

Toronto Lead Agency – East Metro Youth Services

**Update to Toronto Core Services/Community
Mental Health Plan**

Submitted to the Ministry of Children and Youth Services

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December 2017 Update to Toronto Core Services/Community Mental Health Plan

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Preamble

Toronto Core Service Providers (CSPs) have significantly contributed to the collective development of this 2018-2019 Core Service Delivery and Community Mental Health Plan. Senior volunteers and leadership and front-line staff along with community stakeholders have invested countless hours over many months, in putting forward their best ideas, recommendations and areas for immediate action to improve the infant, child and youth mental health system across Toronto. At the same time, CSPs face multiple systemic and operational challenges within their individual agencies.

Toronto Core Services Providers (CSPs) met November 22, 2017, to discuss and endorse this plan prior to submission to the East Metro Youth Services Board of Directors on December 5, 2017.

While the Chief Executive Officers/Executive Directors in attendance agreed to endorse the plan as presented, those in attendance went a step further.

Given that most Toronto CSPs *are long-standing members* of Children's Mental Health Ontario (CMHO), it is not surprising that many CEOs/Executive Directors advised including this preamble to this plan update. They stressed that while significant progress is being made on multiple fronts in Toronto, chronic systemic challenges continue to face the agencies committed to providing services to infants, children and youth facing mental health issues. Underfunding continues to plague the system and many providers have significant waitlists and wait times for services. CMHO acknowledges the government's progress toward key commitments for improvements to the system but recognizes the gaps and continues to advocate for increased funding for its member organizations across Ontario.

Introduction

This document is an update to the most recent Core Services Delivery Plan and Community Mental Health Plan submitted to the Ministry of Children and Youth Services (MCYS) on March 31, 2017. It incorporates updates of the work completed since April 2017 from both plans, and frames priority activities for fiscal year 2018/19.

It is our understanding that a new template will be shared with lead agencies early in 2018 to support the development of a three-year workplan beginning in April 2019. This will form the basis of future ministry planning requirements.

Over the past several months East Metro Youth Services' (EMYS) as lead agency, has been busy leading or supporting a range of activities including:

- Six working groups completed their mandates and submitted final reports.
- Our Health and Education Partnership Tables with active participation from partner sectors including school boards and hospitals.
- Our youth and family engagement work continues to evolve and we have a growing understanding of our role in supporting the needs to Toronto's diverse communities.

Our working groups made over 200 recommendations to improve the planning and delivery of community-based mental health services for infants, children and youth in Toronto. Recommendations ranged from concrete, actionable items such as reviewing and improving intersectoral protocols, to the need for a city-wide data strategy, to a developing a more integrated approach to the full range of intensive services.

A critical part of building an integrated system-wide approach is the development of a Centralized Point of Access (CPA). The CPA will provide a virtual “front door” to community-based mental health services in Toronto for young people and their families, making access to service simpler and more efficient. This service will ensure clients referred to services through the CPA are supported from their initial contact with the system, to accessing the right treatment at the right place. The CPA is set to launch in April and training for support staff is already underway.

This year is also a time of significant transition for EMYS as our Executive Director, Claire Fainer, retired in October. We will be welcoming our new Chief Executive Officer (CEO) Debra Shime in December 2017. The transition to a new CEO coincides with the significant work being done around EMYS’ governance structure to ensure it is evolving to provide city-wide system leadership. We continue to work closely with the Institute on Governance (IOG), an organization that specializes in non-profit governance and strategic planning, to develop a new board structure and processes and plan to have those in place by the next Annual General Meeting in fall 2018.

As the lead agency, EMYS’s provision of backbone support has included: overall leadership and planning, strategic guidance, monitoring and measuring progress, knowledge transfer activities, facilitating literature searches and access to relevant reports and data, as well as project management support.

The lead agency function for community-based child and youth mental health is bringing new opportunities to the Toronto community including:

- The city-wide network of ‘what’s up’ walk-in clinics continues to grow in number and profile
- The Ontario Centre of Excellence for Child and Youth Mental Health and the Children’s Hospital of Eastern Ontario have engaged us as a site in a research pilot
- In partnership with SickKids, we have established four Urban Tele-Mental Health sites to provide access to psychiatric services.

Toronto has 30 CSPs. All of their staff, from intake, front line service, program managers to senior management levels, have been engaged in system transformation work and their support, expertise, and commitment to the many activities underway is key to our collective ability to have a strong Toronto system.

The principles of Collective Impact continue to guide our work and provide the framework to constantly learn and make course corrections as we go. There is no defined roadmap for such a complex change initiative, however, we continue to move toward a coordinated, responsive, and accessible mental health system for infants, children, and youth in Toronto and their parents and caregivers. This is a dynamic process. We have made significant progress since April 2017 and are on-track to meet the expectations we set out for ourselves this year.

As always, there are an abundance of activities, research, planning, collaboration and communications initiatives to tackle over the coming years to achieve an integrated, collaborative and seamless journey

through the community-based system. We look forward to another year of major system transformation progress.

Core Services Summary

Context

Developing a comprehensive, accurate summary of the range of core services across the City of Toronto has proved to be a challenging process. We have conducted two surveys designed to gather this information. The first was led by the Year 1 Service Mapping Working Group and the second, by the lead agency at the request of the three age related working groups. Although extensive data has been collected from both surveys, the consensus is there was not enough integrity in the collection to publish these findings as an accurate summary of core services across Toronto.

In spring 2017, the lead agency commissioned Lough Barnes Consulting Group to summarize three core services: Brief Services, Family Capacity Building and Support, and Targeted Prevention. The purpose of this exercise was to establish whether the existing Service Description Schedules (SDS) could be used to establish a full Core Services Summary for all seven core services across Toronto.

In its overall observations, Lough Barnes stated:

The SDS, as it is currently constructed, does not facilitate the consistent collection of critical information for planning, monitoring and improving these core services.

Specifically, there is not the required information to determine to what degree the current suite of services is meeting the community needs. In addition, there is significant variability in how services are defined; this creates a barrier in ensuring compliance with Ministry of Children and Youth Services (MCYS) core service requirements. Lastly, the inconsistencies observed raise questions about service equity in the system; particularly, it appears service levels differ depending on which agency is providing the services.

