media network penetration in the world. 82% of Canadians use a social network compared to 75% of Americans.

The youth audience has constant and often rather complex relationships with online media. According a 2015 AmeriPress Media Insights Study, although Facebook is popular among all adults under age 35, younger Millennials are even more likely to use a mix of social networks for news than older members of this generation. The average 18-to-21-year-old uses 3.7 social networks out of seven platforms asked about in the survey. For the average older Millennial age 30-34, that decreases to 2.9.

## Literature & Research Review

The *Evidence In-Sight: Best Practices in Engaging Families in Child and Youth Mental Health* report noted that the child and youth mental health sector is in the midst of a significant paradigm shift. It spoke of a growing shift towards a “more family-centered, inclusive and meaningful system for families accessing care. Family engagement is increasingly understood as the ideal model of service delivery.”

Not only does effective, two-way communications and engagement activity inform service and increase the effectiveness of program delivery, these activities are also tied to better treatment outcomes. “Most outcome studies have focused on the positive impact of family engagement on service use and retention. An emerging thread of research shows that the benefits of family engagement go beyond that, highlighting not only positive outcomes for children, youth and families themselves, but also for the effectiveness of service delivery, organizations and the mental health system as a whole.”

Respected sociologist, and the co-founder of the Forum for Youth Investment, Karen J. Pittman has spoken to the intrinsic value of a youth-engaged, youth driven approach to system change. In a presentation on the benefits of Collective Impact, Pittman touched on the importance of asking youth first, involving them actively in the system change and helping them to educate fellow youth as champions of the process. She noted this strategy has been proven effective in many Collective Impact processes through North America.

According to research, 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. Service providers across Toronto and Ontario are beginning to embed engagement at the level of service delivery, at the program development level and today, even at the strategic governance level. “At the organizational level, family engagement involves integrating families’ perspectives across governance, programming, policy and evaluation activities in agencies. Facilitators of family engagement in this sphere include ensuring commitment from leadership to take up family engagement as a key process, modifying organizational structures and processes to integrate the family voice, building and sustaining relationships with families, providing training opportunities to build capacity in family engagement for staff and leaders, actively supporting families to engage in the organization and evaluating engagement efforts.” (Ontario Centre of Excellence for Child and Youth Mental Health)

## **Core Services Consultations**

### **Working Group Feedback:**

Based on discussions in the Communications Working Group from September 2015 to February 2016, the key takeaway imperative is that it is important that youth and parental engagement is “meaningful and not token.” It was agreed that parents and youth could play a critical role as key advisors to the Core Services Providers. There was further consensus that this engagement process needed to be structured, predictable and operationalized.

While some lead agencies have conducted town halls – the feedback was the town halls don’t always yield the results or objectives that were hoped for. There was consensus that engagement is, ideally, beyond a “one and done” session and a structure that works to establish an ongoing dialogue. If resourced appropriately, community engagement could and needs to be an ongoing process.

There was a series of discussions carefully defining the criteria of who should be engaged when looking at recruiting parents to act in advisory roles. There was consensus that the definition could be:

- A parent/caregiver/guardian who has a child who has a mental health issue but has not necessarily used the services of any of the 33 Core Services Providers.
- The parent must be connected with lived experience around infant, child and youth mental health services

Engagement requires focus and commitment. For example the Child Development Institute has 3 dedicated staff focused on engagement.

There was discussion around the difficulty in ensuring that agencies work to include the voice of harder to engage and reach groups. They require more cultivation and will only work with trusted influencers/community leaders.

Any engagement activity needs to determine the goals and objectives and early messaging. The initial process needs to clearly determine what it is hoping to learn through the engagement process. At a later point, a best practice would see sessions could be led by a parent and a facilitator.

Discussion including knowing that if parents are approached around engagement “you have to give them real things to do.” Stipends and concrete tasks for youth are another good strategy. The question, “What is the task?” must be answered and the expectations in support of engagement activities made clear.

There were several key discussions around ensuring inclusion and capturing the voices of Toronto's diverse community. The Communications Working Group presented a City of Toronto checklist consultation approach to ensure diversity, as follows:

- Children
- Families
- Aboriginal Families & Service Providers
- Newcomer & Immigrant Families
- LGBTQ-led families of trans or gender-independent children
- Advocacy & women's organizations
- Academics
- Toronto Child and Family Network
- Child Care Service Providers
- Family Support Practitioners
- Toronto Children's Service Staff
- City divisions, agencies, boards & commissions
- School Boards

The Communications Working Group made additions to the checklist as follows:

- Priority neighbourhoods
- Health Providers
- Hospitals
- Student Success initiatives
- French School Boards

With limited resources, there was feedback that engagement could be worked into the system in a phased approach - moving from 'Volkswagen to a Cadillac model' over time.

