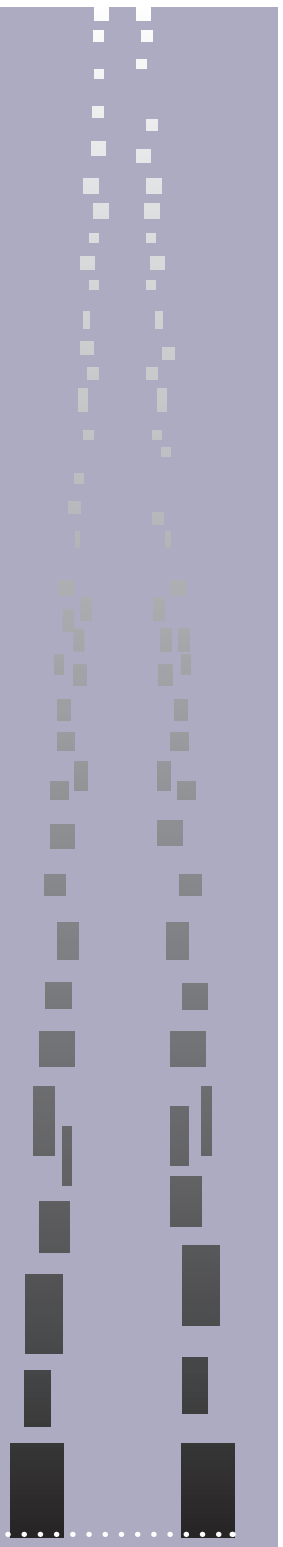
MOVING ON MENTAL HEALTH:

PROVINCIAL PRIORITIES

MARCH 2017

Prepared by

The Child and Youth Mental Health Lead Agency Consortium
with the assistance of
The Ontario Centre of Excellence for Child and Youth Mental Health



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Note from the Co-chairs, Lead Agency Consortium

In 2014 and 2015 the Ministry of Children and Youth Services identified child and youth lead agencies for 31 different service areas. Each lead agency agreed to help lead efforts to build a stronger mental health system for children, youth and families in its local area. But while efforts are focussed locally, every lead agency recognizes that it is part of a provincial service system.

This report has been written to answer an important question: What province-wide efforts are required to support the successful transformation of child and youth mental health services in Ontario?

The Lead Agency Consortium is committed to a successful, province-wide transformation ensuring equitable access and availability of mental health services for children, youth and families. We are excited by the promise of the government's Moving On Mental Health initiative: that young people and their families all across Ontario know what mental health services are available, and can gain access to the services and supports they need. In our view, this cannot be done without an effective province-wide approach to data; and it requires funding increases to meet growing demand for mental health services.

We are learning by doing. System change is hard work, and real change is not completed in one or two years. The challenges we document in this report – and the recommendations that we make – are intended to inform the work of all those with a major stake in system change. This includes MCYS, the Centre of Excellence for Child and Youth Mental Health, Children's Mental Health Ontario, key cross-sectoral partners, and our own Consortium.

We hope that this is the first of many reports that will use the lead agency experience to support a stronger provincial system.

The Consortium would like to thank everyone who made this report possible. Our colleagues at the Ontario Centre of Excellence for Child and Youth Mental Health have provided information to help us understand how developments in other service systems are having an impact on our work. Staff from Kinark Child and Family Services drafted the questionnaire, compiled the information from lead agencies, and conducted the analysis that forms the basis of our recommendations. Representatives of numerous lead agencies provided important feedback. (It should be noted, however, that the conclusions of this report have been reached by the Lead Agency Consortium, and do not necessarily reflect the opinions of those who contributed to the report.)

Our system has lots to learn. Many young people and their families do not get the mental health services and supports they need, and we find this unacceptable. Our system needs to do better, and we hope that this report will help support the province-wide change children, youth and families in Ontario deserve.

Sincerely,

Joanne Lowe
CEO, Youth Services Bureau (Ottawa)
Lead Agency Consortium Co-chair

Humphrey Mitchell
CEO, Peel Children's Centre
Lead Agency Consortium Co-chair

Context

In November 2012, the Ministry of Children and Youth Services (MCYS) outlined a framework to establish a better coordinated, integrated, collaborative and accountable child and youth mental health system that would improve access for children and youth and their families. The Moving on Mental Health (MOMH) strategy was part of the government's mental health and addictions strategy.

A key element of the strategy was establishing lead agencies in 33 defined service areas across Ontario to be responsible for leading the planning and delivery of community-based child and youth mental health (CYMH) services. In 2012, lead agency responsibilities were outlined as:

- Establishing a plan, in collaboration with the local service system and MCYS regional office, for the delivery of child and youth mental health (CYMH) services;
- Creating clear and simple to use service pathways for parents and youth as well as justice, education, and health professionals who wish to refer;
- Delivering or contracting for the range of defined core MCYS-funded CYMH services, and holding sub-contracted agencies accountable;
- Making those services effective and accountable to parents, youth, and children; and
- Establishing and maintaining inter-agency and inter-sectoral partnerships, protocols and transparent pathways to care.

While these plans are unique to each area, many service areas are experiencing similar opportunities and challenges.

Much has been accomplished in implementating the MOMH plan. In 31 service areas there are lead agencies at work. The identification of these lead agencies occurred in phases, with the most recent lead agencies starting their local planning work in 2016.

Several mechanisms have been put into place to support lead agencies and to ensure ongoing ministry and lead agency collaboration, including

the establishment of the MCYS-Lead Agency Partnership Table, the Lead Agency Consortium and a Community of Practice. Also, the role of the Ontario Centre of Excellence for Child and Youth Mental Health has been redefined to include ongoing support to lead agencies.

In the summer of 2016 MCYS made a significant change to the lead agency model. MCYS removed the expectation that lead agencies would be fund-holders that would sub-contract for services. Instead, MCYS will continue to retain responsibility for fundholding and contract management for core service providers.

Each lead agency develops a Core Services Delivery Plan and Community Mental Health Plan for their service areas, and submits these plans to MCYS. The plans reflect the collaborative engagement of community partners and identify areas of priority for work to bring MOMH to life in communities. While these plans are unique to each area, many service areas are experiencing similar opportunities and challenges. Factors such as geography, size and needs of the population in service areas may cluster regionally and impact the feasibility in developing inclusive and comprehensive planning and implementation.

Although there have been some initial attempts to aggregate the information contained in these plans, there has yet to be a consolidated provincial analysis of the successes and challenges, issues and opportunities related to planning for child and youth mental health services in Ontario.

Lead agencies, as champions of Ontario's system of community-based child and youth mental health services, are interested in contributing to a stronger provincial system of services. To that end, the Consortium, in partnership with the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre of Excellence) has developed this Provincial Priorities paper.

This report documents the experience of lead agencies in:

- delivering on their role;
- priorities for work in and across service areas; and
- barriers and opportunities in the development of a stronger and more effective system of child and youth mental health services across Ontario.