If SDS, in its current state, continues to be the primary avenue to capture the state of services, the ability to analyze, summarize, plan and monitor core services as defined by MCYS will be greatly inhibited. As a result, this is a significant barrier to effectively plan for the critical services needed by children, youth and their families in Toronto.

Moving Forward – Turning Data into Community Business Intelligence

A tremendous amount of data has been collected over the past two years both through targeted surveys and findings of the many working groups. Through the efforts of the Year 1 and Year 2 Working Groups and tables, we have accumulated detailed mapping in specific areas of programming and services, however, as described in the previous section, there is not yet a complete picture. This has led to a very clear call from Toronto CSPs for a comprehensive data strategy to incorporate this work and move forward.

During this time much has evolved at the provincial level and the understanding of data needs and collection methods has expanded. EMYS has been actively involved on the provincial Technical Data Working Group to establish systems that would more easily and effectively collect the data required for an effective baseline and evidence upon which to plan effectively.

EMYS has continued to work on building a robust performance management foundation that will allow us, as the lead agency, to undertake effective system planning and create performance management accountability amongst CSPs. An overarching data sharing agreement, as an element of the Centralized Point of Access (CPA) participation agreement, was developed and signed by all Toronto CSPs.

Building on this data sharing agreement, we propose to follow through on the working group recommendations and develop a system-wide Information Management and Data Strategy that over time will support service planning and delivery for all CSPs.

This would include developing a *Moving on Mental Health Toronto Scorecard*. The Scorecard will enable a 360-degree view of mental health service delivery in Toronto and will serve as a tool to build linkages across the child and youth mental health sector. See 2018/19 priorities for further detail.

Population Profile Summary

The 2016 census data is in its very early analysis and more interpretation is yet to be released, EMYS will work with experts in the City of Toronto and researchers (such as the Toronto Social Planning Council) to apply the latest information on demographic trends to better inform the provision of core services across the city. We will update the following information as more detailed statistics, trends, figures and findings become available for our specific needs.

We stated in our previous CSDP (March 2017) that 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%.¹

Of that number, the City of Toronto estimates approximately 420,000 are under the age of 14.² 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 tend to be located in the south-central parts of Toronto.

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

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

The Canadian Mental Health Association identifies several factors which can have significant impact on a person’s physical and mental well being.³ The top 3 factors listed include:

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

The Child and Family Network of Toronto has developed the Child & Family Inequities Score. This tool is one way to help explain the variation in socio-economic barriers across the City of Toronto neighbourhoods. While other composite measures of socio-economic disadvantage in the City exist, 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](#).

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

Citation: Toronto Child and Family Network (2013). Raising the Village: Measuring the Wellbeing of Children and Families in Toronto (Part 1). Toronto: City of Toronto.

A diverse population is a given in Toronto. 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.⁴According to

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

⁴ <https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm#a4>

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. Provincial Alignment

EMYS, in its lead agency role, continues to participate in several province-wide Moving on Mental Health (MOMH) initiatives including:

- MCYS Lead Agency Partnership Table
- Lead Agency Consortium
- Provincial Data Advisory Steering Group and Technical Sub-committee
 - EMYS took a leadership role in MCYS' Business Intelligence initiative and transformed the architecture of the CYMH Business Intelligence solution to ensure lead agencies across the province will become a vital part of the client and service data management process and will assume the role of regional Data Hubs for their community. This will enable lead agencies to collect client level data from all partner agencies and become more effective and agile system planners.
 - MCYS established EMYS' recommended governing body – Information Management and Data Governance Committee
- Planning Cycle Working Group
- Lead Agency Community of Practice – organized by Ontario Centre of Excellence for Child and Youth Mental Health
- Children's Mental Health Ontario policy and research

EMYS participates in emerging provincial level initiatives. In 2016, as lead agency, we led a Toronto-wide process to come to consensus on the application of MCYS Core Services Definitions. The findings were shared with Toronto CSPs and MCYS Program Supervisors to establish a consistent understanding of these definitions across the city.

Under the leadership of the province-wide Lead Agency Community of Practice, the Ontario Centre of Excellence for Child and Youth Mental Health contracted and managed similar processes in each service area in early 2017. This process culminated in a 2-day facilitated session. Numerous Toronto CSP and lead agency staff participated in the event.

Update on Core Services Priorities

Coming out of Year 2 Working Groups, three priorities were identified for 2017/18. The next section provides an update on those priorities:

1. Governance
2. Centralized Point of Access (CPA)
3. Analysis and operationalization of working group and community partnership tables recommendations

Priority 1: Governance

The IOG continues to work with EMYS on developing a new governance structure to effectively support its system-wide responsibilities as lead agency and its on-going service programming. In early June, the IOG (on behalf of the EMYS Board) presented an overview of the work completed since 2016 to CSP Board Chairs and CEO/Executive Directors. This included the results of an online survey sent to all CSPs in early May. In total, 81% of CSP agencies completed the survey and overall responses from staff and Board members were consistent and 90% of respondents said their strategic planning aligned with the MOMH initiative. There was also overwhelming willingness to participate in relationship building and knowledge exchange to build system-level competencies.

In August, the IOG presented a draft governance model to the EMYS Board. The proposed model is comprehensive and includes advisory committees (such as a CSP, youth and family, and a service agency subcommittee), in addition to the core Board. In late November 2017, EMYS board members will host two sessions with CSP Board Chairs to consult on a draft governance model

EMYS is going through a significant period of change with the retirement of its long-term Executive Director in October 2017, and the onboarding of a new CEO in December 2017. To mitigate the organizational impact of these executive leadership changes and ensure continuity, the EMYS Board will remain in place while the governance model is being implemented to ensure effective governance, as well as a smooth handover to the new CEO. The governance work, and the recruitment process, have reinforced the importance of EMYS' dual roles as stewards of an emerging service system and as fiduciaries of a mature front-line service agency. EMYS will continue to work with IOG on the selection process of new board members and on terms of reference and protocols for the new Board and Committees. This work is expected to be completed in summer 2018.