## **Best Practices Review**

### **Proven Community Engagement Success Stories:**

#### **Youthdale 'Youth Ambassadors' Program**

Youthdale is currently collaborating with other local community service providers in the Toronto St. James Town area in reaching out to the community through the recruitment of "Youth Ambassadors."

Youthdale collaborated with Thorncliffe Neighborhood Office over a two-year period to have youth outreach workers to engage with young people in the Thorncliffe Park neighborhood. These are proven and effective means of community engagement for the Youthdale team.

#### **Kinark Parent Mentoring and Navigation Programming\***

A Family Support Provision program involved hiring and training two Family Support Providers (FSPs). The FSPs were individuals who had experience navigating the children's mental health system with their own children. This program was implemented in Kinark's Simcoe County and York community mental health programs.

The FSP program involved four unique stages. During the initial stage of the FSP-family partnership, the FSP worker meets with the family to establish rapport and trust.

A Family Support Plan is then developed, where the family sets goals that build on the family's strengths to overcome challenges that get in the way of healthy family functioning. Recognizing that each person in the family plays a crucial role in how well the family functions, the plan is then signed off by every member of the family, including siblings. As goals are met, new goals are established.

The program also assists the family in building informal and formal supports. For example, if a sibling is struggling, the FSP may help to facilitate the child's involvement in an activity that brings more positive energy to their life such as a recreational program in the community.

The FSP aids parents in developing the skills necessary to effectively advocate within the system for their child's needs and to communicate their child's story. For a child who is experiencing problems at school, the FSP may go into the school with the parents and join them in a meeting with the teachers or principal to talk about the child's needs.

At the final stage of the partnership, families are discharged from the FSP program with a sustainability plan. (\*Section excerpted from Kinark materials)

### **East Metro Youth Services SWEET - Peer Support Worker Program**

The gender-based violence program at EMYS is a survivor-led initiative which empowers these survivors by training them to contribute to crucial anti-human trafficking work. Thus, the unique aspect of the program is its active facilitation of the leadership development of survivors so that more of them can become powerful agents of change, and be viewed as such.

The long-term intent is that EMYS will become a community resource and catalyst for further empowering survivors; helping them to take on greater leadership roles. This will enable their valuable skills and expertise to be leveraged, so that they can make strides in improving human trafficking-related policies and programs at the provincial and national levels.

The peer-facilitated trainings are unique in that they teach clinical interventions and then survivors connect the clinical work to real life, allowing those in the training to fully understand the context.

### **Sunnybrook Hospital Family Navigation Project:**

The Family Navigation Project at Sunnybrook is a non-profit program designed to provide expert navigation of the mental health and addictions service system for youth aged 13-26 with serious mental health and/or addictions problems.

Developed by families for families, the Family Navigation Project seeks to engage with, inform, advocate and provide connections for, support, and empower the families of youth with serious mental health and addictions problems so that the youth and families receive the help they need at the right time, in the right place and from the right people. (Excerpted from Sunnybrook materials)

### **Youth Outreach Worker:**

The Youth Outreach Worker Program is a comprehensive multi-agency outreach initiative for marginalized youth in underserved neighbourhoods, and special populations in East Toronto. The Youth Outreach Worker (YOW) engages youth ages 12-21 years old and their families, helps them better navigate and connect with services and supports in their communities. As of April 2013 the program has been enhanced to serve Aboriginal, Tamil, Afghan, African Canadian, Chinese, Roma, LGBTQ youth, and to target youth through Social Media.

The YOWs also collaborate with other community resources to coordinate youth activities and services. The program is designed to help empower youth and their families to take action on their own with the YOWs bridging access to services.

### **New Mentality:**

The New Mentality is a network of youth facilitated groups from across Ontario who work with partner agencies in their communities to reduce the stigma surrounding mental health. Each group has dedicated youth and adult allies who work together on projects throughout the year to promote meaningful engagement by empowering youth to concentrate on the work they are most passionate about.

Once a year, every group from across Ontario sends 2 or 3 youth accompanied by their adult allies to meet with the other groups from the network to brainstorm ideas, share projects, build skills and make connections at an event they call Disable The Label.

The New Mentality is a program of Children's Mental Health Ontario.

