

13-18 ADOLESCENT WORKING GROUP

Final Report

June 2017



TORONTO
moving on mental health
LEAD AGENCY

CONTENTS

MESSAGE FROM THE CHAIR..... 3

INTRODUCTION 4

ROLE OF WORKING GROUPS..... 5

ADOLESCENT 13-18 WORKING GROUP MANDATE..... 5

METHODOLOGY 5

STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS ANALYSIS (SWOT)..... 6

RECOMMENDATIONS 6

WORKING GROUP MEMBERS..... 8

APPENDICES 9

Appendix 2: Working Group Membership List10

Appendix 2: SWOT Analysis11

Appendix 3: Data Management Advisory Group12

MESSAGE FROM THE CHAIR

On behalf of the adolescent working group, I would like to thank the Toronto Lead Agency, East Metro Youth Services for their backbone support over the last eight months. I would also like to thank the members of the adolescent working group for their contributions. Their insight, experience and passion to further strengthen our community-based child and youth mental health sector are inspiring.

As you will see in our report three major themes emerged; access, transitions, and data collection. Despite progress over the last few years, access remains a primary concern. Engagement with diverse populations, using alternative methods of access with youth such as technology, and providing diversification in treatment programming are significant gaps. Transitions between the child and youth mental health sector and the adult system remains a challenge and understanding the impact our system is having on our children and youth is limited.

Despite the challenges identified, the adolescent working group was an action orientated one. During our time together, the 'what's up' walk-in expanded their age mandate from the age of 18 to 24. Now offering transitional age services across six organizations. Several adolescent organizations signed on to the Big White Wall research pilot, a 24-hour online peer support program. Breakaway Addiction Services has provided staffing support at two 'What's Up' Walk-in locations to help build capacity and provide onsite drug and alcohol treatment. In conjunction with the Health Care Partnership table, several new initiatives developed including; increased access to psychiatry through Urban Tele-Mental Health, Emergency Department Pathways between hospitals and the 'What's Up' Walk-in, and cross-sector partnerships between health care and Ministry of Children and Youth Services (MCYS) funded programs such as YouthCan IMPACT and the Ontario Wellness Hubs.

We believe our time together identified gaps but also provided an opportunity to 'dive in' and expand on attainable projects that will set the foundation to bigger system change. I hope you enjoy our findings.

Suzette Arruda-Santos
Executive Director, Yorktown Family Services

INTRODUCTION

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

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

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

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

East Metro, Toronto Lead Agency

As the lead agency for Toronto, East Metro Youth Service (EMYS) is tasked with leading the implementation of the MOMH action plan in the Greater Toronto Area (GTA). Once fully implemented, MOMH will transform the experience of Toronto's infants, children, youth and families living with mental health challenges. Working in collaboration with the other service agencies and through extensive, meaningful engagement of youth and families, EMYS is working to facilitate system-wide changes to improve access, experience and mental health outcomes for infants, children, youth and families who need and rely on the children and youth mental health system. EMYS also participates in province-wide lead agency discussions, sharing lessons and insights and informing a province-wide approach to the MOMH action plan.

Collective Impact – A Collaborative Approach

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

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

- 1. A common agenda**
Coming together to define a problem and create a share vision to solve it
- 2. Shared measurement**
Agreeing to track progress in the same way, which allows for continuous improvement
- 3. Mutually re-inforcing activities**
Co-ordinating collective efforts to maximize the end result
- 4. Continuous communications**
Building trust and relationships among all participants
- 5. Backbone support – East Metro Youth Services**
Dedicated staff to coordinate, support and facilitate key activities and processes

ROLE OF WORKING GROUPS

The sheer number of organizations both inside and outside the community-based child mental health sector requires a more intentional focus on relationship building and coordinating opportunities to simply engage and build a spirit of collaboration. These time intensive activities are foundational to building a sustainable system change. To help lay the foundation for Toronto's system transformation, working groups were established to leverage the expertise of the core service providers (CSPs).

In addition to providing the invaluable research, analysis and recommendations which help to inform the development and ongoing adaptation of the Core Services Delivery Plan and Community Mental Health Plan, nearly all agencies providing core services participated as working group members, contributing greatly to the spirit of Collective Impact and forming emerging relationships across agencies. The analysis, recommendations and research results provided by the working groups will continue to be incorporated into the larger analysis and planning process as we move forward.

ADOLESCENT 13-18 WORKING GROUP MANDATE

The goal of the Year 2 working groups was to continue the foundation of work completed in Year 1 by the lead agency and Year 1 working groups to identify the current landscape for Ministry of Children and Youth Services (MCYS) core services. Harnessing the expertise and experience of its members, working groups provided analysis and recommendations assessing where we currently are as a sector and what is needed to "move the needle". Understanding the service landscape is a critical component of planning for service delivery. The specific mandate of the 13-18 Working Group was to expand the system profile as it relates to both the specific age focus as well as the broader Toronto context.