Priority 2: Centralized Point of Access (CPA)

Note: The city-wide access system under development is referred to as the "CPA" in the Core Service Plan and Community Mental Health Plan documents, including this update. Supplementing existing access points at the walk-ins and individual service agencies, the CPA is designed to be a resource for those who do not know where to find community-based mental health services for infants, children, youth and their families by providing a single access point and referral to an appropriate agency in their community. The initial module consists of 2 components: telephone-based referral centre where CPA staff will triage callers for referral to an appropriate agency and a website providing the CPA telephone number, links to the 'what's up' walk-in website as well as options for self-searching for CSPs. As resources, capacity and opportunity allow, the CPA will adapt and grow into a multi-platform system. "CPA" is an internal term and at launch will be incorporated under an umbrella Toronto brand for community-based infant, child and youth mental health to be implemented early in 2018. (See below, Building the Toronto Brand)

EMYS successfully secured ongoing base funding for staffing the CPA, as well as funding to build IT infrastructure in 2017. The public launch is scheduled for late spring 2018. Over the past several months implementation plans have evolved as additional resources became available and our understanding of the operational realities sharpened. This includes a re-evaluation of key elements such as model design to centralized staffing (rather than the originally proposed de-centralized staffing across several agencies), enhanced *Participation Agreements* to include data sharing elements, and the development of age-appropriate triage tools and processes. The CPA model continues to follow the recommendations of the Year 1 CPA Working Group:

- A scalable design; inclusive of a broader system of access including the use of ‘what’s up’ walk-ins
- Adaptability to new technologies as opportunity and capacity allows (i.e. chat functions, greater integration of data collection and reporting systems etc.)
- Continued efforts to align with similar/relevant access systems and services

IT/software and physical infrastructure – A June 13, 2017 meeting with CSPs resulted in agreement to centralize staffing at EMYS’ Scarborough location. This required revising the IT and site preparation timelines to allow for contracting of additional space, renovations, and the adjustment of software and hardware plans. Over the summer and fall 2017, expanded space was secured and renovated, software and physical IT development plans were adapted, and the database/reporting elements continue to be developed.

Clinical implementation – The plans for CPA management, coordination, brief intake/triage and client referral were also adapted following the decision to centralize staffing. During fall 2017, a CPA Program Manager was hired and a job description was developed and posted for five CPA intake staff. These staff are expected to be in place by the end of the calendar year. Age appropriate tools for triage and screening have been reviewed and approved by the sector and are nearing the final stages of development and integration. Next steps:

- Training and implementation of triage and screening tools and processes (early 2018)
- Quality assurance and refinement built into implementation of soft launch (February 2018)
- Protocols for specialized referrals (needs for diverse languages, Indigenous, related services, etc.) are being developed and will be based on baseline service with the ability to scale up as opportunity and capacity allows
- French language components led by Centre francophone

French language availability – EMYS is working with Centre francophone to ensure the CPA is available to those seeking service in French. Centre Francophone has taken the lead in developing the French language services side of the CPA, and is playing a significant role in ensuring the entire CPA is as accessible as possible. Key areas of planning and development include:

- Incorporating a French language option into the call centre technology that will seamlessly transfer clients to the Centre francophone intake process
- Working with Centre francophone to develop appropriate scripting for intake workers
- Inclusion of appropriate translation and referral options to available resources for French speaking clients into the website
- Alignment of CPA screening tools and processes for serving French language clients
- Ensuring that information and data collected through the French language services side of the CPA will be incorporated into the data sharing, performance measurement and reporting framework

Engagement and input from CSPs – Development of the CPA model and tools has included many opportunities for CSP engagement and input. This includes CSP senior leadership meetings, consultations with the Toronto Directors of Service Group, the Toronto Intake Worker Network and with lead agency established working groups. Moving forward, EMYS is working more formally with the Directors of Service Group and the Toronto Evaluators Network to ensure their involvement and advice is included. Letters were sent from the EMYS Executive Director to the chairs of these groups requesting their support on an as needed basis to advise on implementation and evaluation activities.

In August 2017, EMYS hosted information and consultation sessions regarding the draft Participation Agreements that included data sharing requirements and restrictions for a system-wide access and referral service. These agreements incorporate existing privacy and confidentiality legislation and regulations. By mid-September, 29 CSPs had signed a Participation Agreement. These agreements will form the foundation of a system-wide approach to improving access to community-based services, aligning screening and referral processes, data collection and reporting.

Oversight – Under the terms of the Participation Agreement an Executive Committee will be established to provide oversight to the CPA. The Executive Committee will be comprised of a:

- EMYS Chair
- Three representatives chosen by participating CSPs agencies
- MCYS representative
- Individual with technology expertise
- Representative from an organization providing similar referral services
- Client representative

Exact details, including operational mechanisms and process for the committee, are still being negotiated to reflect the balance of sector oversight and guidance with the mandated responsibilities of EMYS as lead agency. The initial structure will be in place in spring 2018. Principles within the Terms of Reference of all oversight and advisory bodies will continue to reflect the principles agreed to by the sector throughout the MOMH process.

Branding and marketing - Branding direction for the CPA includes ongoing engagement and focus group testing with youth and families, as well as expert advice from a branding and communications consultant. The ongoing communications and marketing strategy will continue to be incorporated into the broader engagement strategy and include participation of expertise from within the sector. (See below, Building the Toronto Brand).

Priority 3: Analysis and Operationalization of Working Groups and Community Partnership Tables Recommendations

Over the past two years, 107 CSP representatives have participated in one or more working groups. Over the past several months, content experts from most of the CSPs have participated in one or more of the following age-related working groups:

- 0-6 – Chaired by Ekoa Asabea-Blair, Chief Executive Officer, Massey Centre
- 7-12- Chaired by Tony Diniz, Chief Executive Officer, Child Development Institute
- 13-18 – Chaired by Suzette Arrudas-Santos, Executive Director, Yorktown Family Services

Reports were also submitted from two working groups under the umbrella of the Education Partnership Table (co-chaired by Cheryl Webb, Executive Director Adventure Place and John Wilhelm, Chief Social Worker, Toronto Catholic District School Board) including representatives of the CSPs and the four Boards of Education:

- Section 23
- School Focused Worker Initiative (SFWI) Program

Two working groups constituted in Year 1 with mandates extended into Year 2 also concluded:

- Residential Services – Chaired by Debbie Schatia, Executive Director, Turning Point Youth Services
- French Language Services – Chaired by Lise-Marie Baudry, Executive Director, Centre Francophone – No written report

Over the summer of 2017, the lead agency team worked through over 200 recommendations from our three age-related working groups, the Residential Services Working Group, and the Education Partnership Table's working groups. Many similar recommendations emerged and were grouped into five focus areas. It should be noted that the volume of activity that will be generated extends far beyond a "one-year plan".