## Operational Approaches & Recommendations:

The following are a series of recommendations based on the research, case studies, MCYS expectations and group discussions that might be considered as an ongoing operational approach to community engagement. A key assumption in these recommendations is that ongoing budget and resources will be applied to these activities every year in the Toronto region. Another key assumption is the priority audiences and networking mapping will be finalized in Year 2 as part of the Community Mental Health Planning process and ongoing Communications Audience Prioritization exercise.

### Approaches

#### 1. Standardized 'Welcome Packages' for Core Services Agencies

There is an opportunity to establish a consistent template for all core services agencies to use as part of the 'welcome kit' for parents and youth. This welcome kit could consist of details of what to expect as a client, consistent details about a complaint procedure which could eventually become a standardized process/approach the sector, provided to each agency to administer.

This standardized kit could include a permissions-based approach to connecting the new client – youth or parent – to online resources, as well as an opt-in process to receive follow up materials, resources and feedback mechanisms like satisfaction surveys.

The welcome process could also include a question about the individual interest in participating in voluntary advisory opportunities in the future, such as youth focus groups, standing quarterly parent councils, facilitated discussions on key subject areas, and online 'spot' polls on specific topics or e-mail, phone interviews.

This approach could afford the community with a consistent approach to help manage client expectations, as well as provide a client with a mechanism to feedback back and communicate with the agency.

One of the other benefits of a standardized welcome kit is the opportunity to translate the core material into the Top Ten languages in Toronto (i.e. Chinese (Simplified) Italian, Spanish, Tagalog, Tamil, Portuguese, Farsi, Urdu, Russian and Vietnamese). Consensus around the priority languages of CSPs based on their client base will need to be determined.

A best practice example is found in the *CAMH Client Welcome Kit* which includes a variety of material including a Client Bill of Rights, Client Relations Office bookmark with complaint procedures, info pack for patients and families and outline of the CAMH Empowerment Council which is an advisory committee of clients that meets regularly to feedback on service levels and gauges client feedback.

#### 2. Standardized Satisfaction Surveys

Working in close concert with the k/i/d/s Working Group, the Communication Working Group could partner to formulate a key satisfaction or evaluation survey that allows clients to feedback on services and provide an opportunity to conduct 'closed-loop' communications. This survey process, to be administered in the early phases of the systems transformation by individual agencies, could later be conducted in a consolidated, centralized process.

In the future, the online survey link could be provided to clinicians, therapists and other service providers as a consistent, operationalized part of the follow up process, allowing clients to complete the survey from their homes, schools or places of work via mobile device or computer. Toronto MCYS Region just supported two satisfaction surveys in cooperation with The Etobicoke Children's Centre and Youthlink. These agencies will be important informants to this exercise.

### **3. Social Media 'Pulse' Campaigns**

The use of Twitter chats, Reddit AMAs (Ask Me Anything), Facebook polls, Twitter polls, are becoming more and more pervasive as a way to build community and drive engagement. These online tactics are best leveraged when there is a specific, well-defined topic in mind. Twitter chats can be fuelled by a series of high-yield questions, a pre-written set of statistics, stories and peer feedback and are driven by the use of a consistent hashtag developed and promoted prior to the event.

These sessions are currently being used by Toronto Public Health to drive awareness around key public health topics. They are also used by hospital and policing organizations to gauge community feedback on specific issues.

### **4. Standing Parent and Youth Councils**

Parent and Youth advisory bodies could be established on the criteria identified by the Communications Working Group, the participants would need to be:

- A parent/caregiver/guardian who has a child who has a mental health issue but has not necessarily used the services of any of the 33 CSPs.
- The parent must be connected to the issue with lived experience around infant, child and youth mental health services
- A youth with lived experience in accessing infant, child and youth mental health services
- A youth with lived experience in dealing with a mental health issue

These standing groups could be hosted bi-annually in town hall or feedback forum sessions to ask their opinions about service access, technology, service capacity, critical needs, communications or any other major decision/initiative. These sessions could be hosted in a central location or conducted via teleconference, webinar 'GoToMeeting' format or Skype chat depending on the scope of the agenda and number of participants.

This ongoing meeting structure could be supported by the comprehensive [Family Engagement](#) and [Youth Engagement Toolkits](#) created by the Ontario Centre of Excellence for Child and Youth Mental Health.

Key decisions should be vetted and consulted on by these standing advisory groups.

Resources will need to be located to enable the achievement of goals, in particular for parent and youth engagement. Without sufficient resources it may be difficult to move forward from the current status.

### **5. Bi-Annually Quarterly Advertising and Outreach and Feedback Survey**

A bi-annual or quarterly advertising campaign could be launched using a mixture of traditional and online community vehicles to solicit feedback from the general population.

