Moving on Mental Health
A System That Makes Sense For Children and Youth

Core Services Agency Meeting
March 3, 2016
CSI Annex
Agenda & Objectives

- Welcome & overview of the Day (Peter O’Donnell)
- Lead Agency update (Claire Fainer)
- Working Group updates & recommendations (WG Chairs)
- Break
- Working Group updates & recommendations (WG Chairs)
- Lunch
- Year 1 – An After Action Review (Peggy Schultz)
- Syrian Refugee Update (Janice Wiggins)
- Wrap-up & Next Steps (Roberta Bustard)
• March 3, 2016 meeting update can be found at http://emys.on.ca/lead-agency-resources-tools/
Lead Agency Timeline

2015

MCY Formally Announces EMYS as Lead Agency (Feb)

Communications Manager Hired 9/8/2015

Cores Services Meeting 9/9/2015

Core Services Meeting 11/5/2015

Phase I Working Groups Formed
- Communications
- Service Mapping
- Centralized Point of Access
- Knowledge Information and Data Systems

Phase II Working Groups Formed
- French
- Residential

Project Managers Hired 10/13/2015

EMYS Annual General Meeting 10/8/2015

Core Services Meeting

Syrian Refugee Discussions

Monthly Newsletters

Individual Meetings with Core Services Executive Directors

Core Services Meeting Kick Off

Ongoing Communities of Practice Meetings, Lead Agency Consortium and MCYS Lead Agency meetings
Lead Agency Timeline
2016

- **Jan**: City-wide walk in proposal approved
- **March**: Griffin Centre Walk In Established
- **April**: Core Services Meeting
- **May**: Submit Core Services Delivery Plan (CSDP), Community Mental Health Plan (CMHP) to MCYS
- **June**: Phase 2 Working Group (French & Residential) Recommendations
- **July**: Downtown offices open
- **August**: Core Services Meeting
- **September**: Governance Review
- **October**: Year 2 Activities Planning and Launch
- **November**: EMYS Annual General Meeting
- **December**: Ongoing - Monthly Newsletters
- **January**: Ongoing - Communities of Practice Meetings, Lead Agency Consortium and MCYS Lead Agency meetings
- **February**: Ongoing - Community Mental Health Planning
200+ Meetings including Core Services teams, hospitals, school boards, ethnocultural, Aboriginal and Francophone organizations since March

60+ Working Group Members

5 Core Services Member Meetings Since June

20+ Working Group Meetings
Service Mapping Working Group

Progress Report & Recommendations
March 3, 2016
## Members

<table>
<thead>
<tr>
<th>Provider</th>
<th>Representative</th>
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<tbody>
<tr>
<td>Aisling Discoveries</td>
<td>Zel Fellegi</td>
</tr>
<tr>
<td>Arrabon</td>
<td>Karen Prosper</td>
</tr>
<tr>
<td>Central Toronto Youth Services</td>
<td>Robert Sears</td>
</tr>
<tr>
<td>Centre francophone de Toronto</td>
<td>Catherine Desjardins</td>
</tr>
<tr>
<td>Child Development Institute</td>
<td>Marjory Phillips</td>
</tr>
<tr>
<td>Hincks-Dellcrest</td>
<td>Donna Duncan (Chair)</td>
</tr>
<tr>
<td></td>
<td>Roxana Sultan</td>
</tr>
<tr>
<td>George Hull Centre</td>
<td>Jane Bray</td>
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<tr>
<td></td>
<td>Kim Curran</td>
</tr>
<tr>
<td>Griffin Centre</td>
<td>Barb MacDonald</td>
</tr>
<tr>
<td>Rosalie Hall</td>
<td>Jane Kenney</td>
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<tr>
<td>Janice Hayes</td>
<td>YouthLink</td>
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### Support:

<table>
<thead>
<tr>
<th>Support:</th>
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</thead>
<tbody>
<tr>
<td>Lead Agency:</td>
<td>Roberta Bustard, Janice Wiggins</td>
</tr>
<tr>
<td>Hincks-Dellcrest</td>
<td>Irene Bevc, Gus Miranda</td>
</tr>
</tbody>
</table>
Mandate

To develop a map of core services delivered by MCYS-funded child and youth mental health core service providers serving the City of Toronto and conduct a service gap analysis for consideration by East Metro Youth Services as the Toronto MCYS CYMH Lead Agency (“LA”).
Assumptions