The five focus areas are:

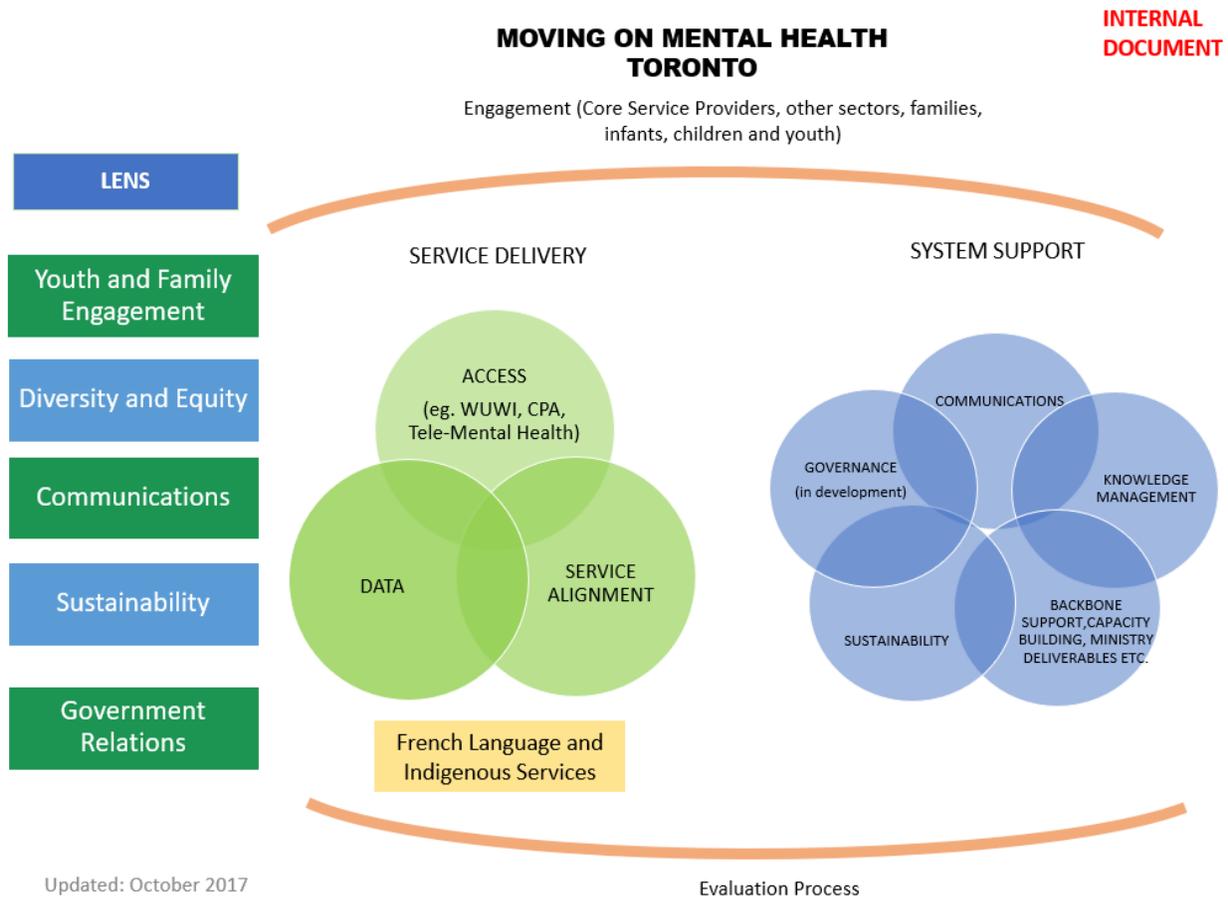
- Access
- Data/Performance Management
- Service Alignment
- Sustainability
- Knowledge Management/Transfer

These consolidated recommendations provide the foundation for the upcoming year and the anticipated new three-year planning cycle. This plan will also integrate and build upon several other interdependent initiatives that are underway including CPA, youth and family engagement, the Healthcare Partnership Table, outreach to Indigenous service providers and French language services.

In planning for the coming fiscal year (2018/19), EMYS structured a series of meetings with Year 2 working group and partnership table chairs and CSP CEOs/Executive Directors. During these meetings

participants confirmed the top three “buckets” as priority areas for the next year. Further detail on priority areas within each bucket can be found in the Priorities 2018/19 section of this document.

The visual representation of the focus areas and lenses that must be considered in further planning follows:



Community Mental Health Planning

Given the size and complexity of potential sector partnerships in Toronto, the lead agency is currently focusing on the health and education sectors through the establishment of partnership tables, co-chaired by representatives of these sectors and CSPs.

Health and Education Partnership Tables

The Partnership Tables were established to bridge the gap between sectors and work towards seamless transitions of our clients throughout the continuum. The mandates of these two tables extend into 2018/19 and play a key role in achieving the goals identified in community mental health planning:

- Describe the roles, responsibilities and services delivered by other community providers within the service area, in the provision of child and youth mental health services across the continuum
- Identify priorities for the lead agency's work with community partners to address service needs/gaps and develop the workplan for addressing those priorities
- Describe transparent pathways to, through, and out of care, and the plan to continuously enhance those pathways
- Support an enhanced provincial understanding of the child and youth mental health system through analysis and identification of common themes and priorities.

Additionally, where relevant and appropriate, activities of the Education and Healthcare Partnership Tables will be integrated and/or aligned with the other work taking place.