This could be done using 1/4 page community newspaper advertisements as well as community centre and library posters and Facebook social profile ads. This low-cost, no-cost program could be employed to solicit wider general public feedback on key questions the collective community would like to see answered. The ads could drive to a simple, ongoing online survey.

The responses to the survey could be analyzed each quarter or bi-annually.

Each cycle would result in a series of Top 5 or Top 10 recommendations that would be shared with the collective community in monthly communications vehicles (i.e. newsletters). This feedback would be brought to the standing Communications Working Group for feedback and action. This program could be administered centrally through the Communications Working Group.

## 6. Peer-Based Outreach

An equity-driven model of community consultation and outreach is employed by Toronto Public Health leveraging community leaders and peer outreach workers. It is an approach rooted in a peer-based, peer-driven model of ‘meeting people where they are at.’ According to Toronto-based parent advocate Alexandra Johne, “peer support workers bring with them an understanding never quantifiable in a text book. (They are) uniquely qualified by virtue of our life experiences.”

Leveraging Youth Outreach Workers, Youth Ambassadors or peer advocates, this model ensures youth and parents are engaged in mobilizing the community, educating stakeholders, and helping to increase access to youth- and family-friendly services. In this model, these youth and parent leaders are supported with training, educational materials and honorariums to do this work on behalf of the Core Services community.

The parent community could be accessed, engaged and mobilized through key community leaders (“grass tops”). These trusted established leaders could be trained and supported to meet with their existing networks (“grass roots”) to provide core services agencies with critical feedback and information about the needs of specific demographic segments in Toronto. This process can be employed to access ‘harder-to-engage’ groups who might be constrained by income, linguistic or cultural barriers. This network of peer advisors could be deployed to reach out to their networks on specific issues or broader questions around system change.

The Hamilton Neighbourhood Action Strategy is an example of the use of this engagement model in practice. According to program leaders, this peer-based consultation model allowed them to hold consultation sessions “in living rooms and city parks” and increased the authenticity and overall value of the feedback significantly. The model accessed voices and obtained a level of honesty that could not, according to the organizers, have been obtained using more traditional approaches to community engagement.

This model could be supported in some of the following ways by the Toronto Lead Agency:

### Phase 1: Influencer Outreach

#### Action Steps:

- Invitation to ‘what’s up’ walk in partners to identify key influencers in parent/youth community
- Preliminary calls, assessment of interest (position honorarium for time spent in support)
- Briefing meeting driven by the Lead Agency (in person with parent/youth leader on Toronto Lead Agency model, goals, process, list of expectations, next steps)
- Follow up meetings to discuss next steps and encourage opening a dialogue with members of their communities’
- Provision of a ‘How to Hold a Engagement Session’ toolkit
- Provision of enablement materials (outlined in tools/deliverables list)

### Phase 2: Community Outreach

#### Action Steps:

- **Identification of Influencers/Groups/Leaders** – Walk in partners asked to recommend key parents and youth in their communities.
- **Phone Consultations** – Phone discussions with identified parents and youth with goal of developing a pilot short list
- **In-person meetings with short list candidates** – Briefing session held via webinar or in-person using a ‘Train the Trainer’ format. Candidates are walked through the process, resources and facilitation guidelines. EMYS to provide an offer of note-taking support, catering budget and honorarium for time spent.
- **Provision of Influencer Enablement Packages** – The package contains honorarium details, Memorandum of Agreement details, 1-pagers, postcard flyers, links to Web landing pages, high-yield questions for community, note-taking tips, guided meeting agendas (moderation guides), follow up e-mail thank you notes, giveaways, and \$50 thank you gift cards to participants

**Enablement Packages could include:**

- Monthly or quarterly honorariums
- Memorandum of understanding for youth, parent leaders
- Web pages
- E-mail invitations (written for session leaders to send)
- One-pagers (translated as applicable)
- Participant giveaways (\$50-\$75 gift cards)
- Thank you e-mails
- Short post-event surveys (optional)
- Sample session agenda
- Catering budget
- Discussion guide
- Moderator tips
- Translation (as required)
- Note-taking assistance (as requested)

**Phase 3: Grassroots Consultation Sessions****Action Steps:**

- Parent and youth leaders identify established community meetings or potential focus group participants (based on defined criteria)
- Influencers (with deliverable/invitation support/funding from Lead Agency for participation fees) outreach to community contacts
- Influencers host community meeting/focus groups/coffee shop sessions using Lead Agency 'Meeting Toolkit' content (min. 10, max. 15 participants); have option to have note-taking support
- Influencers provide feedback/notes/perspectives from meeting/focus group to Lead Agency within 4 business days
- Influencers send short post-discussion survey (as applicable) to participants (includes invitation around possible interest in participating in other engagement meetings)