It is expected that this analysis will inform MCYS planning and contracting, and that it will assist lead agencies to contextualize their local planning in a provincial context. The report will also help position the Consortium to initiate and influence cross-sectoral conversations with health, education and other sectors about a stronger system of mental health services for children and youth and their families.

Methods

Lead Agency Survey

Lead agencies were surveyed to seek data with a focus on enablers and challenges within:

- Leadership and planning processes;
- Establishing clear and consistent pathways to, through and from care; and
- Data-informed decision making and MCYS proposed key performance indicators (KPIs).

Lead agencies were asked to provide information relating to service area key priorities over the next two years. The survey was developed by the Research and Evaluation Department of Kinark Child and Family Services in collaboration with the Centre of Excellence and a working group of lead agencies. It was distributed to the executive directors/CEOs in March 2017, and each lead agency was asked to complete the survey for each service area.

All 29 lead agencies responded to the survey (Kinark Child and Family Services responded for each of its three service areas); the response rate was 100%.

Interviews

As part of a cross-sectoral scan of provincial priorities to identify goals, activities and the anticipated impact of cross-sectoral strategies currently underway across the province, the Centre of Excellence interviewed key stakeholders in March 2017. These stakeholders include the Ministries of Children and Youth Services, Health and Long Term Care, Education, Community and Social Services, as well as key stakeholders from Health Quality Ontario, the Child and Parent Resource Institute and the Canadian Mental Health Association-Ontario. Questions focused on child and youth mental health trends and policy priorities, sub-populations of interest, and considerations and opportunities for cross-collaboration and service pathway planning.

For a summary of the findings, please see Appendix A. Further information is available upon request from the Centre of Excellence.

Lead agencies, as champions of Ontario's system of community-based child and youth mental health services, are interested in contributing to a stronger provincial system of services.

Environmental Scan

In order to understand the landscape of provincial priorities impacting child and youth mental health services, a scan of the grey literature was conducted in February and March 2017 by the Centre of Excellence.

The purpose of this scan was to assist lead agencies and others to effectively target opportunities to influence change through alignment and integration of strategic initiatives.

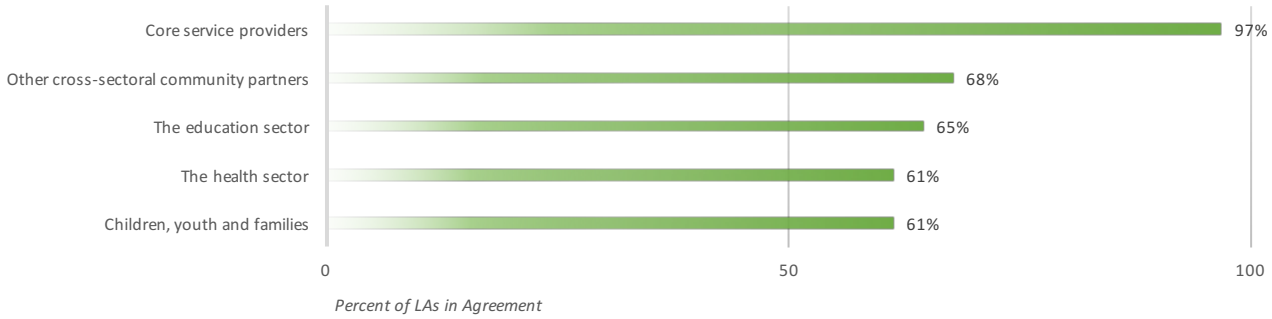
Further information is available upon request from the Centre of Excellence.

Findings

Engagement and Collaboration

Lead agencies were asked to comment on the extent to which current planning mechanisms in their service area effectively engage a variety of stakeholders. Nearly all lead agencies (97%) reported that the current planning mechanisms in their service area are effectively engaging their core service providers. Results were more modest (between 61% and 68%) with regard to engagement with other sectors and with children, youth and families.

Figure 1. *Current planning mechanisms in my service area effectively engage...*



Lead agencies that responded positively were asked to explain what made their planning mechanisms effective at engaging stakeholders. With regard to engaging with children youth and families, meaningful inclusion in planning processes was noted as facilitating engagement with this group. Specifically, including youth and caregivers in board membership, having dedicated youth engagement staff in the agency and having partnerships with youth and family advocacy groups were noted as important contributors to engagement.

With regard to engaging core service providers and cross sectoral partners, key themes that facilitated engagement of these stakeholders that emerged included:

- Taking regular opportunities to meet, building from established process and committees;
- Ensuring involvement in the strategic planning activities of cross-sectoral partners, not only MOMH;
- Ensuring involvement from front-line staff to board; and
- Establishing a common vision and understanding that partners are serving a common client.

With regard to the health sector specifically, linking with family health teams and developing protocols with hospitals were noted as facilitators of engagement. For example, within the education sector, one lead agency reported a partnership where the Catholic school board provided funding to hire staff that would be embedded in the schools to establish the school board's mental health service team. The established partnership facilitated engagement of the school board in MOMH planning processes in the service area.

Nearly all lead agencies (97%) reported that the current planning mechanisms in their service area are effectively engaging their core service providers.

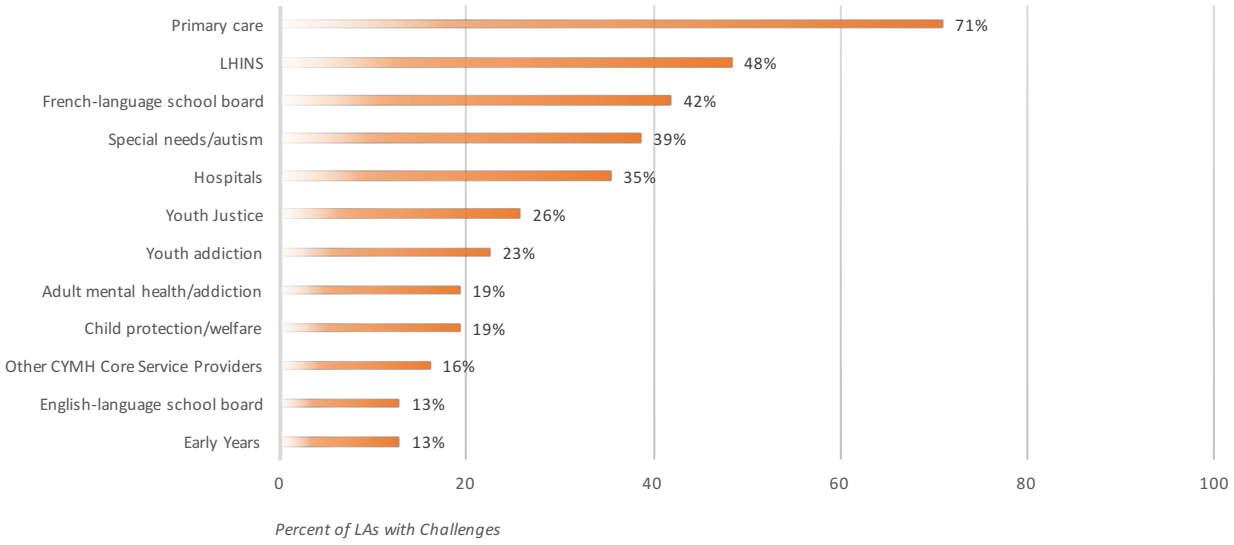
Lead agencies were also asked to comment on challenges and barriers to planning around MOMH. As shown in Figure 2, lead agencies reported the most challenges with the health system – including primary care, the LHINs, and hospitals – with almost three quarters of lead agencies having reported challenges in planning around MOMH with primary care. Interviewees noted that the Patients First legislation may provide an opportunity for alignment with the health sector. Interviewees also noted parallels between the function of lead agencies and LHINs and suggested the experiences of LHINs in engaging communities might provide an ideal learning opportunity for lead agencies.