- Focus on CYMH core services as defined in the MCYS Program Guidelines
  - Need to work with standard definitions
  - Mapping service, as well as populations and geographic communities served
  - Need to get some sense of the complexity (e.g. are some MCYS funded core services supplemented through other funders or vice versa?) – reveals stressors
  - Survey will be a first step and provide a foundation for further consultations and/or follow up with individual organizations for clarification
  - Waitlist/wait time information would be part of a second phase and would align with work of other groups
  - Working group will need to align with work of other WGs, especially with regard to refinement of information collected, further information required to support their work, etc.
  - LA will work with MCYS Region with regard to aligning financial data with mapped services
Progress to date (summary)

• Initial survey completed and information consolidated to create a broad inventory of MCYS-funded core services in Toronto

• Key activities underway
  – Consult with Kids Help Phone and City of Toronto to compare and validate data further
  – Share high level findings and consolidated data with WGs to assess and determine more specific information required for their work

• Key activities recommended for next phase of work
  – Determine whether committee should continue independently or should be embedded in other WG mandates
Insights & Learnings

Quadrants

- Service providers generally well-distributed across quadrants, though city core is slightly more represented than the suburbs
- City core agencies have a greater concentration of city-core clients
- Suburban agencies more likely to serve clients from other quadrants
- Few agencies provide services outside of Toronto
Insights & Learnings

Funding Sources

• 13 of 27 service providers responding to the survey receive the majority of funding from MCYS
• 10 agencies only received 1-15% of funding from MCYS
• MCYS-funded services leverage funding from other sources
• More detailed work needs to be done to understand this more fully
Insights & Learnings

French Language

• 12 agencies reported providing service in French for some core services
• More detailed work to be done to assess needs and availability of specific services and resources
### Insights & Learnings

#### Service Categories by Age

<table>
<thead>
<tr>
<th>Service Category</th>
<th>0 to 6 yrs.</th>
<th>07 to 12 yrs.</th>
<th>13 to 18 yrs.</th>
<th>19 to 24 yrs.</th>
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<tbody>
<tr>
<td>Family capacity building and support</td>
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<tr>
<td>Targeted prevention</td>
<td>10</td>
<td>8</td>
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<td>6</td>
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<tr>
<td>Brief services (including walk-in)</td>
<td>6</td>
<td>8</td>
<td>13</td>
<td>3</td>
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<tr>
<td>Counselling and therapy services (outpatient)</td>
<td>11</td>
<td>11</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>Specialized consultation and assessments</td>
<td>8</td>
<td>9</td>
<td>13</td>
<td>2</td>
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<td>Crisis support services</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>In-home intensive</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Day treatment</td>
<td>6</td>
<td>9</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>Residential</td>
<td>3</td>
<td>2</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>4</td>
<td>8</td>
<td>2</td>
</tr>
</tbody>
</table>

-Large number of agencies provide counselling and therapy services to all agencies
-Crisis support, in-home intensive & residential services are less widely available
-Few agencies offer intensive services or crisis support for children younger than 12 years old
-Few services for transition-aged youth
## Insights & Learnings

### Service Categories by Length of Service

<table>
<thead>
<tr>
<th>Service Categories</th>
<th>1 to 3 sessions</th>
<th>Up to 6 mos.</th>
<th>6 mos. to 1 year</th>
<th>More than 1 year</th>
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</thead>
<tbody>
<tr>
<td>Family capacity building and support</td>
<td>9</td>
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<tr>
<td>Targeted prevention</td>
<td>3</td>
<td>8</td>
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<td>1</td>
<td>3</td>
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<td>2</td>
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</tbody>
</table>

- Length of service varies widely among agencies.
- More work to be done to determine complexity or other factors
## Insights & Learnings

### FTE by Service Provider Type

<table>
<thead>
<tr>
<th>Service Provider Type</th>
<th>Residential</th>
<th>In-home intensive</th>
<th>Day treatment</th>
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<tr>
<td></td>
<td>MCYS</td>
<td>NON-MCYS</td>
<td>MCYS</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>0.5</td>
<td>1</td>
<td>0.5</td>
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<tr>
<td>Psychologists</td>
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<td>0.5</td>
<td>0.5</td>
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<tr>
<td>Child/Youth Workers</td>
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<td>40.5</td>
<td>12</td>
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<tr>
<td>Social Workers</td>
<td>27.5</td>
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<td>8.5</td>
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<tr>
<td>Early Childhood Educators</td>
<td>1.5</td>
<td>6.5</td>
<td>3.5</td>
</tr>
<tr>
<td>General Practitioners/ Physicians</td>
<td>0.5</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td>2.5</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
<td>10.5</td>
<td>0.5</td>
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<tr>
<td>Grand Total</td>
<td>232.5</td>
<td>64</td>
<td>25.5</td>
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</table>

- For intensive services, CYWs were the most prominent service provider.
# Insights & Learnings