Healthcare Partnership Table

Co-Chairs:

Dr. Peter Szatmari, Chief of the Child and Youth Mental Health Collaborative, Hospital for Sick Children
Susan Chamberlain, Executive Director, the George Hull Centre – Year 2

Paul Allen, Vice President, Clinical Services, Youthdale Treatment Centres – Year 1

In phase 1 of its mandate, the Table:

- Completed an environmental scan to better understand partnerships between CSPs and hospitals providing child and youth mental health services
- Held a day-long retreat chaired by Dr. Peter Szatmari with CSPs, hospital representatives and members from the Child and Youth Mental Health Division, Department of Psychiatry, University of Toronto
- Developed and implemented tools and pathway design for Emergency Department pathways
- Formed a sub-committee to select Urban Tele-Mental Health locations

Phase 2 of the mandate is underway as of fall 2017, with a detailed workplan focusing on primary care, which includes:

- Development and implementation of pathways between CYMH organizations, family health teams and primary care. Activities to include SWOT analysis, environmental scan of existing pathways and a literature review
- Development of recommendations to improve awareness of community-based mental health services amongst primary health teams and doctors

The Healthcare Partnership Table is also stewarding an innovative research pilot with the Ontario Centre of Excellence for Child and Youth Mental Health and Dr. Mario Capelli of the Children's Hospital of Eastern Ontario (CHEO) stemming from recommendations of its recently released report *"Paving the Path to Connected Care: Strengthening the Interface Between Primary Care and Community-Based Child and Youth Mental Health Service"*. The first meeting was September 21, 2017, in Toronto, and included the Centre of Excellence, Principal Investigator, Mario Capelli, and several members of the Healthcare

Partnership Table. The pilot project aims to address three of the key recommendations coming out of the policy-ready paper, including:

- Organizational structures and practices that support inter-provider communication
- Development of guidelines and standardized clinical pathways
- Integrating standardized tools in primary care practices

The pilot is working with two lead agencies in different service areas: urban (EMYS, Toronto) and rural (Algoma Family Services, Sault Ste. Marie) to create clinical/service pathways with their local primary care partners and key stakeholders, including youth and families. Once created, a standardized tool (HEADS-ED) will be adapted and implemented for use by primary care physicians (HEADS PC).

Education Partnership Table

Co-Chairs:

Cheryl Webb, Executive Director Adventure Place

John Wilhelm, Chief Social Worker, Toronto Catholic District School Board

The Education Table created two sub-groups working on Section 23 and the School-Focused Worker Initiatives (SFWI) which submitted recommendations for consideration by the Education Partnership Table. Both sets of recommendations were agreed upon by the Table and submitted to the Lead Agency for distillation and analysis as part of the broader planning of the next steps of all the working groups' recommendations.

The recommendations arising from the Section 23 Working Group and the next phases of work are rolled into the description of the coming year's priorities under service alignment.

Subsequently, following submission of the final report for the SFWI (i.e. Priority Access for Students) an operational committee has been established by members of the original working group. A meeting in fall 2017 started this next phase, and the Lead Agency will liaise with this group and link its work to other related activities.

In September 2017, the Education Partnership Table focused on its next set of priorities: School Development Projects and Early Years. As Early Years involves several emerging factors, and this includes a rapidly changing landscape, this issue has been sent for consideration to the 0 to 6 Network of agencies (self-formed at the end of the Year 2 mandate for the 0-6 Working Group).

The "School Development Projects" has been renamed to focus on "Partnerships" in schools and a Task Force has been set up to conclude its work by the beginning of 2018. Presently this joint effort with CSPs and school boards has gathered several ideas and is considering a potential pilot project.

Building the Toronto Brand

Building a cohesive Toronto brand that reflects the integrated system of community-based care for infants, children and youth is imperative to ensuring efficient access to services. 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).

It is important to recognize that while building a brand that serves our community, we also need to develop a brand that reflects the values and goals of Toronto's CSPs – one that they feel a part of, can contribute to, and execute seamlessly. Creating this unified brand amongst our sector partners builds upon our Collective Impact model and contributes into our overall goals as a sector. The establishment, on-going use and refinement of the Toronto brand is an overarching activity that will be a standing priority now, and in future plans, to ensure we are all feeding into, and disseminating, the same key messages.

Branding and marketing will be key activities of CPA operationalization, so services are top-of-mind when young people and/or their families need mental health help. We will continue to build on the current branding but also look at ways of evolving to ensure we are building awareness and meeting the needs of a such a large and diverse landscape.

In consultation with a branding and communications consultant, branding direction, planning and implementation includes ongoing engagement with youth and families, CSPs, and key sector stakeholders. Key activities include ongoing branding development around CPA, including building a website, creating informative assets and materials that can be used across all community-based children and youth mental health agencies, as well as social and media relations.

Mental Health T.O. website development (phase 1) –A key component in creating a recognizable brand for the lead agency is developing a website to inform and engage with a variety of stakeholders. The website is currently under production, and on November 22, we unveiled the new brand name of the website and CPA, **Mental Health T.O.**, to the CSPs. The URL is MentalHealthTO.ca. This branding, naming, and design of the website incorporates input and feedback from youth and families as part of the overall youth and family engagement activities, CSPs and sector expertise on content. The new brand was endorsed by CSPs with the provision that the tagline be reviewed and more specific to the population we serve: infants, children, youth and families. We also reinforced a staged approach to the website build and promotion, and solicited feedback at each stage.

The primary purpose of MentalHealthTO.ca is to create access and inform potential clients where to find community-based mental health services. This system-level website will be unique from the EMYS service delivery website, but will still be client-focused and designed to facilitate access to the services provided by all CSPs in Toronto. Components of the website include information about Mental Health T.O. (who we are and what we do); a telephone number to call for assistance; a link to the 'what's up' walk-in website; a search function to find nearby and appropriate CSPs; and links to online resources. Appropriate translation and referral to Centre francophone's website is being developed in partnership with Centre francophone. (see page 9, *French language availability*).

The website will also act as an information sharing portal for CSPs, where they can stay up-to-date on activities within the Toronto sector, share knowledge, and access important documents and reports.