Challenges were also reported with the education sector, particularly with the French-language school boards (see Figure 2). Interviewees suggested that schools are an appropriate environment for addressing mild to moderate mental health issues, as the majority of children and youth in Ontario are involved in the education system. An increased recognition by the education sector of their role as part of the pathway and care team could

reduce barriers and enhance engagement.

In general, collaboration with other MCYS-funded services such as other CYMH core service providers and youth justice programs present fewer challenges to lead agencies. However, nearly 40% of lead agencies reported challenges in planning with special needs/autism services (see Figure 2). Interviewees suggest these challenges could be due, in part, to the concurrent implementation of the Special Needs Strategy which involves almost all the same stakeholders.

Figure 2. *As lead agency in your service area, please select the extent to which you have experienced challenges in planning around MOMH with the following stakeholder groups...*



Lead agencies and interviewees reported challenges in planning around MOMH with other ministries such as Health, Education, Advanced Education and Skills Development, Community and Social Services, and Attorney General, including the Aboriginal branches within these ministries.

Survey and interview results suggest that there is a need for increased clarity around the roles and responsibilities of lead agencies working with core service providers and with MCYS, including more consistent messaging between regional and corporate MCYS offices. Interviewees highlighted that the role of MCYS is to provide policy direction and recognized that lead agencies require a level of autonomy to respond to service area needs and the community context. Once a common understanding of roles and responsibilities emerges, clear and consistent communication from both

regional and corporate MCYS offices to lead agencies is required.

One of the most important aspects of MOMH is the engagement of youth, parents, and caregivers. Lead agencies are concerned they may lack the resources the specific expertise to effectively engage families and youth.

Survey respondents and interviewees also reported the need for unique strategies and support in engaging and serving populations, such as newcomers, refugees, black and other racialized communities, LGBTTQ youth, families of children 0-6, justice-involved youth, street-involved youth, Francophone and First Nations, Metis, and Inuit (FNMI) populations. Issues limiting effective engagement included lack of a central coordinating body for each population, limited resources, language barriers, and competing priorities.

Challenges were also reported with the education sector, particularly with the French-language school boards.

For FNMI populations, lead agencies were advised by interviewees to approach FNMI mental health from a reconciliation perspective. Interviewees reported that FNMI populations may not perceive the lead agency model as the best fit, and may seek a more holistic understanding of mental health in the context of intergenerational trauma and the social and environmental experiences shared by FNMI populations. It was also noted in interviews that with the lead agency model, funding appears to be going to the same places, some of which have not effectively served FNMI communities in the past. Interviewees reported that there is an understanding that FNMI communities need a greater sense of control and that funds should flow to FNMI governed organizations to help provide mental health services to this population.

Interviewees identified the potential for a tension between Moving on Mental Health and Ontario's Indigenous Children and Youth Strategy. There was an acknowledgement that part of this issue is due to the timing of the launch of these two strategies, and further efforts are required to improve the coordination of various strategies and initiatives.

There was also a recognition by most respondents that while collaborative projects are time and resource consuming, they are essential to creating service pathways and encourage bringing partners together to the table.

Inclusive and Comprehensive Planning

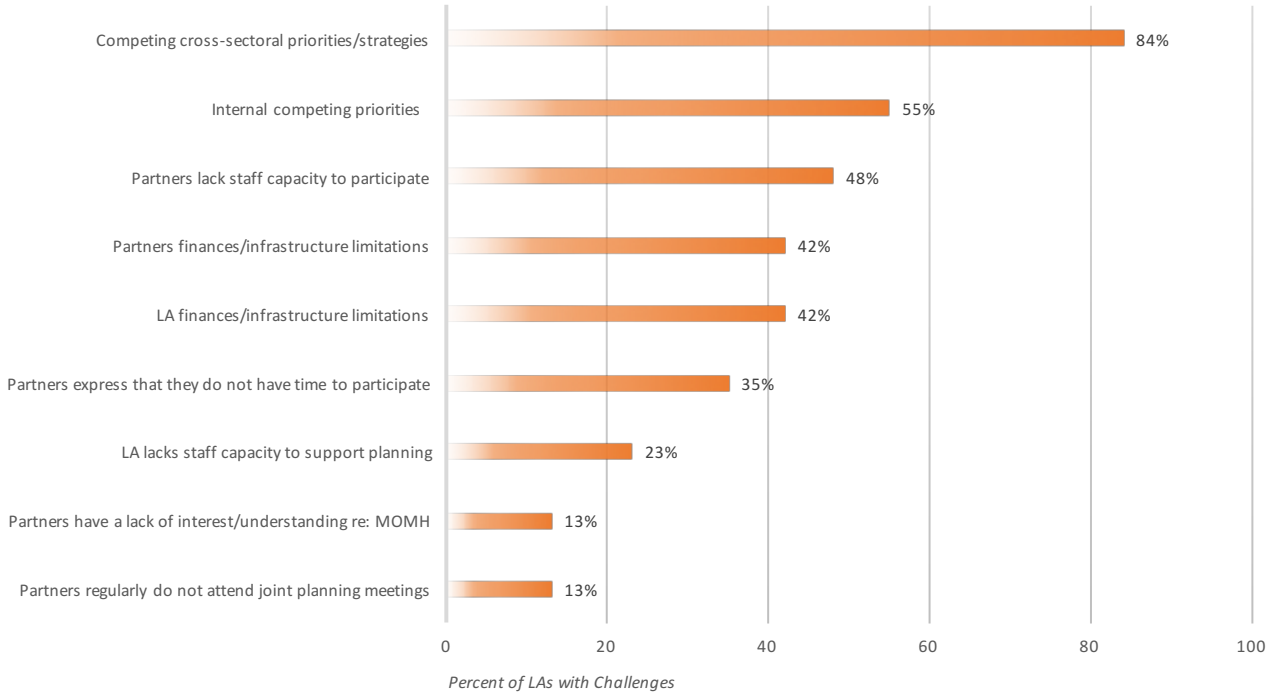
When invited to report on challenges and barriers to inclusive and comprehensive planning, lead agencies reported competing cross-sectoral priorities or strategies as the most significant barrier, followed by internal

competing priorities (see Figure 3). Currently, there are multiple concurrent initiatives occurring across the child and youth sectors that have the potential to impact child and youth mental health. For an inventory of identified concurrent initiatives across Ontario communities potentially affecting child and youth mental health services, please refer to Appendix B.