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<td>4</td>
<td>132.5</td>
<td>15.5</td>
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<tr>
<td>Early Childhood Educators</td>
<td>5.5</td>
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<td>1.5</td>
</tr>
<tr>
<td>Other</td>
<td>4.5</td>
<td>0.5</td>
<td>10</td>
<td>1.5</td>
<td>3</td>
</tr>
<tr>
<td>Grand Total</td>
<td>21.5</td>
<td>10.5</td>
<td>177</td>
<td>24.5</td>
<td>27</td>
</tr>
</tbody>
</table>

-For less intensive services, social workers made up the largest group of service providers
## Insights & Learnings

### FTE by Service Provider Type

<table>
<thead>
<tr>
<th>Service Provider Type</th>
<th>Family capacity building and support</th>
<th>Targeted prevention</th>
<th>Other</th>
<th>Grand Total</th>
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<tr>
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<tr>
<td>Other</td>
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<td>0.5</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Grand Total</td>
<td>39</td>
<td>31</td>
<td>32.5</td>
<td>19</td>
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</tbody>
</table>

- For Prevention, CYWs, social workers and early childhood educators had the greatest representation.
- For “other” services, CYWs, social workers and nurses had the greatest representation.
Summary Insights

- Concentration of agencies in “downtown” Toronto
- Large number of services being provided to adolescents
- Gap in all services for transition-aged youth
- Gap in intensive services for 6-12
- Consider provincial v. regional, vs. local community services and their distribution, as well as services targeted at specific demographic and/or cultural groups
- Specialized consultation and assessment available, but relatively less specialized treatment resources available (e.g. psychiatry, psychology)
- Complex funding paradigm to be navigated
- Need to better understand client profiles to match services with client needs
- Cannot say whether allocation of services is aligned with needs of client populations within specific geographic areas within the city
Working Group (Draft)
Recommendations and Considerations

• Other WGs may require more specific and targeted questions to be asked (e.g. Latency, Residential, FLS) in order to collect the data needed to achieve their mandates
• Will discuss results in more detail with other working group chairs to assess needs and next steps
• LA will need to understand program sustainability relative to MCYS funding v. other funding
• Need to validate with other mapping exercises (Kids’ Help Phone, City of Toronto, 211 etc.)
• LA will need to validate the data with MCYS service agreements and budgets
• Work can provide the foundation for the community mental health plan
• Key activities recommended for next phase of work
  – Determine whether committee should continue independently or should be embedded in other WG mandates with LA Team integrating outputs from each working group.
  – Feedback from MCYS-funded core service providers regarding how best to identify issues and opportunities to improve on mapping data going forward, with a goal to improving data quality in the development of the community mental health plan
Accolades

• The LA for giving us this opportunity to work together and learn together
• Toronto’s CYMH MCYS core services providers for engaging in the process
• Our Service Mapping Working Group for developing the survey, engaging in the beta test and refining the survey, and in framing the findings and next steps – and for the great, generative discussions we had!
• The LA Team: Janice & Roberta for their support and guidance
• HDC’s Program Evaluation Team: Irene Bevc and Gus Miranda for their support in the survey creation and output analysis
French Language Services Working Group

Update
March 3, 2016
Members

- Boost Child & Youth Advocacy Centre: Karyn Kennedy
- Etobicoke Children’s Centre (ECC): Ewa Deszynski
- Centre francophone de Toronto (CFT): Lise Marie Baudry
- Delisle Youth Services (DYS): Marg Campbell
- East Metro Youth Services: Myra Levy
- Hincks-Dellcrest Centre: Donna Duncan
- Massey Centre: Ekua Asabea Blair
- EMYS Lead Agency Project Lead: Janice Wiggins

**Reporting**
- To the Lead Agency, EMYS, and the
- The chair is responsible for reporting pertinent information
Mandate (1)

This group is set up to respond to the expectations that agencies under the Lead Agency (EMYS) will provide French Language Services (FLS) as third party on behalf of the Ministry of Children and Youth Services (MCYS). The group of agencies in this active offer of French services is abiding by the terms of reference to ensure that they all share a standard of practice that meets the guidelines issued by MCYS and also support all other agencies to facilitate seamless referrals to services in French for children and youth.

Given the large number of agencies involved in the project, it was decided that the FLS Working Group would initially build on the capacity of agencies already providing FLS, either directly or indirectly. The other agencies would be expected to adopt a standard referral system ensuring infant, children, youth and families needing support in French are directed to the appropriate services in a timely and respectful manner.

