

PROGRESS REPORT 2015 - 16

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



Moving On  
**Mental Health**



**COLLECTIVE IMPACT** is the commitment of a group of actors from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration.

- Stanford Social Innovation Review (2011)

**GUIDING PRINCIPLES** In October 2014 a network of 20 agencies (Toronto Child and Youth Mental Health Network) agreed on a set of principles to guide future work. In November 2015, these agencies, along with the other CSPs included in MOMH-TO, reaffirmed these principles which were incorporated into the following:

- Always ask, "does this make things better for our clients?"
- Courageously pursue our vision
- Adopt a 'no surprises' approach to communication
- Remember that we are but one part of a broader system

- Lead and embrace change
- Proactively find ways to collaborate and share
- Ground our relationships in kindness, transparency, and honest collaboration
- Give ourselves and our partners permission to not get everything perfect
- Know that progress today is better than perfection that may never come
- Remember, small achievements change the world
- Be transparent about our conflicts of interest
- Approach the work from an inclusive perspective respecting diversity of all kinds
- Include considerations when making recommendations

By collaborating with the many MCYS identified service providers we will work to improve access to mental health services for infants, children, youth and families. As we plan how to deliver core services and partner across sectors, we are committed to close collaboration with agency partners and to embedding perspectives of Toronto's diverse communities.\*\*

\*\*EMYS Strategic Plan 2016 - 2021

**MOVING ON MENTAL HEALTH** is an important part of Ontario's Mental Health and Addictions Strategy. The plan ensures children, youth and families are able to get mental health services in their communities that are accessible, responsive and meet their needs.\*

\*[www.children.gov.on.ca/htdocs/English/professionals/specialneeds/momh/moving-on-mental-health.aspx](http://www.children.gov.on.ca/htdocs/English/professionals/specialneeds/momh/moving-on-mental-health.aspx)

**MESSAGE FROM CLAIRE FAINER**  
Executive Director

**2015 – 16 has been a busy and historic time for our sector, and East Metro Youth Services (EMYS).** This progress report will update you on our first year of challenging work as Lead Agency, the lessons learned as we have convened and worked with Core Service Providers (CSPs) from across Toronto and the foundational milestones our sector has made in the transformation process.

**Moving on Mental Health (MOMH) is part of Ontario’s transformative strategy** to ensure children youth and families are able to get mental health services that are accessible, responsive and based on their needs. In early 2015 EMYS was selected to be the Lead Agency in the Toronto Region. We are excited about the opportunity to leverage expertise and leadership in partnerships across Toronto. What a year it has been!

Our Lead Agency development work, guided by the principles of Collective Impact, has actively involved 33 service providers in Toronto. These service providers have given generously of their time and talent in helping us all to better understand how to build an integrated system of service for infants, children, youth and families. As the ‘backbone’ organization, EMYS ensures the strategic alignment and coherence of all initiatives, manages the day-to-day operations and implementation of work covering all aspects of developing the city-wide plan for the delivery of mental health services.

**We will expand our reach in the coming year** by working with others in the community who provide mental health services through many other avenues including our colleagues in the health and education sectors.

**KEY ACTIVITIES AND DELIVERABLES ACHIEVED FOR 2015 – 16**

**Building the foundations for a collective response**

The Toronto service area is complex and includes a large number of service agencies and sector partners, each of whom needs to trust the process of system change for the transformation to be effective and sustained. Early in year one, EMYS adopted the **Collective Impact (CI) model** to provide a framework for us to harness the expertise and experience of these agencies and to develop plans that are reflective and responsive to these many diverse communities we as a sector, serve.

**Common Agenda**

- 6 CSP led working groups
- 32 meetings between EMYS ED and individual CSP ED/CEOs
- CI incorporated into all meetings
- Guiding Principles developed

**Continuous Communication**

- Newsletters
- Presentations to stakeholders
- Conference/information tables
- e-updates

**Backbone Support**

- 330 meetings with CSPs, government, tables/networks, system partners and stakeholder groups
- Facilitated working group access to research and data sources
- Organized and facilitated meetings of CSPs

**Mutually Reinforcing Activities**

- 5 meetings of all CSP ED/CEOs
- 43 in-person meetings of lead agency and working group chairs
- 50+ meetings of working groups
- Regular report back tables

**Shared Measurement**

- Stakeholder evaluation of Collective Impact process at each CSP meeting
- Signed partnership (What’s up walk in)

- Logistical support for working groups
- Assisted the What’s Up walk-in collaborative in the expansion of services and building a multi-organization data collection and service evaluation

**Year 1 Working Groups and Community Tables**

CENTRALIZED POINT OF ACCESS    COMMUNICATIONS    SERVICE MAPPING    KNOWLEDGE INFORMATION DATA-SYSTEMS    FRENCH LANGUAGE SERVICES    RESIDENTIAL TREATMENT

**THE CORE SERVICE DELIVERY PLAN (CSDP) AND THE COMMUNITY MENTAL HEALTH PLAN (CMHP)**

As Lead Agency, EMYS is responsible for engaging with core infant child and youth mental health (CYMH) service providers and system partners to develop the Core Services Delivery Plan (CSDP) and Community Mental Health Plan (CMHP).

- The CSDP focuses on the delivery of core child and youth mental health services within a service area and how MCYS funding is to be used to support these services

The CMHP focuses on the infant, child and youth mental health services and supports delivered by other sectors (such as education, health, early years, child welfare and youth justice), as well as non-“core” mental health services delivered by agencies

- Phase I of the CSDP and CMHP were informed by the analysis and recommendations of the working groups and other year 1 activities listed above. The priorities identified in the plans lay the foundations for year 2 activities

**COLLECTIVE IMPACT IN ACTION AND LEAN EXPERIMENTATION**

In response to new MCYS funding investment in the fall 2015 EMYS engaged CSPs in a collaborative process to define key service gaps and identify the most effective way to use this funding while ensuring maximum benefit across the city.

- Expanded What’s Up walk in services into North York
- Joint planning and operational committees by participating agencies
- Clinics with common hours, common therapeutic model
- Common data collection and outcome measurement tools



**LOOKING AHEAD 2016 – 17**

**Key Priorities**

**Phase 1: Centralized Point of Access**

- Will provide phone and online information for the public and the wider service system know where and how to access service
- Will not replace existing points of access but rather enhance the system’s ability to provide access

**Core Services Gap Identification**

- Build on the analysis and recommendations of the Y1 working groups
- Incorporate knowledge to-date as well as performance measurement into Y2 working group activities

**Engagement – Youth, Families, Diverse Communities**

- Build on the analysis and recommendations from Y1 working groups to create a system-level engagement strategy
- Incorporate principles of meaningful engagement into the EMYS strategic plan and other leadership activities

**Building the Toronto Brand**

- Develop and implement a strategy to identify community-based agencies as belonging to one system with common visions, mandates, accountabilities, results and outcomes
- Build on the analysis and recommendations from Y1 Communications working groups

**Year 2 Working Groups and Community Tables**

EDUCATION TABLE    HEALTH TABLE    RESIDENTIAL TREATMENT  
 FRENCH LANGUAGE SERVICES    13-18 ADOLESCENT and YOUTH    0-6 INFANT and CHILD  
 7-12 LATENCY

**Lean Experimentation**

**What’s Up walk-in**

- Strengthen protocols with hospitals to create seamless transitions to/from emergency and hospital outpatient services
- Continue to adapt and improve data collection and outcome measurement tools and activities