Community agency partners' lack of staff and finances were frequently reported as challenges to their fully participation with lead agencies in planning (see Figure 3). There may be some relation between priorities and resources, with resources being utilized for work that is perceived as a priority. Funding to effective community engagement and service planning partners is variable across sectors, with those from the health and education sector generally better resourced than child and youth organizations. For some community partners who are already experiencing financial challenges in service delivery, finding the resources to support this work may remain a challenge.

One of the most important aspects of MOMH is the engagement of youth, parents, and caregivers.

Figure 3. *In planning for CYMH in your service area, please identify any challenges or barriers you experience to inclusive and comprehensive planning...*



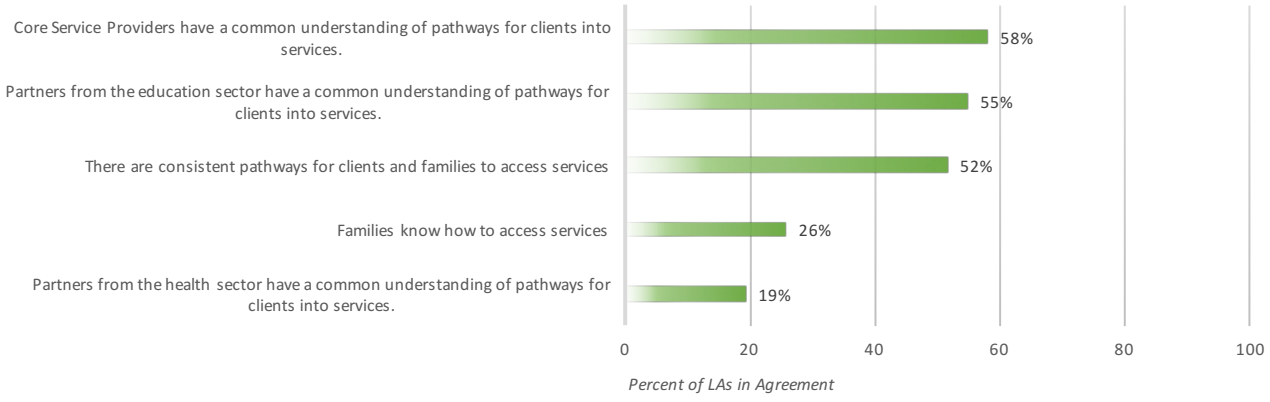
Other challenges to inclusive and comprehensive planning mentioned by survey respondents included large geographies, the number of cross-sectoral partners and a lack of reciprocal inclusion in partners' strategic

planning processes. Organizing services over large geographies and with multiple partners may be enabled by support from central bodies such as ministries and LHINs, including encouraging their key stakeholders to engage lead agencies in integrated system planning for children and youth across sectors.

Clear and Accessible Pathways

When invited to report on existing service pathways, approximately half of lead agencies agreed that there are consistent pathways for clients and that pathways are understood best by their core service providers and the education sector (see Figure 4). However, far fewer lead agencies agreed that families, the health sector and other cross-sectoral partners know how to access services. These results suggest that the pathways may be provider-defined, and may not be understood by clients. Discrepancies between the education and health sectors may be the result of a longer history of more collaboration between the children and youth mental health and education sectors. Although it is important to acknowledge work that has improved pathway development, these results suggest more work is needed to develop and create awareness about service pathways, particularly for clients and families and sectors with less frequent involvement.

Figure 4. *Pathways into, through and out of service in your service areas...*



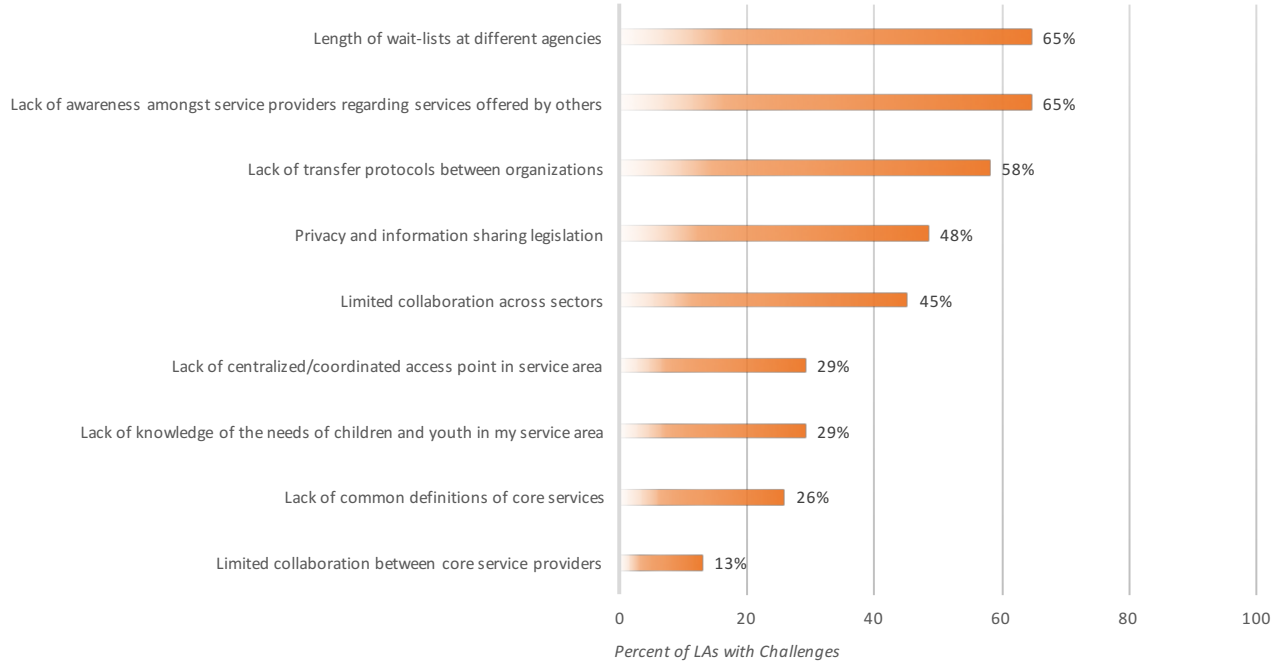
Between 58 and 65% of lead agencies reported that the greatest barriers to clear, consistent and accessible pathways are the length of service waitlists at different agencies, the lack of awareness of services offered by other providers and the lack of transfer protocols between organizations (see Figure 5).