Sharing existing best practices where possible.
Mandate (2)

Members of the FLS Working Group are committed to:

- Be accountable to the FLS Act
- Actively offer their FLS services by protecting or enhancing current service levels
- Provide high visibility for the services
- Ensure immediate availability and high quality standards of service
- Having participation from a senior level representative (ability to commit agency to actions and resources)
- Sharing existing best practices where possible
Areas of focus

**Overall objective**
To develop an FLS Action Plan for the Lead Agency and its 33 member agencies to be submitted to MCYS by March 31, 2016

**Short term**

- Development of TORs *(completed)*
- Press Release to French Language media *(completed)*
- Funding request to MCYS under Canada-Ontario Agreement *(completed)*
- Inventory of existing services in French (from Mapping Group survey)
- Service delivery quality standards
- Service delivery plan among 6 agencies to maximize access (geography, schedules) (includes referral protocol) – *consult with 2 FL school boards, explore telepsychiatry or video counseling capacity, Centre for Excellence (March-June 2016)*
- Referral system to/from other 27 agencies – includes scripts, internet links, form – *e.g. work with FindHelp 211 (June-XX 2016) with Communications Group*
- Explore FLS provision for Central Point of Access and/or Intake structure
- Implementation calendar, including necessary supports (HR, $, admin) (Dec 2016-March 2017)
Longer term

• Planned capacity building for 6 agencies – designated positions
• Planned capacity development for other interested agencies
• Evaluation plan – (audits after 6 months, 12 months, 24 months)
• Quality Improvement plan
Work Plan Elements

Resources needed for development of Action Plan:
• Support to gather information
• Support to draft documents
• Support to develop presentation
• Support to finalize Work Plan

Resources needed for implementation of Action Plan:
• Communication & marketing
• Support for standardization of forms, scripts, phone and internet referrals, signage, central email
• Central coordination
Next Steps

- Use results from mapping exercise by Mapping Working Group to complete inventory and analysis of existing services + Service Delivery Quality Standards Protocol
- Work Plan to be completed for Lead Agency approval (3rd week of March)
- Work Plan submitted by Lead Agency to MCYS, March 31, 2016
- Draft Service Delivery Quality Standards
- Develop Referral System
- Draft Referral Protocol + materials
- Draft Implementation calendar
Q&A
Residential Services Working Group

Update
March 3, 2016
Members

• Chair- Debbie Schatia, ED, Turning Point Youth Services
• Susan Chamberlain, Director of Residential and Day Treatment Services, George Hull Centre
• Lydia Sai-Chew, CEO, Oolagen Youth Mental Health
• Ekua Asabea Blair, CEO, Massey Centre
• Karen Prosper, Aarobon House
• Zel Fellegi, Aisling Discoveries
• Brian O’Hara, CARS
• Shirley Shedletsky, CARS
• Kathleen Patterson, Centre Francophone de Toronto
• Paul Allen, Youthdale
• Deanna Danell, Griffin
• Darren Fisher, EMYS, Lead Agency Project Manager
Mandate

The mandate of the working group is to develop a comprehensive map of the residential treatment services landscape and provide recommendations for moving forward.

Key activities would include:

- Developing a detailed analysis of the Toronto Region inventory of residential beds funded in the core service envelope with respect to current service demand, current agency capacity to respond effectively and the emerging trends and needs in Toronto

- Relevant information would include the existing capacity (e.g. current number of beds and types of programs available) as well as the existing and emerging demands (e.g. clinical profile of the clientele, length of stay, the program requirements to provide good quality care, occupancy rates and emerging trends)
Areas of focus/
work plan elements

• Start with data that exists through CARS
• Determine scope and sources of data to be collected
• What information will we use to inform us about future trends etc?
• How will we get input from key stakeholders: parents/caregivers; youth; School Boards; child welfare etc.
• Assess impact of Panel of experts report due to be released March 2016
Next Steps

• First meeting scheduled for March 10, 2016
• Meeting schedule to be developed
• Finalize and approve TOR and workplan
Centralized Point of Access (CPA) Working Group

Progress Report & Recommendations
March 3, 2016
Our Team

- Suzette Arruda-Santos, Yorktown Child & Family Centre
- Chetan Bahri, Aisling Discoveries Child & Family Centre
- Steve Blake, Child Development Institute
- Nadia Brabant, Centre Francophone de Toronto
- Kathy Glazier, MCYS (retired)
- Jonathan Golden, Jewish Child & Family Services
- Patty Hayes, Youthlink
- Sara Koke, Toronto Public Health
- Dennis Long, Breakaway Addiction Services
- Terry McCullum, LOFT Community Services
- Lydia Sai-Chew, Oolagen
- Gail Smith, Youthdale Treatment Centre
- Heather Sproule, Central Toronto Youth Services (Chair)
Mandate