We have provided CSPs the opportunity to give feedback on phase 1 of the website and we are continuing to review all copy, design, and structural elements to make sure Mental Health T.O. meets the needs of our clients.

Launch

To create awareness of Mental Health T.O. in an effective manner that incorporates enough time for testing and feedback, and ensures clients are effectively serviced, we will be launching the Mental Health T.O. in stages. The final stage will include a full media and awareness launch tied to Children’s Mental Health Week in May 2018.

To further encourage Collective Impact, we agreed in principle to create a Communications Advisory Committee to support the launch of Mental Health T.O., made up of communications, fundraising and like professionals from the CSPs.

Timelines

Stage 1: Internal launch - Announce Mental Health T.O. as the new brand name of the CPA service to CSPs. Once branding of the name has been finalized, we will share externally.

Stage 2: Soft launch – Announce Mental Health T.O. to key stakeholders such as CSPs, sector partners and supporters, doctors and educators, and select families and young people and allow them to test the website and provide feedback.

Stage 3: Public launch - Formal public launch including focused media relations efforts during Children’s Mental Health Week

Stage 4: Ongoing Engagement. Following launch, we will continue to proactively promote the CPA by leveraging timely opportunities (such as back to school, or relevant news) as well as creating our own “news” (such as the “What’s up?” pop-up which is still in the planning phase and dependent on funding).

Refer to Appendix A to see a more detailed timeline.

Engagement Activities

Core Services Providers

We continue to have robust engagement with Toronto CSPs. The initial group of 34 agencies (including EMYS as a service agency) is now 30 due to mergers and shifting of some agencies funds out of the mental health envelope. The agencies are spread across the city. Their high level of participation is commendable and remarkable considering the majority are multi-service agencies, of which mental health services are only part of their overall mandate. In total, **291 participants, including 26 CEOs/EDs have participated in working groups or Partnership Tables since we began establishing our Collective Impact processes in 2015.**

Since April 2017, all CSPs have come together to discuss and review significant milestones in the system transformation process.

June 7 th	Board and Executive Director/CEO provide an update on governance work
June 13 th	Executive Director/CEO meeting to confirm CPA staffing model
September 29 th	Meeting of all working group and partnership table chairs to review recommendations and identify priority areas for review and discussion at the Oct 25 planning meeting
October 25 th	Fiscal year 18/19 planning meeting of Executive Directors/CEOs
November 22 nd	Approval of 18/19 core service and Community Mental Health Update for submission to the EMYS Board of Directors

Director of Service Group and Evaluators' Group

These peer-led groups were established prior to the system transformation initiative and have played a key role in informing much of our work-to-date and we expect to need their expertise again as we move into implementation of key projects. As independent peer-based networking groups, both groups offer significant insight and value to EMYS as lead agency. Respecting the will of the groups, we extended formal invitations to both to work with us. (***see Terms of Reference in Appendix B***). Together, we are identifying processes to ensure the integrity of these independent groups and allow EMYS to solicit advice with our core services and community mental health planning initiatives.

Indigenous Service Providers

Partnerships to support our diverse populations are critical. This is especially true for engaging Toronto's Indigenous Service Providers. Former EMYS Executive Director, Claire Fainer, continued to meet with individual leaders from Indigenous service providers informing them of our work and progress and provided opportunities for alignment and collaboration within the system transformation processes. The clear message was that any engagement and partnerships must continue to respect the principle of self-determination and that the way forward was to remain open to collaboration but let Indigenous organizations drive the process. Examples of EMYS's efforts include:

- The gender based violence program has a partnership with the Native Women's Resource Center, whereby one trauma therapist is provided on a weekly basis at NWRC for clients to access for counselling supports. As a result, clients also have access to Native Women's Resource Center's available programming. While this is an agreement for services specific to EMYS as a service agency, it provides an example of a successful collaboration at the service delivery level.
- Our provincial youth outreach worker program has a partnership with Native Child and Family Services and Anishnawbe Health Toronto, so when a youth self identifies, they have the opportunity to work directly with one of these organizations and access cultural relevant services.

- At the request of the medical management / crisis support team for the 2017 North American Indigenous Games, EMYS was asked to coordinate and lead the Toronto-based community based child and youth mental health sector support of their mental health strategy for the athletes throughout the games
- As part of our efforts to ensure alignment and collaboration with other relevant initiatives, EMYS as lead agency, has signed an agreement with Surrey Place Centre, an organization that is central to the Toronto Coordinated Service Planning Strategy. Part of this relationship involves representation on their Advisory Committee as they develop an Indigenous engagement strategy. This opportunity allows the lead agency to align and where possible integrate our engagement processes. Much work has been done already by the Toronto Coordinated Service Planning Strategy to build the foundation of engaging Indigenous communities. We plan to leverage this to ensure our processes of engagement and collaboration continue to be respectful and align with the [OCAP Principles](#) as well as the other guiding principles as identified by Toronto Coordinated Service Planning Strategy identified in the draft Indigenous Community Engagement proposal submitted to the Specialized Services and Supports Branch, Policy Development and Program Design Division at MCYS. (***See Appendix C for Principles of Engagement and Partnership with Indigenous Providers and Communities***)

In addition to the activities above, the lead agency will continue to explore other opportunities for engagement in the coming year, with the goal to continue to align our efforts with Indigenous service providers and facilitate partnerships and collaboration where and when it makes sense across the infant, child and youth mental health sector.

French Language System Partners

Changes in senior staff leadership within Centre francophone limited the opportunity for engagement in the 2nd and 3rd quarters of 2017-18. Consequently, we focused our efforts on the partnership with Centre francophone through the development of the CPA infrastructure and access points (see CPA above). New leadership within EMYS and Centre francophone will continue to advance the development of agreements/protocols for CSPs to have services delivered in French, in addition to those agencies where a protocol already exists. Preliminary discussions in mid-November with Centre francophone's new CEO signal further opportunities to negotiate specific agreements, and to build out capacity in the delivery of FLS across the CYMH sector in Toronto.

Arising from the Education Partnership Table's work, we also recognized that the two FLS school boards cover a much broader geographic area than Toronto school boards. As a result, their capacity for full participation was limited and in fiscal 2018/19, we will examine how best to move forward. Centre francophone, with renewed commitment, expects to play an instrumental role in fostering this connection in tandem with us as lead agency.