Wait times for service present a continuing challenge for lead agencies. Long waits for service are both a problem for clients currently seeking services, but also represent an ethical quandary for lead agencies looking to create clear and accessible pathways to care. Enhancing pathways to already backlogged services without improving flow through services will only worsen the already long waitlists and wait times. One lead agency summarized this issue:

> *The top reason families do not know how to access services relates to the chronic underfunding of the sector. It is not appropriate to actively promote and market a service that has limited service capacity hence our strategic marketing to service providers who have contact with families that may need our help.*

Lead agencies also reported additional challenges and barriers to clear and accessible pathways. Lead agencies who have a centralized point of access report that it is routinely bypassed by some providers who are not connected. In some situations, services may permit providers or clients to bypass centralized access points. This is important to note for future development of centralized access points in other service areas.

Figure 5. *What challenges/barriers have you identified to clear, consistent and accessible pathways that support the provision of the right service to the right child at the right time?*



Service Coordination

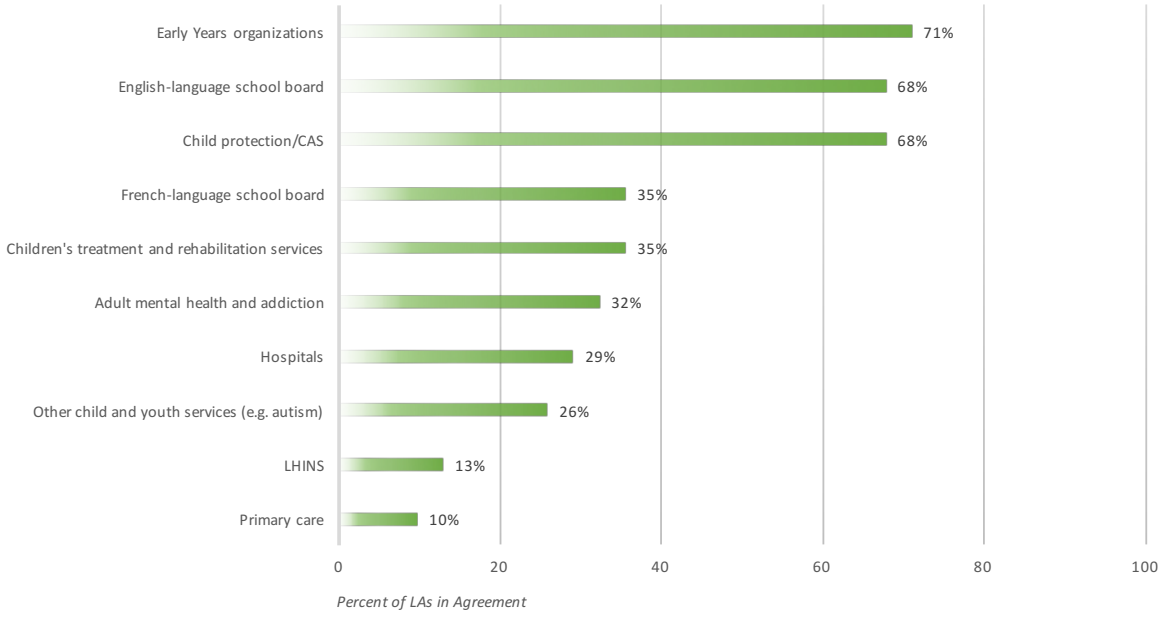
Lead agencies were also invited to report challenges to seamless transitions to and from community-based CYMH. The greatest challenges relate to health-funded entities, followed by other child and youth services such as autism services, children's treatment and rehabilitation services, and the French-language school boards (see Figure 6). This is perhaps not surprising in the context identified above about engagement to date. Help from MCYS in coordinating with these sectors – most notably LHINs – will help lead agencies to strengthen these transitions. LHINs are well-positioned to provide assistance to lead agencies in planning, increasing recognition of the role of lead agencies, and the inclusion of lead agencies in health service planning.

Stakeholders highlighted the additional challenges of service planning and coordination for transition-aged youth. Age-defined services, up to 18 for most child and youth servicing agencies, can create arbitrary barriers to service co-ordination.

Increased funding is critical for improving service transition. Lead agencies also suggest the creation of "bridge" roles that link hospital and primary care (including family health teams) to CYMH, possibly using the hub model of service provision (co-location of mental and physical health providers). The integration of CYMH clinical information systems with hospitals and primary care clinical information systems was also suggested as a facilitator of better transitions and coordination.

Stakeholders specifically noted that collaboration is needed to address gaps in service to better support children and youth with developmental disabilities and other special needs.

Figure 6. *Most Seamless Transitions to and from Community-Based CYMH*



When asked if there were any other challenges with transitions between CYMH services and other sectors not mentioned, lead agencies also reported challenges with transitions to youth justice programs and private specialized assessment (e.g., psychological) services.

In interviews, stakeholders specifically noted that collaboration is needed to address gaps in service to better support children and youth with developmental disabilities and other special needs. A large percentage of individuals with developmental disabilities also have mental health issues. Many mental health agencies and developmental services, however, are not equipped to adequately support both service needs together. These challenges may be amplified by insufficient communication and unclear pathways between sectors.

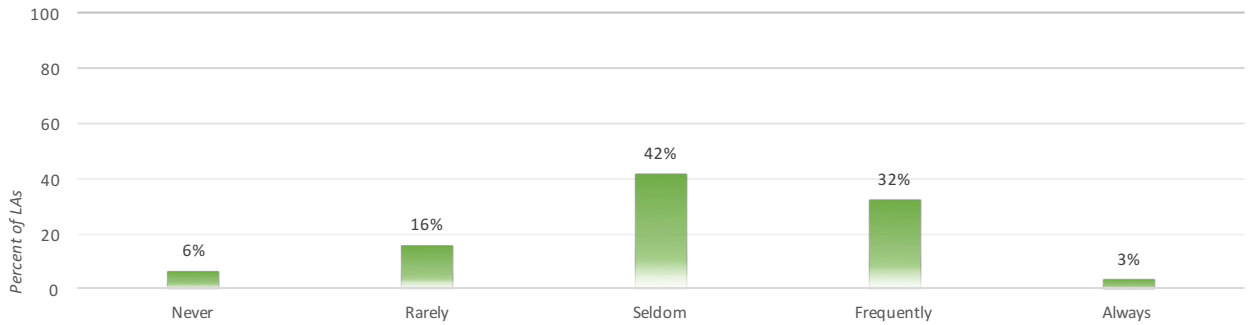
Wait times for service present a continuing challenge for lead agencies.

Data-Informed Decision Making

As there is a strong focus within the lead agency role to promote evidence-informed decision-making and planning, a section of this survey asked lead agencies to provide feedback on the current use of data to inform decision making and the existing key performance indicators for CYMH.