**Phase 4: Follow Up Phase****Action Steps:**

- Sharing of feedback of all previous phases in roundtables – focus on 'What we heard...'
- Share priority feedback and action steps
- Discussion in support of determining how permanent parent/client feedback should be conducted (presenting 2-3 options)
- Validation of approaches for continuing the dialogue
- Collection of future improvement suggestions "What do we need to look at next?"

# Community Engagement in Action – Year 1 Pilot

## what's up' Walk In® Community Engagement - Lean Experimentation Pilot

The 'what's up' Walk In provided a concrete opportunity to engage youth and parents in the Moving on Mental Health – Toronto (MOMH-TO) Year 1. The opportunity allowed the Communications Working Group to pilot some engagement strategies to test the efficacy and reach of specific approaches.

Based on an equity model, the Communications Working Group requested that the walk in partners in the city-wide consortium nominate existing youth and parent leaders to drive informal, grassroots engagement sessions. A decentralized approach to engagement using a possible peer/mentor model allowed the Communications Working Group to fulfill the Core Services agencies request that activities be planned and executed with an 'equity lens.'

It was hypothesized that this approach could help enable the Core Services community to drive more structured, and equitable engagement activities by helping parent and youth overcome existing barriers to access which include, but are not limited, to:

- Geographic (transit, traffic congestion, parking costs)
- Financial (income, access to child care)
- Cultural and/or language barriers
- Accessibility (vision or mobility challenges)

### Metrics from Pilot

Nominations were solicited by the Lead Agency to the walk in partners. Based on that outreach, a very well-respected youth peer outreach worker, Emily Forward, was approached to support this program.

<b>No. of youth involved</b>	<b>13</b>
<b>Sample of perspectives</b>	<p>Participants would like to see visual and text references to more mature subjects like addictions in future materials</p> <p>The majority of participants mention that they would be nervous coming to the walk-in clinic for the first time</p> <p>Your first point of contact at the reception area can also really affect the individual experience of the walk in</p>
<b>Recommendations to program</b>	<p>The many marketing images relating to school or study could be “toned down”, as it could be misleading.</p> <p>Adding information on the EMYS and partner websites describing “what to expect on your first visit” to be extremely useful and helpful.</p>
<b>Peer leader feedback</b>	<p>The individuals who participated in this assignment were not comfortable meeting in a tradition focus group style, so instead they filled out a survey and were contacted for a one on one follow up discussion.</p>

**Note:** All participants receive 'thank you' for participation, one-page round up of perspectives (anonymous), thank you (gift card \$50) and invitation to participate in subsequent meetings

## Resource Considerations

Based on the Ontario Centre of Excellence funding of \$80,000 available to the Lead Agency, we recommend a resourcing mix which could include a team comprised of the following:

- 3-day a week Community Engagement project co-ordinator
- Parent/peer outreach worker 2- day a week
- Youth/peer outreach worker 2- day a week

This personnel mix could co-ordinate events and work closely with the communications team in gathering feedback, summarizing findings. The project co-ordinator would need a strong event management and project management background.

The peer support workers would need public speaking experience, willingness to share their stories, work closely with fellow parents and peers, and have lived experience with the mental health system in Toronto.

## Conclusion

There has been significant work done in the first year of planning. The above recommendations give a road map forward for communicating and engaging with all of our stakeholders.

Based on team consensus, what will make the plan stronger is a better understanding of core values and vision from the Toronto Lead Agency. Moving On Mental Health through a collective impact process requires planning, analyzing and reflecting to continuously improve the process. With a stronger grasp and common understanding of priorities, and 'what success looks like' there will be an effective 'filter' for priority audiences for the Community Engagement activities.

It was agreed that we know who the 'engaged' populations are. The real priority needs to be reaching the 'unconnected and unengaged'—the 1 in 4 children/youth who don't access services but need them. In a recent focus group conducted for the YouthCan initiative, one youth reflected that mental health issues "should be something I can figure out myself". The stigma and distress of being labelled with a mental health problem continues to limit peoples' willingness to seek help.

There is a recognition that community engagement always needs to be planned and executed with an equity-based, anti-racism, anti-oppression lens. Based on the research, interviews and discussions, there was consensus that there is no shortage of great ideas to support Core Service engagement—the community needs a way to prioritize the ideas based on vision and values of the Toronto Lead Agency. The committee looks forward to working together with our colleagues to broaden our communications and connections for children's mental health.