METHODOLOGY

Working Group Meetings (See Appendix 1 for membership list)

Membership of the working group represented a selection of agencies providing treatment within the core services funding portfolio and several out of sector partners that included; representation from senior Managers, Directors and Executive Director/CEO's.

Meeting on monthly basis, the Chair led the working group through discussion and analysis of key issues, challenges and opportunities brought forward from members' professional experience, as well as from the working group's investigative and research activities.

Research Activities

- Environmental scan was completed regarding registration and intake questions that are inclusive to the LGBTQ+ community
- Brief literature review completed on social media usage by youth

- Review of policies and procedures across several organizations from various sectors that support the use of technology to engage and treat youth
- Article review of stepped care model, moving from least intensive services to most intensive
- Brief literature review of transitional age youth (TAY) best practices
- Review of Transitional Aged Youth Mental Health and Addictions (TAYMHA) Advisory Committee Final Report

Consultation with Other Working Groups and Tables

One of the key learnings from Year 1 was the need to better facilitate knowledge sharing among the groups established to research, analyze and develop recommendations for the lead agency to consider in its system planning. To address this, Suzette Arruda-Santos, Chair of the 13-18 Working Group attended regular meetings of the Year 2 Chairs where key areas of analysis and draft recommendations were shared and discussed to align overarching priorities.

Youth and Family Engagement

Recognizing the size, diversity, and complexity of the Toronto service area the lead agency has focused their youth and family engagement work on two fronts: A long-term framework and strategy development involving building capacity within the system to engage families and youth and immediate efforts towards embedding engagement processes and commitments in the operations of organizations and systems. To inform this work and provide a lens to view the working group recommendations, the lead agency developed and implemented, in partnership with the working groups, peer-led consultations. In this project youth and family members were trained to lead consultations and took part in forming questions, and interpreting results. Seven consultations were held and 51 youth and family members participated.

STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS ANALYSIS (SWOT)

(See Appendix 2)

RECOMMENDATIONS

- 1. To strengthen visibility of services and access for children and youth who require intensive mental health services through the development of sustained and standardized pathways between; hospital inpatient, outpatient, family healthcare teams, doctors, youth justice, child welfare, youth and family shelters and to transitional age support services.**
 - An interconnected pathway to in sector and out sector services through; ‘What’s Up’ Walk-in programs, YouthCan Impact Hubs, and Central Point of Access (CPA)
 - Expand the transitional support-workers role to include warm transfers of youth between organizations and sectors beyond the current scope of hospitals

- Align the provincial Youth Outreach Workers (YOW) network with clinical network services and system access points such as ‘what’s up’ walk-in, YouthCan Impact, and CPA
 - Build on the learnings from the Big White Wall research pilot to further develop access capacity by using technology for clinical engagement and treatment
 - Implement common screeners and tools across and between sectors
- 2. CSPs to provide more transitional age youth (TAY) services across the city of Toronto serving up to the age of 25.**
- Develop a business case for MCYS and Ministry of Health and Long-Term Care (MOHLTC) to provide core intensive treatment services beyond the age of 18
 - Gather data across the sector to understand how many youth between 18-24 are being served within core services
 - Develop partnerships and co-located models of care to ensure smooth transitions from the youth service sector to adult mental health services
- 3. To build capacity within CSPs and provide concurrent mental health along with drug and alcohol treatment programming equitability across the city of Toronto in alignment with Ontario’s Mental Health Addictions Strategy.**
- Initial screening/questions related to substance at various levels of access across the systems including; YOW network, CPA, ‘what’s up’ walk-in, or any other access point
 - Build a baseline of knowledge among front line workers through knowledge exchange opportunities and ongoing trainings
 - Facilitate pathways and partnerships between appropriate service agencies to facilitate access to services
- 4. Address barriers to access and treatment (i.e. geography, policy/regulation, stigma, capacity for access to Indigenous, diverse populations and communities/populations-at-risk).**
- Build partnerships with Indigenous and ethno-culture specific organizations
 - All staff within the CSPs will develop increased capacity to serve more diverse populations through integration of cross-cultural best practices within organizational and wider system structures
- 5. The development of a system wide inter-organizational and inter-disciplinary data management advisory group.**
(See Appendix 3)

WORKING GROUP MEMBERS

Thank you to our dedicated working group members who made this report possible:

- Suzette Arruda-Santos, Yorktown Child and Family Centre (Chair)
- Dennis Long, Breakaway Addictions Services
- Myra Levy, East Metro Youth Services
- Michael Tross, YouthLink
- Julie Goulet, Centre francophone
- Barbara Macdonald, Griffin Centre
- Susan Chamberlain, The George Hull Centre
- Jonathan Golden, Jewish Family & Child
- David O'Brien (EMYS/Lead Agency Liaison)