The majority of lead agencies (64%) report that data is "seldom" to "never" used to inform improvements in quality and performance in their service (see Figure 7). When asked about how the use of data for this purpose has changed since beginning the lead agency role, just over two-thirds noted they have just started to use data in decision-making and nearly one third reported improvements in the use of data in their service area.

Figure 7. *Currently, in this service area, we are able to use data related to service utilization, client outcomes and client experience to inform improvements in quality and performance...*

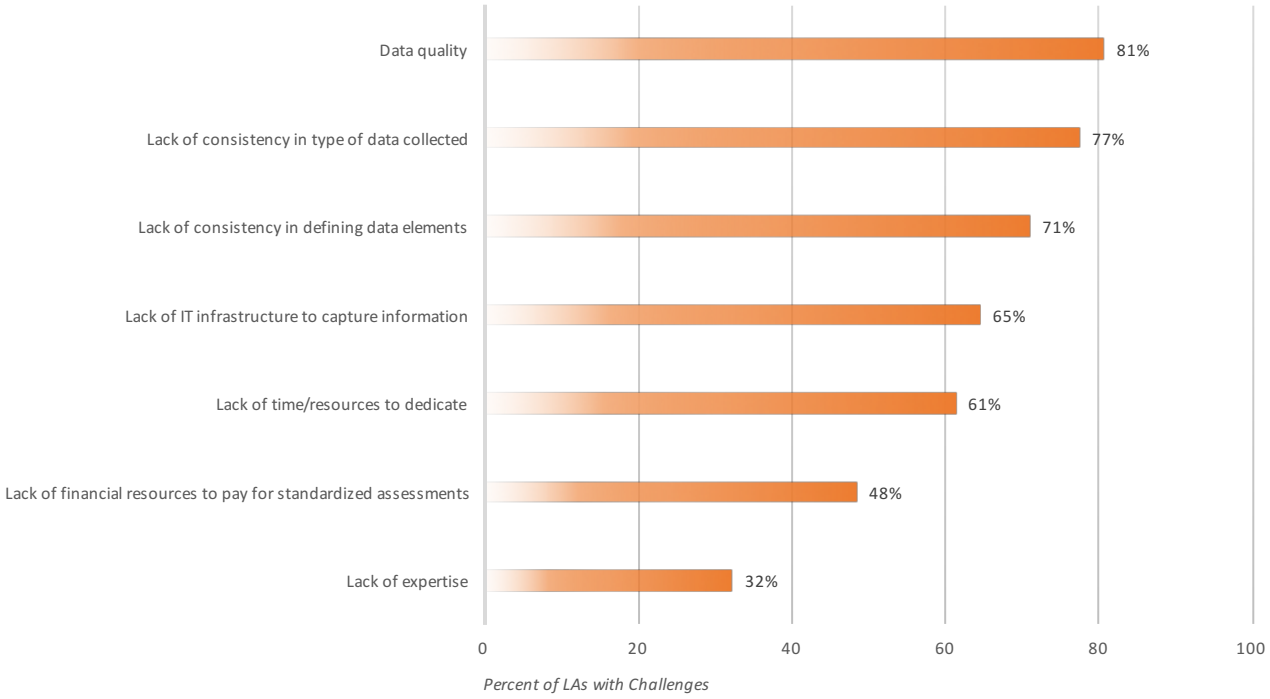


Data quality is cited as the greatest barrier to the use of data to inform improvement in quality and performance. Other barriers include a lack of consistency in type of data collected, and lack of consistency in defining data elements (see Figure 8). Certainly, data quality concerns are related to the lack of consistency concerns. A lack of data quality may help to explain why lead agencies report that their service areas are at the beginning stage of data-informed decision making. Ensuring that data is consistently collected and then used to inform decision making (particularly for waitlists) was echoed by interview respondents (see Appendix B). Training and support regarding the collection, analysis and use of data may be needed.

Data quality is cited as the greatest barrier to the use of data to inform improvement in quality and performance.

Other barriers reported by lead agencies included having core service providers that report to more than one ministry and, as a result, collect different data for each ministry. There is also a perception that MCYS may be reluctant to share the data it collects with lead agencies.

Figure 8. *Barriers to the Use of Data to Inform Improvement in Quality and Performance*



Overall, there is a significant gap between MCYS expectations that lead agencies collect, use and promote performance and outcome measurement for their service areas, and the current ability to do this work effectively. The joint MCYS-LA CYMH Data Working Group was formed mainly to promote capacity in this area. MCYS' continued support and engagement

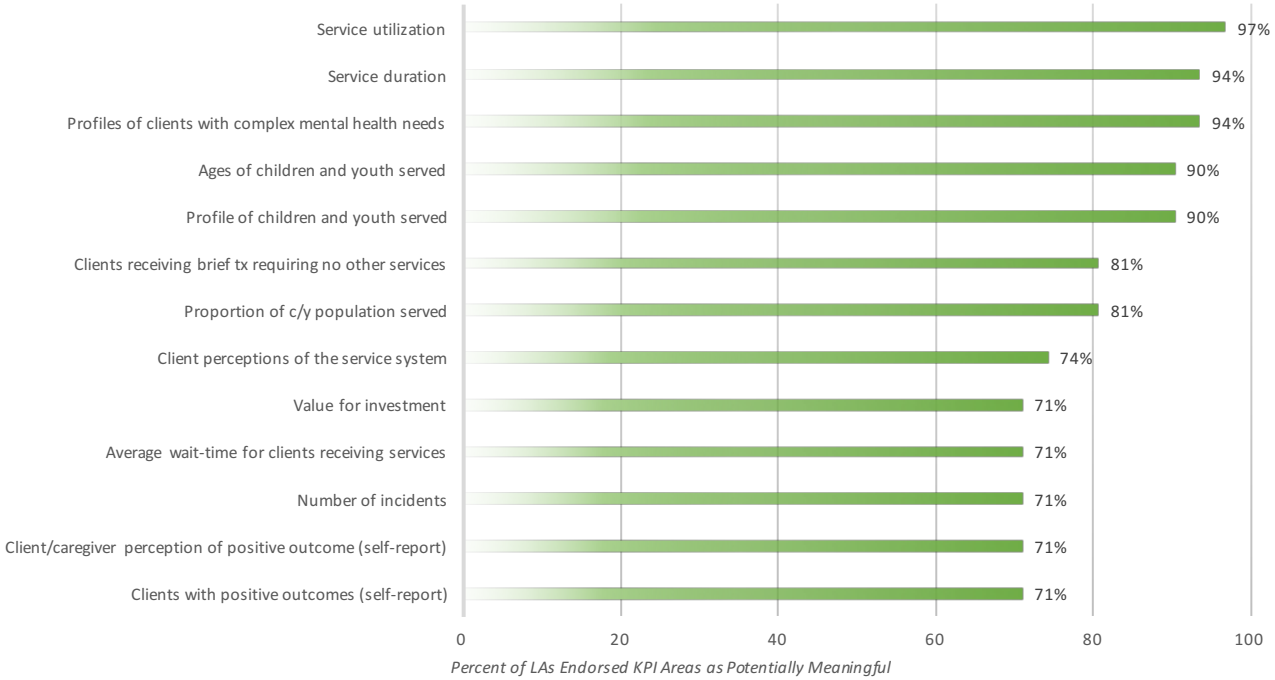
with this working group will help to facilitate the necessary changes and guidance needed by all lead agencies, leading to provincial improvements in identifying, collecting, analyzing, reporting and utilizing data.