# Appendix 1

## References

- Primary Interview: Sarah Cannon, Parents for Children’s Mental Health and CHEO Charley Carter
- Survey of materials from Toronto LHIN, Kinark, Sunnybrook, CAMH, Children’s Services
- Primary Interview, Community Engagement Team, Toronto Children’s Services, September 2015
- Primary Interview: Staff at Residential Program January 2016
- Primary Interview: Alexandra Johne, parents advocate, peer outreach worker
- Primary Interview: City of Toronto Staff, Consultation Process, September 2015
- Presentation: ‘Dealing with the Reactive Client’ Alexandra Johne, January 2016
- Primary Interview: Cathy Dandy, Kinark Executive Director
- Webinar: “Youth Readiness: Mobilizing for Impact” Karen J. Pittman and Ontario’s Deputy Minister of Children and Youth Services, Alex Bezzina.
- Communications Working Group, September 2015
- Communications Working Group Monthly Meeting, October 2015
- Communications Working Group Mandate Discussion, November 2015
- Communications Working Group Meeting 'what's up' Planning, January 2016
- Communications Working Group Recommendation Meeting February 2016
- MOMH-TO Core Services Meeting, March 2016
- Policy-Ready Paper: Ontario Centre of Excellence for Child and Youth Mental Health, Evidence In-Sight: Best Practices in Engaging Families in Child and Youth Mental Health, January 2016
- Ministry of Children and Youth Services Program Guidelines and Requirements (PGR)
- Three Cities Report, J. David Hulchanski, Cities Centre
- Globe & Mail, How to Fix Canada’s Mental Health System, June 1, 2015
- YouthCan youth-driven focus groups January-February 2016

## Appendix 2

### Community Mental Health Planning Stakeholder Register

#### Community Mental Health Mapping Exercise

In June 2015, the Core Services agencies were surveyed, and asked in which key task forces and planning committees they were involved. This exercise also included identified priority tables that the Core Services community advised could be critical in creating improved hand offs and integrated pathways of care for clients.

A shortlist of strategic planning tables was created in November 2015. The Communications Working Group then further refined the list in January 2016. Based on the January 2016 discussion, a broader list of key stakeholders and contacts to round out the community stakeholder or network map was created and is detailed in the following table.

This exercise was focused on creating a preliminary map of the key partners in the Toronto region to help the Core Services Agencies planning and create clear and integrated pathways of care for clients.

Communications Working Group has identified, through the multi-faceted exercises and discussions held since June 2015, key organizations, key contacts and planning tables/key initiatives – which represent the key partnerships, influencers and tables that will help create pathways of care and continuity of handoffs to ensure every client receives the best possible service.

#### Priority Sectors:

- Education
- Youth Justice
- Healthcare
- Child Welfare
- Newcomer/Settlement
- Cultural and Community Groups – Aboriginal, African-, Asian-Canadians, LGBTQ2
- Parent and Family Organizations
- Young Engagement Groups
- Municipal Government Divisions & Initiatives
- Special Needs – Surrey Place
- Complex Special Needs – Lead Agency to be determined
- Coordinated Rehab and Speech services – Lead Agency to be determined

## Education

### School Boards

Organization	Audience	Key Contacts	Planning Tables or Key Initiatives	Year 1 Contact
<b>Toronto District School Board</b>	JK, SK, Elementary, Secondary students	Dr. John Malloy	Section 23 programs Mental Health Leaders and the Mental Health Leadership team Student Success initiatives	Yes
<b>Toronto Catholic School Board</b>	JK, SK, Elementary, Secondary students	Angela Kennedy, Chair of the Board, Angela Gauthier, Director of Education		Yes
<b>French School Board</b>	School Board officials			Yes
<b>The Ontario Public School Boards' Association</b>	Child Development Institute			Yes

### Teachers

Organization	Audience	Key Contacts	Planning Tables or Key Initiatives	Year 1 Contact
<b>Elementary Teachers Association</b>				No
<b>Ontario College of Teachers</b>		College CEO and Registrar Michael Salvatori, OCT		Yes

## Youth Justice

Organization	Audience	Key Contacts	Planning Tables or Key Initiatives	Year 1 Contact
<b>Courts, Probation and Parole offices</b>			Youth Justice Collaborative	No
<b>Youth Justice Ontario</b>	Advocacy/ education for service providers	Keith Zehr, President Dave Wood, Vice President		No
<b>Toronto Police Services</b>	Police officers			No