Children, Youth and Families

Toronto's population size and diversity form a complex context for our child, youth and family engagement work. Our diverse communities, children, youth and families offer varying perspectives and assets that are all crucial for the realization of our system transformation process. We believe that to ensure authentic and meaningful engagement at the system level, we need to foster a culture of partnership at all levels and enhance the capacity of our CSPs to engage their children, youth and families in a way that reflects the diversity of their local communities.

Over the past year we have focused much of our client engagement efforts on gaining a better understanding of the challenges and barriers for engagement at the agency level, as well as building commitment to this work, and developing learning opportunities to support and enhance this continued commitment. We engaged 60 children, youth, and families and 147 CSPs staff through trainings, consultations and design events. Through these activities we identified the need for a comprehensive and consistent approach to engaging youth and families across the system, as well as the need of our CSPs to come together and support each other's efforts.

As we advance this work, we will continue to provide CSPs tools and opportunities to enhance client engagement at the agency level. This includes building commitment to this ongoing process through the identification of family and youth engagement leads from each agency. The leads will support the development and rollout of an engagement self-assessment tool, and the establishment of a Youth and Family Engagement Network that will include youth, families, and the CSPs engagement leads. Together with the network, and building on the results of the agency self-assessment, we will look to develop a sector-wide engagement framework, implementation plan, and additional training opportunities.

Below are the notable youth and family engagement events and activities that took place this year:

Family Engagement

- Family Engagement Training - four family engagement training sessions were held the week of May 29, 2017. These training introduced staff to the concept and practice of family engagement, and laid the ground for more in-depth training and action planning. There were 120 participants from 24 CSPs who provided consistently positive feedback from the evaluations.
- A Family Engagement Design Day on November 11, 2017. The day included design activities to support the development of an agency level engagement strategy, and design activities for family engagement work at the system level.

Youth Engagement

- "If I Ruled TO" - a large youth leadership event organized by the City of Toronto and Toronto Community Housing to provide youth an opportunity to inform city wide initiatives from a youth's perspective. During this event, we hosted a youth-led workshop about youth engagement in mental health services, and a design lab for youth to develop ideas for initiatives and projects in youth mental health. In addition, we staffed a lead agency booth where we asked youth to inform our Lead Agency website development by user testing/feedback.
- As a follow-up to the design lab we held at "If I Ruled TO", we have been supporting a youth group in the development of a proposal to the Youth Opportunities Fund. The group is working on a mental wellness project that includes holistic teachings for racialized youth in Toronto. The project was shortlisted, and a full application was submitted on November 15, 2017.

- With funding from Employment and Social Development Canada and under the Canada Summer Jobs program, this past summer EMYS hired three summer students to support our lead agency work. The students supported the Lead Agency Team by developing an online and physical library, conducting Geographic Information System (GIS) analysis, and supporting our youth engagement and diversity work.
- On November 4, 2017, we held a Youth Engagement Design Day. The day included design activities to support the development of an agency level engagement strategy, and design activities for youth engagement work at the system level.

Child Engagement - The increased awareness and interest in engaging children (under the age of 12) in program development and delivery has led us to exploring other ways to enhance this work. One excellent example of child engagement within our sector is at The Etobicoke Children’s Centre (ECC) where a Student Advisory Committee (SAC) for latency aged kids from the Section 23 Program has been running for the past seven years. Building on this expertise, we have developed an evaluation plan for the SAC with ECC’s staff and The Ontario Centre for Excellence in Child and Youth Mental Health.

Diverse Communities

As mentioned in the child, youth and family engagement section, Toronto’s diversity poses particular challenges when it comes to engaging diverse communities in an equitable manner. To support this work, this year we applied for a Strategic Collaborations grant from the Youth Opportunities Fund at the Ontario Trillium Foundation. Unfortunately, our grant application was not successful, but in its development process we established commitment to this work from 12 of our CSPs and gained a better understanding of the complexity of this work. As we move forward with the system transformation process, diversity and equity lenses are being applied to every element of our work. In addition, we continue to explore partnership opportunities to advance this work, particularly with the black community as part of the Ontario Black Youth Action Plan.

Priorities 2018/19

Note: This section sets out broad priority actions for 2018/19. Further work will take place over the remainder of 2017/18 in collaboration with CSPs and other stakeholders to develop detailed workplans and deliverables. These will be integrated into EMYS’ 2018/19 Service Description Schedule that will be submitted to MCYS on March 31, 2018.

Access

Improved access and awareness of the availability of free community-based service is key to a more responsive, accessible system for families across Toronto. Mental Health T.O. will be the gateway through telephone, web, and agency front doors.

Many initiatives come together to ensure that people know services are available in their community. The overall goal of all access points is to ensure that every door, is the right door. Whether someone enters service through ‘what’s up’ walk-in, a phone call to the central telephone line, an individual agency or a family doctor referral for an Urban Tele-Mental Health psychiatric assessment, our commitment is infants, children, youth and families will get the support they need – every time. Given

the multi-sector nature of accessing services, planning and implementation will continue to inform and be informed by the work of the Healthcare Partnership Table and Education Partnership Table and other on-going processes and stakeholders.

A broad Access Framework will include the three collaborative projects detailed below (CPA, walk-in, Urban Tele-Mental Health). Each project marks a significant step towards a system-wide, integrated access, data sharing and performance management, and improvement for service delivery to the infants, children, youth and families. As with all priority activities, planning and implementation will include specific lenses on diversity, engagement and equity. Measurement will include an individual evaluation process for each project, as well as a process for overall alignment and integration of data and reporting elements into a broad system performance measurement framework.

CPA - In its final report, the Year 1 CPA Working Group determined that the CPA should focus on securing quick access to appropriate services; act as a key part of a comprehensive system which has multiple access points; and that consideration should be given to view the CPA as the integrated access system (not as brand but as a concept), incorporating not only referral to appropriate agencies, but other access points such as walk-ins. The rationale being this protocol allows clients the option of immediate service while they move through the referral and screening/assessment process. This concept of incorporating CPA into a broad access framework continues to inform the development of the CPA. The 'what's up' walk-in service will be featured prominently on the new website, and knowledge sharing and cross pollination of information and planning will be incorporated into the oversight and operational tables of the walk-in, CPA and other relevant access projects as they are developed.