MCYS Key Performance Indicators

Lead agencies were also asked to comment on the meaningfulness of the current MCYS key performance indicators (KPIs), and provide some suggestions for improvement. Results suggest that almost all lead agencies found the current areas of MCYS KPIs potentially helpful in planning (see Figure 9). However, most lead agencies felt that the current KPIs need to be refined so that there are precise and common definitions with standardized measures. Current definitions and calculations have considerable issues; for example, the current wait time measure definition considers the time between initial referral to an agency and when a client is admitted to a particular core service. In agencies where a client may have received other services in between initial referral and the index service, this wait time result is of little value.

Most Lead Agencies felt that the current KPIs need to be refined so that there are precise and common definitions with standardized measures.

Figure 9. *Meaningfulness of Child and Youth Key Performance Indicators*



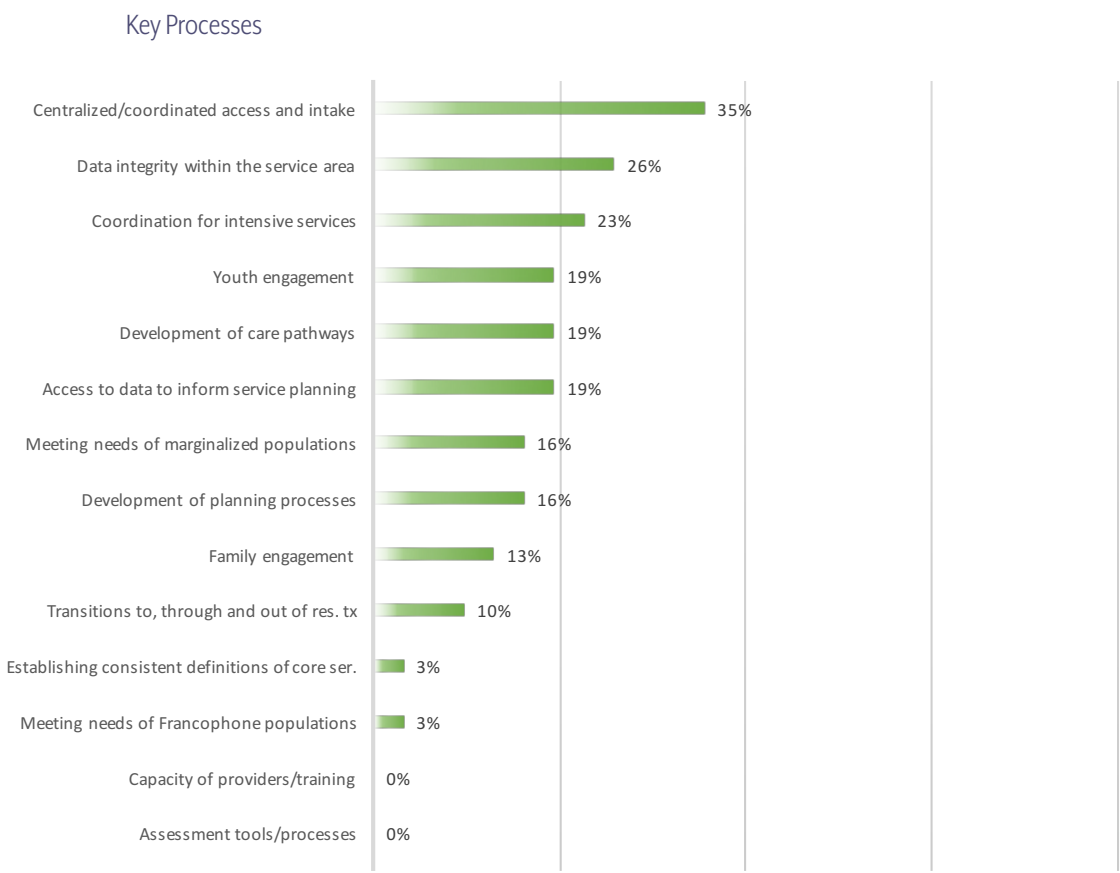
Lead agencies were also invited to propose additional KPIs. Almost three quarters of lead agencies suggested the need for a clinical outcome KPI from a valid assessment and almost two thirds of lead agencies report that it would be important to continue to measure impact at follow up (e.g., sustained improvement, quality of life).

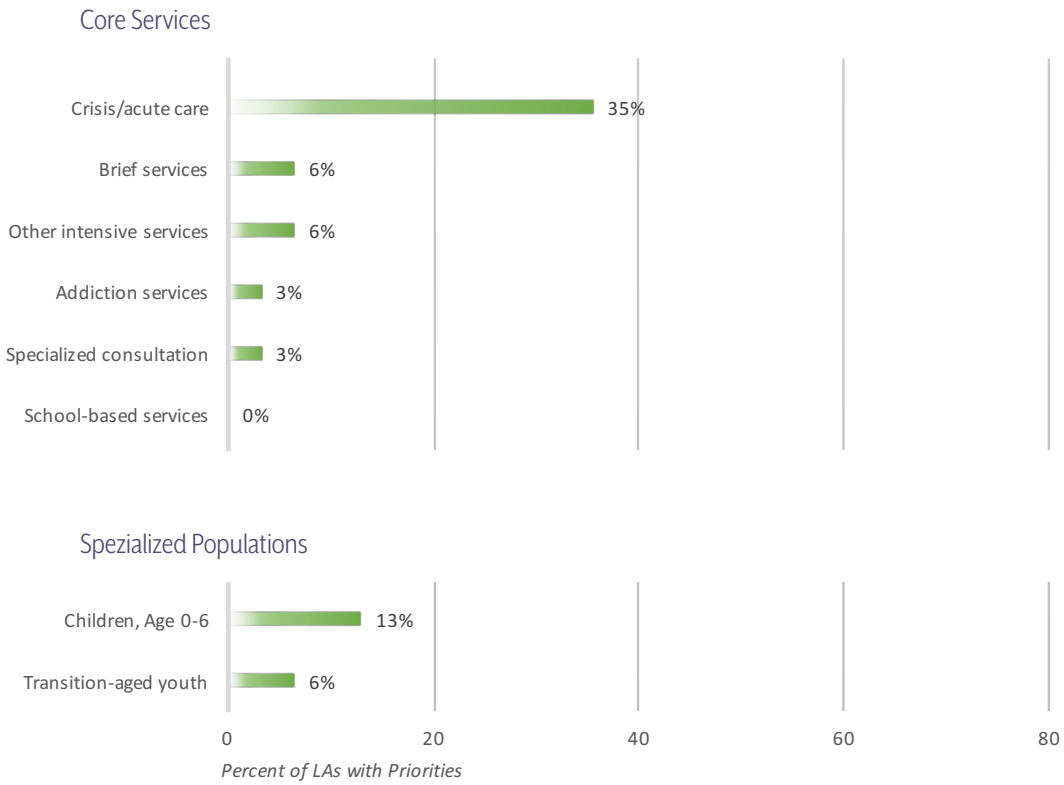
MCYS support for the joint MCYS-LA CYMH Data Working Group noted above will help to guide this necessary work.