• Create and recommend a model that will enable the implementation of a centralized point of access for children and youth mental health services in Toronto in 2016.
Assumptions

- Scope
- Measurable Objectives
- Culturally & Linguistically Accessible
- French Language Capacity
- Required Resources - budget
- Protocols for Referral
- Waitlist Management
- Technology
- Community Consultation
Progress to date (summary)

• Created and engaged working group
• Established terms of reference
• Developed work plan & timetable
• Designed and completed multisectoral consultations
• Analysis of consultation data & roll up report
Progress to date (summary)

- Received & reviewed literature review (Centre of Excellence)
- Preliminary consultation re: the integration of new technologies
To come:

- Final report & recommendations
- Implementation considerations
Recommendations & Considerations: CPA

• Core Services → Screening → Referral → Triage → Psychoeducational Information
Proposed Principles

• Prioritize the needs of children, youth & families
• Clients retain right to choose
• System / protocols must minimize clients having to repeatedly tell their “stories”
• Ensure that prospective clients are referred to services not waitlists
• Leverage community knowledge
Proposed Principles

• Ensure client experience is seamless, expeditious and successful

• Ensure a framework of cultural competency

• Comply with legislative requirements for French language services

• Ensure effective data collection & management to enable referrals and to support system planning

• Work collaboratively to foster system-wide shared responsibility
Core features & activities:

1. Year One → focus on referrals to core service providers → build capacity for intersectoral referrals in longer term

2. Integrate walk ins within access framework

3. Begin building database for referrals
4. Channels of delivery
- Telephone
- Online Technology (e.g. capacity for self referral including appointments)

5. Waitlist awareness
not management
- Technology Solution (up to the minute information on waitlists)

6. Referral sources
- Other Professionals
- Youth
- Parents / Caregivers
7. Referrals from school boards to Student Focused Workers’ program go through CPA

8. CPA as part of system of core service providers → provide appropriate service in timely manner; refer to service not waitlisted service

9. The CPA should incorporate technological capacity for multiple functions (e.g. client and agency information, tracking consents, web based screening capacity, compiling performance data)
10. Lead Agency should engage the input of children, youth and families as initial model is being reviewed and refined

11. Service will be offered in both official languages with the CPA having the capacity to screen & refer to Centre Francophone

12. CPA will access the needed language services to provide screening for all families who enter the system (regardless of language)
Supporting Functions  →  Warm transfer process (utilize Best Practice)

→  Remove any language barriers at screening

→  Liaison with partners

→  Information management (up to the minute information at all times)

→  Information technology / information management (opportunity for innovation)

→  Metrics for performance management

→  Marketing / communications
Considerations: Model Design

- Standardization of tools, metrics, data systems (maximize production of data and control for validity / reliability)

- Model is not meant to replace existing pathways (e.g. agency based intake services)

- Location of service

- Development of privacy and consent practices
Considerations: Implementation

- Engagement of stakeholders & keeping them informed
- A phased (scaleable) plan driven by priorities for model
- Alignment / integration with broader system (e.g. especially other access mechanisms re: CMH)
- Create policy framework for triage functions
Considerations: Implementation

• Integration of walk in services
• Survey intake practices
• Recruitment and training of staff for cultural competency, (and) suicide prevention, screening for client risk, triage competency, and safety planning
• Establish protocols which allow for effective maintenance of client and agency data
• Plan for volume ("demand analysis") → implication for additional funding
• Develop metrics and quality assurance standards
Insights, Learnings, Accolades

• Process fostered broader collaboration and the forming of a shared agenda

• Diversity of CPA working group enriched our perspectives & discussions

• Longer term, larger scale integration of access systems …could this be desirable & feasible?

• Working group activity more parallel than linked & interactive

• Helpful to have project team supporting the work. Thank you!

• Recognition that we are learning together
Communications Working Group

Progress Report & Recommendations
March 3, 2016
Members

- **Current Chair:** Marg Campbell - Delisle Youth Services
- **Chair:** Tony Diniz - Child Development Institute
- Ekua Asabea Blair - Massey Centre
- Steve Gottlieb - The Boundless School
- Jennifer Holmes-Haronitis - North York General
- Jasmine Thibault - Centre Francophone
- Jennifer Grant - CTYS
- Paul Heung - Youthdale
- Tanya Pobuda - EMYS
Mandate

- Identify the engagement needs of various prioritized stakeholders and develop a plan to address those needs
- Explore and import best practices in engagement, communications and marketing to maximize the impact of this work
- Monitor the outcome of these engagement strategies and recommend follow up work as needed
- Monitor provincial developments on branding and marketing
- Develop a communications and marketing plan for MOMH-TO
- Affirm an overall principle of the value of engagement and embed this in Lead Agency development and operating principles

Excerpted from November 2015 Presentation
Assumptions

- Sufficient budget, resources and infrastructure allocated to support:
  - Ongoing, effective communications/marketing
  - Community engagement planning and rollout
  - Community mental health partnerships
Unique opportunity

- Moving on Mental Health in Toronto will be a significant change to all of the stakeholders of children’s mental health services in this complex environment.
- Change management theory suggests that successful change will likely be augmented with strong communications.
- In addition, given the emphasis of MoMH 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.