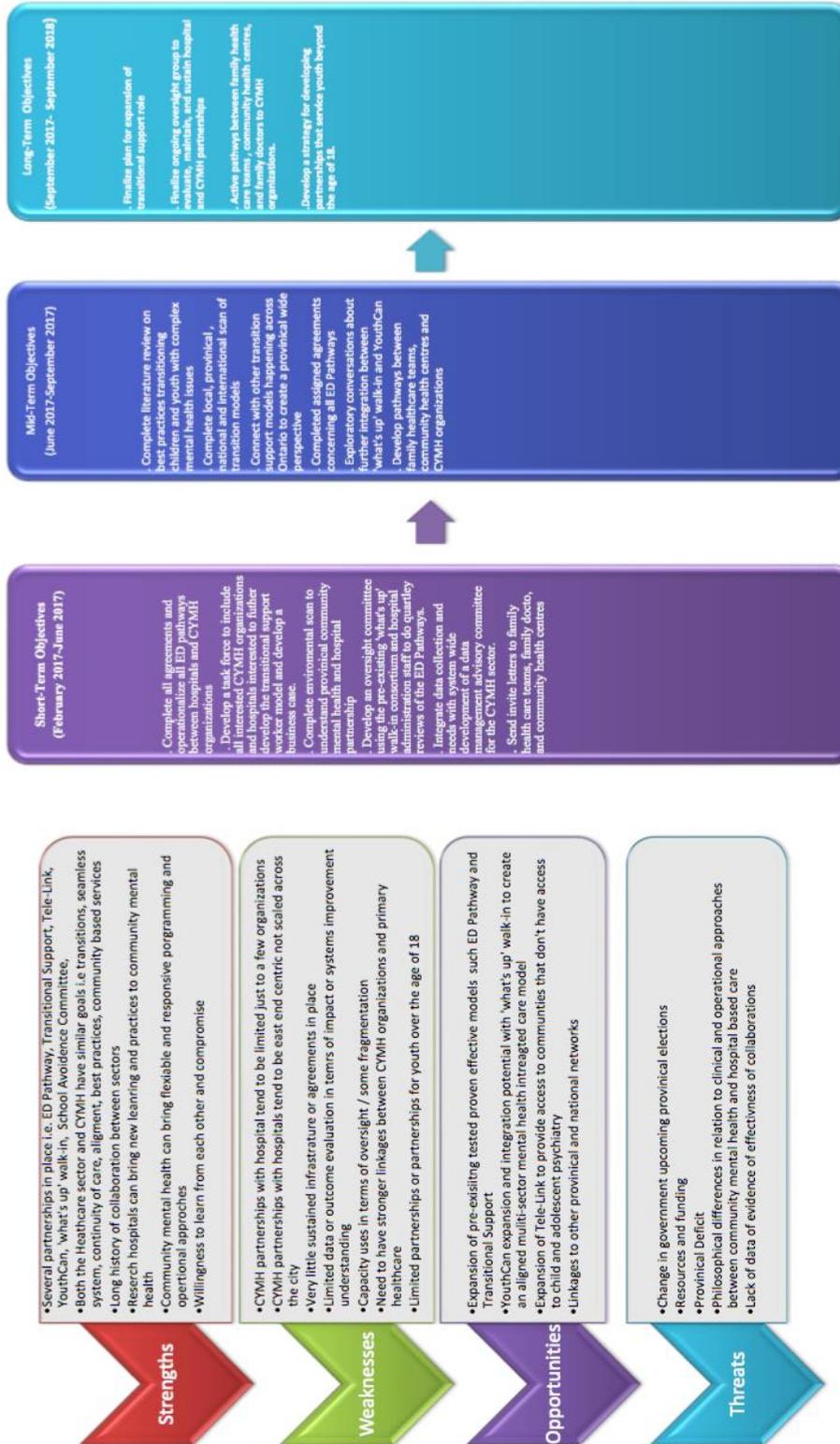
APPENDICES

Appendix 1	Membership List
Appendix 2	SWOT Analysis
Appendix 3	Data Management Advisory Group

Appendix 2: Working Group Membership List

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- David O'Brien (EMYS/Lead Agency Liaison)

Appendix 2: SWOT Analysis



Appendix 3: Data Management Advisory Group

The following document outlines a plan to develop and implement a Toronto Infant, Child and Youth data management advisory & strategy committee that is sector wide and resourced through a multidisciplinary team made up with expertise in communications, information technology, data collection, clinical work, business analytics, database architecture and business administrative functions. The proposed objectives of the advisory committee; 1.) To develop a Toronto wide aligned data management system through a multidisciplinary team approach leveraging current resources 2.) Align sector vision, mission and values through all data collection initiatives 3.) Overtime and sustained into the future understand the impact programming is having on service users, the community, and stakeholders 4.) To communicate effectively in a timely to funders, community members, and other stakeholders the state of infant, child and youth mental health.

Toronto Infant, Child & Youth Community Based Mental Health Sector
Proposed Data Management Advisory & Strategy Committee. A proposed
plan and recommendation from the Adolescent Working Group.

David O'Brien & Suzette Arruda-Santos







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