## Healthcare

### Hospitals

Organization	Audience	Key Contacts	Planning Tables or Key Initiatives	Year 1 Contact
Sunnybrook		Pam Weir Jackie Griffen -White	Family Navigation Network	Yes
Ontario Shores Centre for Mental Health Sciences (Ontario Shores)	Patients 1,200 staff	Sheila Neuburger, Executive Vice-President Clinical Services		No
Scarborough General			Emergency Mental Health Beds Planning Table	No
CAMH		Gloria Chaim, Program Director, Child Youth and Family	Emergency Mental Health Beds Planning Table	Yes
Etobicoke General	<b>Acute Adult General Hospital- Not Applicable</b>		Emergency Mental Health Beds Planning Table	No
Hospital for Sick Children		Mike Apkon, CEO, SickKids	Infant Mental Health Promotion (IMHP)	Yes
Humber Hospital		Paula Villafana, Program Director Mental Health	Emergency Mental Health Beds Planning Table	Yes
Rouge Valley Centenary		Julie Kish Manager Child and Adolescent Mental Health	Emergency Mental Health Beds Planning Table	Yes
St Joseph's		Paula Podolski, Program Director Emergency and Mental Health		
St. Michael's				

## Family Physicians

Organization	Audience	Key Contacts	Planning Tables or Key Initiatives	Year 1 Contact
Ontario College of Family Physicians				No
Ontario Association of Pediatricians		Dr. Paul Munk		No
College of Family Physicians of Canada		Jayne Johnston, Director of Communications,  Maureen Desmarais Communities of Practice in Family Medicine Coordinator Professional Development and Practice Support The College of Family Physicians of Canada 2630 Skymark Avenue Mississauga, ON L4W 5A4		
Ontario Medical Association		Peter Brown, who published a paper on integrating health links		

## Healthcare Associations and Organizations

Organization	Audience	Key Contacts	Planning Tables or Key Initiatives	Year 1 Contact
<b>Central Local Health Integration Network (LHIN)</b>	Six public and two private hospitals		Early Intervention Network	
	46 long-term care homes			
	33 community support service providers			
	21 mental health and addictions service providers			
	One community care access centre (CCAC)			
	Two community health centres			
<b>Children's Mental Health Ontario (CMHO)</b>	85 Member Agencies across Ontario		New Mentality	
<b>Canadian Mental Health Association (CMHA)</b>			Human Services and Justice Coordinating Committee	
<b>Rainbow Health Ontario</b>				

- Family Support Practitioners Mental Health and Addiction Nurses in district school boards

## Child Welfare

Organization	Audience	Key Contacts	Planning Tables or Key Initiatives	Year 1 Contact
Children's Aid Society of Metro Toronto	Support workers, families involved with CAS			Yes
Office of the Provincial Advocate for Children and Youth ("Advocate's Office")		Irwin Elman, Provincial Advocate		No
Catholic Children's Aid Society		President – Richard Piatti		Yes

## Aboriginal

### Aboriginal Families & Service Providers

Organization	Audience	Key Contacts	Planning Tables or Key Initiatives	Year 1 Contact
Native Child and Family Services		Kenn Richards		Yes
Toronto Aboriginal Support Services Council				Yes
Native Women's Resource Centre				Yes

### Key Cultural Groups

Organization	Audience	Key Contacts	Planning Tables or Key Initiatives	Year 1 Contact
African Canadian Legal Clinic				Yes
Hong Fook				
Filipino Canadian Youth Alliance/Ugnayan ng Kabataang Pilipino sa Canada—Ontario				Yes

## Newcomer/Settlement

Organization	Audience	Key Contacts	Planning Tables or Key Initiatives	Year 1 Contact
YWCA	Newcomers	Heather M. McGregor, Executive Director	YWCA JUMP	Yes
YMCA	Newcomers	Madhat Mahdy	Employment and Immigrant services	Yes
Ontario Council of Agencies Serving Immigrants	Newcomers, partner agencies	Debbie Douglas	Open Dialogue New Youth	Yes
COSTI Immigrant Services	Refugees Newcomers	Mario Calla	Family & Mental Health Program	Yes

## Family & Child Care Organizations

Organization	Audience	Key Contacts	Planning Tables or Key Initiatives	Year 1 Contact
Toronto Child and Family Network			6 Planning Committees Early Learning and Care Family Support Early Identification and Intervention Aboriginal Advisory and Planning Health Réseau régional de langue française	
Child Care Service Providers				Yes
Family Association for Mental Health Everywhere (FAME)	Families involved with the mental health system in Canada	Christine Cooper Executive Director		No
Parents for Children's Mental Health	Families involved with the mental health system in Canada	Sarah Cannon		Yes
Canadian Family Advisory Network (CFAN)	Member organizations including social service agencies			