Excerpted from November 2015 Presentation
Progress to date

• Key activities completed

• Key activities underway

• Key activities recommended for next phase of work
Identified Vehicles

- Materials in both official languages
- Frontline staff bulletin
- Board bulletin
- Lead Agency website
- Posters & brochures
- Social media
- Conferences or joint events
- Town halls
Key Activities Completed

• Communications Vehicles (distribution lists, newsletters, social media)

• Priority Communication Vehicles:
  • Newsletters
  • Social media calendar
  • Communiques
  • Website
  • Meetings
Key Activities Completed
(Mandate Letter)

✓ Materials in both official languages
✓ Lead Agency website
✓ Posters & brochures
✓ Social media
✓ Conferences or joint events
✓ Ministry face-to-face, status meetings
  • Frontline staff bulletin
  • Board bulletin
  • Town halls
Communications

Monthly newsletters

Moving on Mental Health Toronto

Website

Advertising

Collateral

www.emys.on.ca
@EastMetro_emy
Key Activities Underway

• ‘what’s up’ Walk In Promotions (including consistent branded collateral in Q1 and Website in Q2)
• Lead Agency Website revamp
• French Translations (all Lead Agency content has been translated)
• Presence at Summit on Children and Youth Mental Health 2016 (OBSPA) April 7-8
Conferences
Social Media

More information on @EastMetro_emys work as Toronto Lead Agency in our Annual Report. #mentalhealth

9:03 AM - 19 Nov 2015
Sept-Nov Social Media

- **276 social media messages** crafted – with detailed tracking of key health promotion and mental health sector dates, synchronization of Twitter, Facebook and Google+ accounts
- 330 new Twitter followers, a **40% increase**
- **564% increase in weekly Facebook reach**, indicating more Facebook users liking and sharing posts
- **1,272 Google+ page views** which represents 20% of the total lifetime views of EMYS’ Google+ page in under 3 months
- Average of 23,500 Twitter reach impressions per month in Oct-November 2015 compared to 10,185 impressions per month during the same period in 2014 – representing a **131% increase in EMYS social media message reach**
- **2,061 Twitter profile visits**

*Metrics from reporting period during Sept. 8 – Nov. 24, 2015*
Dec-Feb Social Media

- **403 social media messages crafted** – with detailed tracking of key health promotion and mental health sector dates, synchronization of Twitter, Facebook, Google+, and now LinkedIn accounts
- **Average of 27,600 Twitter reach impressions per month** in Dec 2015-Feb 2016 compared to 23,500 impressions per month in Sept-November 2015
- **A 17% increase** in EMYS Twitter impressions over the previous 3 months (Sept–Dec 2015)
- **363% increase in Twitter impressions** over the same reporting period December 2014–Feb. 2015
- **1,948 Twitter profile visits** in 3-month reporting period
- **1,840 post reach in on Facebook in January**, a massive 911% increase over December
- **8,035 Google+ page views** which represents a dramatic spike in view of 6,763 and an **increase of 532% over the last 3-month reporting period** (September–November)
Insights, Learnings, Accolades

• Realized we need a better understanding of core values and vision of MOMH-TO Lead Agency
• An understanding of priorities/values will help create an effective ‘filter’ for priority Community Mental Health partners, engagement targets
• 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
Insights, Learnings, Accolades

• Need to always use an equity-based, anti-racism, anti-oppression lens

• Strong Working Group team with no shortage of great ideas – we need a way to prioritize the ideas based on vision and values, strategic priorities
Working Group (Draft) Recommendations and Considerations

• **Definition:** 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.