'what's up' walk-in – We will continue to build upon the success of the expanded, six location city-wide 'what's up' walk-in partnership that saw more than 4,660 visits in fiscal 16/17).

In the fall of 2017, 'what's up' walk-in managers from EMYS, Youthlink and Yorktown met with staff from the Scarborough Academic Family Health Team to exchange resources and they will continue to develop these relationships across sites. Moving forward, the walk-in collaborative of the six participating agencies will continue to explore opportunities for partnership and collaboration from other sectors to improve and expand services to underserved populations including hearing impaired, non-English speaking and clients who are engaging other sectors.

We have received confirmation of an additional year of private sector funding to serve young people up to the age of 24.

Urban Tele-Mental Health – In partnership with SickKids and funded by MCYS, we are building out access to Urban Tele-Mental Health across the Toronto region with access points in four agencies (Etobicoke Children's Centre, Yorktown, Griffin Centre, and Youthlink). A result of this program will be improved access to tele-psychiatry mental health services within the community at these "hubs". In 2017, a coordinator was hired to conduct community outreach, raise awareness of tele-mental health, work with tele-mental health sites and coordinate referrals. Ongoing, we will continue extensive outreach throughout the community, and deliver presentations to agencies and networks to raise awareness. Additionally, we are planning an outreach program to family physicians and family health teams, as well as a community open house for each of the four agencies with access points in partnership with SickKids.

Data/Performance Management

A city-wide data and performance management advisory/working group will be established and chaired by EMYS' Director of Performance Management, Alex Alexander. This group will prioritize data and performance management recommendations of other priority initiatives – Access and Service Alignment - to inform the development and testing of the Scorecard. Its work will align with, and may inform, developing provincial initiatives, such as the evolving Business Intelligence solution. The signing of CPA Partnership Agreements in September 2017 is an example of growing city-wide commitment to collecting, sharing, and analyzing data that will support all CSPs in more informed planning and program delivery.

Mechanism:

The development of the Scorecard will be the basis for addressing many of the data and performance management recommendations of the Year 2 Working Groups. A robust performance management system will include the following domains:

- Acceptability
- Accessibility
- Appropriateness
- Continuity
- Effectiveness
- Efficiency
- Safety
- Client Outcomes
- Data Quality and Privacy
- Sustainability

Quality Improvement

Quality improvement activities emerge from a systematic and organized framework for improvement. Quality Improvement will involve two primary activities:

1. Measuring and assessing the performance of services through the collection and analysis of data.
2. Conducting quality improvement initiatives and taking action where indicated, including the design of new services, and/or improvement of existing services.

EMYS as lead agency has developed an overarching Quality Improvement Framework that lays the foundation for the creation of an Integrated Quality Improvement Plan across CSPs. Our approach to quality improvement will be based on the following principles:

- Client focus
- Recovery-oriented
- Employee empowerment
- Leadership involvement
- Data informed practice

- Prevention over correction

Service Alignment

Identifying Emerging Priorities

Intensive Services - The role of Intensive Services as a continuum was a prominent theme from several recommendations across working groups and partnership tables. Over the remainder of fiscal year 2017/2018 we will work closely with members of our CSP community to define:

- a) What can be actions to be taken in the near term
- b) What work should begin in the new fiscal year and what functional structures could be established to address the many cross-cutting recommendations
- c) Sequential steps

Collective and dynamic approach to addressing specific activities

Although working group mandates have ended, many participants have indicated an interest in continuing to meet and tackle specific recommendations of their working group. For example, the 0-6 working group has re-formed into an independent network, identifying priorities and work amongst participating agencies. Although the group is self-determined, a connection with the lead agency team is, and will continue to be maintained, to ensure the system transformation team continues to have access to the expertise and advice when needed.

Conclusion

This plan update was discussed and endorsed by Toronto CSPs on November 22, 2017, at our final planning meeting of 2017. CSPs were supportive of the plan update and the framing of key priorities in 2018/19.

The afternoon portion of this meeting was devoted to an *After Action Review (AAR)*, a developmental evaluation technique that reviews past actions and takes those learnings to apply to future planning and action. This session was facilitated without the presence of the lead agency team.

A summary of the discussion bodes well for the future of the continued transformation of community-based mental health services in Toronto. There is keen interest in continuing to work together as a community and to further explore ways to collaborate. There was an acknowledgement of how much agency representatives at various working groups and tables have learned from each other over the past two years. At the same time, the understanding of how far there is to go as a system emerged. There is a willingness to go deeper and challenge ourselves as a community to take on tougher challenges.

CSPs indicated their appreciation of the level of support and project management by lead agency staff and the growing ability of the lead agency team to act as a catalyst and resource in relation to other initiatives and stakeholders with an impact or interest in our priorities.

Looking forward there is a desire to continue this high level of engagement. We have been reminded of the need to continue to sharpen our strategic focus, explore more collective decision making and explore how to achieve consensus around tough decision points.

The importance of implementing effective performance management indicators and systems was stressed as key to providing evidence that the Toronto community is making progress on multiple fronts. There have been many hours of research, meetings, recommendations, and report development over the past several months. We are making significant progress on many fronts and over the remaining months of 2017/18 will continue to refine the actions of the priority areas identified for next year. This plan update, along with the recommendations from all working groups and partnership tables, and our on-going engagement efforts across Toronto's many communities, will form the foundation of a three-year plan beginning in 2019/20.

Approvals

The update to Toronto Core Services/Community Mental Health Plan was endorsed by Toronto core service providers at the November 22nd 2017 CSP meeting and approved by the EMYS Board of Directors at its December 5th 2017 meeting.

Appendices

Appendix A Centralized Point of Access Timeline

Appendix B Terms of Reference- Chairs of Service Directors and Evaluators Group

Appendix C Principles of Engagement and Partnership with Indigenous Providers and Communities

Appendix D Working Group Reports - <http://emys.on.ca/leadagency/reports/>