## Youth Engagement Groups

Organization	Audience	Key Contacts	Planning Tables or Key Initiatives	Year 1 Contact
<b>POV 3rd Street</b>	POV does excellent work in youth engagement and providing young people with the skills to succeed in the film and television industry.	125 George Street Contact: Colin Scheyen		Yes
<b>Delisle Youth Services</b>		40 Orchard View Blvd. Contact: Fiona Lacey  Delisle has many clinic and youth programs. They have a youth engagement committee which is run by Fiona Lacey.		
<b>Eva's Place</b>	Eva's mainly works with homeless youth. They are leaders in harm reduction and job training through their Phoenix Program.	11 Ordnance Street  Contact: Karen Tizzard		
<b>Toronto Public Library</b>	Every Toronto Public Library branch has at least one youth program that operates out of its space. They are currently working on providing a youth engagement strategy to their programs.			
<b>Youthlink</b>	Youthlink offers many mental health and community programs.	747 Warden Ave Contact: Lucy		
<b>Yorktown Child and Family Services</b>	Yorktown offers many programs including youth engagement.	2010 Eglinton Ave West		
<b>For Youth Initiative</b>	For Youth does a lot of work in youth engagement. They have many programs that operate under a youth engagement model.	1652 Keele St. Contact: Shine Chung		
<b>Leave Out Violence (LOV)</b>		3130 Bathurst Street Contact- Lana (ED)-		
<b>Supporting Our Youth (SOY)</b>		333 Sherbourne Street Contact: Bev Lepischak		

<b>LOFT Community Services</b>	15 Toronto Street Contact: Heather McDonald:
<b>Sketch</b>	180 Shaw Street Contact: Rose Gutierrez-

**Municipal Government**

<b>Organization</b>	<b>Audience</b>	<b>Key Contacts</b>	<b>Planning Tables or Key Initiatives</b>	<b>Year 1 Contact</b>
<b>Toronto Public Health</b>	Public Health Nurses	Dr. David McKeown	Toronto Youth Suicide Prevention School-Aged Children	Yes
<b>Toronto Children's Service Staff</b>				
<b>Neighbourhood Improvement Initiative</b>				Yes
<b>Multiple City of Toronto Stakeholders</b>			Middle Years Matter Coalition	Yes
<b>Toronto Community Housing</b>				

## Priority Planning Tables

The following were planning tables identified as priorities for the Moving on Mental Health collective.

- National Alliance for Children and Youth
- City of Toronto, Child and Family Advisory Network
- Early Learning and Care, Family Supports, Early Identification and Intervention, Steering Committee
- City of Toronto, Middle Childhood Strategy Workgroup
- Common Table for Childhood Development and Care Ontario
- Infant Mental Health Promotion Steering Committee - Healthcare
- Middle Years Matters Coalition Toronto - Social Services
- FAME - Families for Mental Health Everywhere - Parents
- Toronto Central LHINS - Early Intervention Network - Healthcare
- Toronto Public Health - Youth Suicide Prevention - Healthcare
- Section 23 Collaborations (define) - Education
- School-Aged Mental Health Network - Education
- Youth Mental Health Planning - Transitional Youth
- Emergency Mental Health Beds Planning Table - Healthcare
- Supervised Alternative Learning (SAL) - Education
- Youth Justice Collaborative -Justice
- Parents for Children's Mental Health - Parents
- Family Navigation Network - Healthcare
- Child & Family Network - Municipal/community planning

# Appendix 3

## Working Group Members

Name	Position
<b>Chairs:</b>	
<b>Tony Diniz</b>	Earls court-Crèche Child Development Institute
<b>Marg Campbell</b>	Delisle Youth Services
<b>Members:</b>	
<b>Ekua Asabea Blair</b>	Massey Centre for Women
<b>Jennifer Grant</b>	Central Toronto Youth Services
<b>Paul Heung</b>	Youthdale Treatment Centres
<b>Steven Gottlieb</b>	Boundless Adventures Association
<b>Jasmine Thibault</b>	Centre Francophone de Toronto
<b>Jennifer Holmes-Haronitis</b>	North York General Hospital
<b>Lead Agency Liaison:</b>	
<b>Tanya Pobuda</b>	East Metro Youth Services