• Community engagement will assist all core service providers to become “more accountable to the population that they serve, enabling a “two-way communication” between service providers and clients *(Source: MCYS PGR)*
Working Group (Draft) Recommendations and Considerations

• The MOMH-TO collective has a unique and exciting opportunity to make engagement a predictable and consistent exercise

• Some proven engagement strategies might be operationalized and rolled out through the Toronto region – making engagement a part of all Core Services Agencies activity
Working Group (Draft)
Recommendations and Considerations

Moving on Mental Health – Toronto (MOMH-TO) Community Engagement Planning & Recommendations Document includes:

- Executive Summary
- Community Engagement Defined
- Opportunity
- Why Community Engagement?
- Differentiated Landscape:
- Literature & Research Review
- Core Services Consultations
- Working Group Feedback:
- Best Practices Review
- Proven Community Engagement Success Stories:
- Operational Approaches & Recommendations:
- Approaches
- Community Engagement in Action – Year 1 Pilot
- Resource Considerations
- Conclusion
- References
Working Group (Draft) Recommendations and Considerations

• 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 agency community

• There was further consensus that this engagement process needed to be structured, predictable and operationalized
Working Group (Draft)
Recommendations and Considerations

• Implementation Examples Include:
  – **Social Media ‘Pulse’ Campaigns** - Twitter chats, Reddit AMAs (Ask Me Anything), Facebook polls, Twitter polls
  – **Standing Parent and Youth Councils** – focus on key cultural communities, equity priorities
  – **Bi-Annually/Quarterly Advertising and Outreach and Feedback Survey** - using in a mixture of traditional and online community vehicles to solicit feedback from target populations
  – **Focused Town hall and Feedback Forums** – on well-defined topics with clearly defined objectives
Working Group (Draft) Recommendations and Considerations

• Community Mental Health Mapping
  – June Planning Tables Survey
  – Short-list of Strategic Planning Tables (November)
  – Review of short-list refinement (January)
  – Further refined final network map of key players by prioritized sectors (March 11)
k/i/d/s

“All k/i/d/s Count” …

Performance Measurement Group

Progress Report & Recommendations

March 3, 2016
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Consultations

• Harvey Low – City of Toronto
• Bob Chitaroni – Algoma (CIMS)
• Pam Brown – MCYS
• Jeff Carter – Vanier
• Alain Mootoo – Surrey Place
• Asurtec Technology Solutions
• Evangeline Danesco – Centre of Excellence

Pending:
• Peel Children’s Centre
• Lutherwood
• North York General Hospital
Vision

- A knowledge, information and data performance management system which will support the delivery of an effective Child and Youth Mental Health system of services in Toronto, system planning and continuous improvement.

Mandate

To provide recommendations to EMYS regarding an information and data gathering strategy for CYMH client information which:
- support good planning, delivery of service and continuity of care
- supports EMYS system planning and decision making role
- supports continuous evaluation and improvement for all CYMH providers
- aligns with MCYS 13 key performance indicators
- supports best practices in areas related to privacy, evaluation, IT and data management.
GUIDING PRINCIPLES

• Recommendations for a data gathering/information system will incorporate an understanding of:
  ➢ Current state and organizations’ IT, technological and data gathering capacity,
  ➢ Organizational readiness and necessary change management processes,
  ➢ Information system(s)’s ability to produce good and timely reports that are useful to EMYS as a leader and system planner and to service providers and that are aligned with accountability obligations.

• Data gathered will inform and guide practitioners’, program and organizations’ continuous improvement practices.

• Data gathered will inform key decisions that need to be made for system management and improvement.

• Recommendations for Performance Measurement choices will be client centred and considerate of Toronto’s diverse communities.

• Performance measurement choices will benefit children, youth or families who need or wish to access a mental health service.

• Anticipate future state and needs.
ASSUMPTIONS

Highly desired outcomes:
• System and service improvements
• Useful, clean, timely data
• Users’ able to examine and review own data and outcomes
• CIS will be able to track clients across services and providers
• CIS will be able to support and improve clients’ use of the system
• CIS will be able to meet Privacy obligations while also share information securely across services/providers
• Providers will be able to report consistently on 13 Key Performance Indicators. (additional Key Performance Indicators will emerge at a later date)
• EMYS will have the info it needs to make timely and effective system planning decisions
• Engagement of organizations
• Cost effective
• Service data can be integrated with Finance and HR information
Activities – Phase I

I. CLIENT INFORMATION SYSTEM (CIS)
Phase I has included information gathering, review of existing strategies, and consultations with external sources and Toronto Core Service Provider (CSP) agencies.

- **Inventory of 32 agencies’ CIS.**
  Status: Complete (see next slide)

- **Assessment of existing infrastructure readiness and capacity of agencies.**
  Status: In development – will likely need to be carried over into Phase II.

Phase II.

- **Inclusion of Single Point of Access processes**
  Status: tbd

- **Framework for Analysis and Decision making (short, medium and long term)**
  Status: In progress – completion end of March

**Recommendation:**

- Leverage processes and knowledge gained from What’s up Walk in to assess short term ability to include and incorporate multiple CIS

- Likely recommend short, medium and long term strategy for ramping up to preferred strategy (will need to consider outcome of MCYS - BIS approval)
Summary of 32 agencies

- The vast majority of Toronto’s CYMH core service agencies (93%) use an electronic CIS.
- Most agencies feel their current system is meeting the majority of their needs in terms of reporting (82%) and capturing mandatory fields (79%) and only 3 agencies (11%) reported that they are considering changing to a new CIS.
- The majority of Toronto’s CYMH core service agencies (79%) also deliver non-CYMH services (e.g. developmental services), and over half (55%) require an additional CIS to do so (e.g. Access Point, CYSIS, Danic, Extranet, EYMIS, iCARE, OCAN, SMIS, TAY).
- CYSIS is the most commonly used client information system in the Toronto Service Area and is used by over half of the respondents (52%).
- About 25% of current systems in use do not allow for activities/services/programs to be linked to a funding source.
Activities-Phase I cont’d…

II. Review and analyze standardized screening (e.g. BCFPI, CAFAS, etc.) & outcome measurement tools (e.g. Inter Rai, BCFPI CANS and CAFAS, GAINS, etc.)

STATUS:
• Analysis of standardized tools for latency age and youth
  Status: COMPLETE
• Exploration and recommendation of screening & outcome tools for children under 7
  Status: Carrying over to Phase II.
• Examination of Executive Directors’ priorities in relation to choice of tools
  Status: Survey by end of March.
• Survey of current standardized tools in use for different ages by all providers
  Status: Survey by end of March
• Understanding and incorporation of Single Point of Access processes and screening tool needs
  Status: Recommend carrying over to Phase II.

Recommendations:
• Pilot preferred (one or two) tools to examine ability to compare profiles, clinical utility, and which inform KPI’s
• Leverage what’s up Walk in data gathering and analysis which is also across the City (Examine comparative client info, continuity of care and mapping considerations)
Activities cont’d

III. Client Satisfaction & Experience:

• Review and presentation of CSE pilot projects done by H-D, GHC, The ECC, CDI, and Youthlink to K/I/D/S group
  **Status:** complete

• Survey to 32 agencies regarding current methods/tools to gather CSE information
  **Status:** begin March, carry over to Phase II

• Feasibility analysis of aligning CSE questions with ministry KPI
  **Status:** carry over to Phase II

**Recommendation:**

• Leverage pilot of Web based tool (launch likely April)
• Leverage implementation of CSE by H-D, The ECC, GHC and CDI.
Insights, Learnings

- Consideration of a CIS strategy will require a willingness to consider the big picture.
- For a Collective Impact model to be effective, a CIS strategy will need to consider trying out pilots while also offering opportunities for ongoing engagement with and inclusion of the service provider agencies.
- For Toronto, unless there is an influx of money, the process is likely going to need a short term, medium term and long term solution.
- Data and analysis of information is very important to all organizations. Organizations want to have the experience that their individual data is equally as relevant as the collective data.
- Governance regarding “who owns the client” will need to be clearly defined early in the process.
- The BIS, if successful, will likely create some concerns for service providers.
- Change management process can be time-consuming—focus on quick wins but pay attention to process…
Accolades

• Thank you to all members of the K/I/D/S group-smart and awesome folk and those who gave a little extra time or resources.

• Special thanks to:
  - Irene Bevc – H-D and the Evaluation Group
  - Roger Rolfe – CTYS
  - Chris King – The ECC
  - The CSE Pilot group – Diane Bartlett, Irene Bev, Marg Walsh, Janice Hayes.
  - Cheryl Webb and Michele Lupa – little kids rule!
  - Evangeline Danesco, Charlie and Jana
  - Janice and Darren for helping us to remember!
An After Action Review of Year 1

The Collective Impact Process

Facilitated by Peggy Schultz
Thought starters…

• What are some high points of the process?
• What are some factors that have moved things along?
• Where are we getting stuck?
• What have you observed/experienced?
• What would help make this work successful from your perspective?
Learning our way through the maze together…
What would we be doing if what we were doing made sense?
An After Action Review...

1. Initial Objective
   What were our intended results?
   (What was planned?)

2. Reality
   What were our actually results?
   (What really happened?)

3. What We Learned
   What caused our results?
   (What is the take-away?)

4. Goals
   What will we sustain or improve?
   (The hypotheses - What can we do better next time?)

5. Experiments
   What are some upcoming opportunities in which to test our hypotheses in action?

Repeat

Time Line
What if…

…your current actions, structure & processes were totally obliterated last night?
Syrian Refugee Supports

An Update…

Janice Wiggins
Wrap-up

Next steps…

Roberta Bustard