Identified Priority Themes

In 2016, the Ontario Centre of Excellence for Child and Youth Mental Health developed some CYMH priority theme areas based on its review of available Core Service Delivery Plans and Community Mental Health Plans. The priority themes could be broadly grouped into three categories: key processes, core services and special populations. Using these theme areas, lead agencies were asked to identify three key priorities for their service areas over the next two years.

Figure 10. *Lead Agency Top Priorities over the Next Two Years*





Results showed that lead agencies were planning to focus mostly on key processes, particularly centralized/coordinated access and intake. Other areas of focus included data integrity initiatives and coordination of intensive services. Within the list of core services the most common priority area was for crisis/acute care. No other core services were identified as common priorities across lead agencies. In terms of special populations, children 0-6 was identified more frequently than transition-aged youth; however, neither were among the most common priorities for lead agencies and their service areas for the next two years. Together this suggests that lead agencies are focused on ensuring services are broadly coordinated and accessible, prior to any focus on special populations and the quality of core services.

Summary of Findings

Overall, stakeholders from lead agencies, various ministries and other sectoral partners were interested to share their insights and experiences through the survey and interview processes. Stakeholders reported on many positive aspects of system change. They reported that even though there are struggles engaging all necessary community stakeholders, there are many that are highly involved and appreciated for their collaborative nature and openness to change. They also noted that lead agencies have made progress in some important areas, including partnership with core service providers, stronger service pathways and commitment to working on data issues.

Many lead agencies expressed hope for the future and remain committed to the overall vision for a coordinated system with lead agencies as key drivers.

However, although the implementation of MOMH has been built upon strengths within service areas, there are considerable challenges and barriers to successful system change.

Lead agencies have made progress in some important areas, including partnership with core service providers, stronger service pathways and commitment to working on data issues.

Summary of Recommendations

This report documents the key challenges identified by child and youth mental health lead agencies in our 2017 survey, as well as challenges identified through key informant interviews. Within each service area, lead agencies are at work addressing these challenges. Achieving the goals of the Moving on Mental Health strategy depends on provincial action to strengthen the child and youth mental health service system. A multi-faceted approach is required. The CYMH Lead Agency Consortium and the Ontario government will be required to undertake targeted initiatives designed to support lead agencies, to remove barriers and continue to foster change.

The findings of this report have been distilled to the five recommendations listed below. Within each of the recommendations, we further delineate a number of strategies that we believe the Consortium can and should prioritize and a number of strategies that the government, led by MCYS, is uniquely positioned to undertake that we feel are key to the further success of Moving on Mental Health.

1. Increase public and partner confidence in the availability of high-quality child and youth mental health services in Ontario

2. Increase meaningful engagement of youth and families in system transformation

3. Build and maintain formal linkages between transformations in child and youth services

4. Enhance engagement and integrated planning with health and education sectors

5. Improve communication with key partners, including core service providers

1. Increase public and partner confidence in the availability of high-quality child and youth mental health services in Ontario

What can the CONSORTIUM do?	What can GOVERNMENT do?
Contribute to the development of quality standards for core services as part of a quality framework for community-based child and youth mental health. Continue to contribute data to efforts to consistently and accurately measure wait times and their impact. Recent findings from CMHO suggest that current wait times for children and youth in urgent care are as high as 1.5 years. Documenting examples of effective local initiatives to assess the quality of core services. The Consortium should partner with Children's Mental Health Ontario, the Centre of Excellence for Child and Youth Mental Health and the Lead Agency Community of Practice in this work.	Government must provide increased base funding to address both capacity and quality issues in community-based CYMH services. MCYS should ensure it is well positioned to access any new funding allocated to Ontario as part of the Canada-Ontario Health Accord commitment to mental health. MCYS must ensure clear and consistent definitions for its key performance indicators (KPIs), and should also consider establishing KPIs related to clinical outcomes and impact at follow up. Government action to improve capacity and service quality are well aligned with 2016 recommendations of the Auditor General of Ontario.

2. Increase meaningful engagement of youth and families in system transformation

What can the CONSORTIUM do?	What can GOVERNMENT do?
The Consortium should work to support lead agencies to establish a common understanding of the most effective strategies to ensure meaningful youth and family engagement in planning for CYMH services. This could include: · Establishing consistent understanding of meaningful engagement through working with Parents for Children's Mental Health, the New Mentality, and other groups to highlight best practices. · Documenting examples of effective local youth and family engagement activities. · Considering the development of a provincial multi-year plan to strengthen meaningful engagement. The Consortium should partner with the Centre of Excellence for Child and Youth Mental Health and the Lead Agency Community of Practice in this work.	MCYS should support the Consortium and others to establish a consistent understanding of meaningful engagement and the development of a multi-year plan to strengthen meaningful engagement.

3. Build and maintain formal linkages between transformations in child and youth services

What can the CONSORTIUM do?	What can GOVERNMENT do?
The Consortium should consider establishing formal relationships with other child and youth transformations (e.g. special needs, autism, child welfare, youth justice) to promote integrated planning for children and youth including: · Establish regular mechanisms to share key information as transformations progress. · Meeting with provincial tables/associations for integrated planning annually or as needed. · Documenting examples of effective local integrated planning for child and youth services.	MCYS should create mechanisms to facilitate information sharing and integrated planning at the provincial policy level. MCYS should explore opportunities to provide direction and support to transformation leaders across sectors to collaborate effectively.

4. Enhance engagement and integrated planning with health and education sectors

What can the CONSORTIUM do?	What can GOVERNMENT do?
The Consortium should consider placing a high priority on strengthening the relationship with key partners in health care, including: · Begin meeting with LHIN CEOs and LHIN leads for mental health. · Begin meeting with representatives of family health teams and community health centres. · Documenting examples of effective local collaboration between lead agencies and health-funded services. · Exploring a role for the Consortium in the work on transition-aged youth being conducted under the auspices of the Mental Health and Addictions Leadership Advisory Council. In education including: · Begin meeting with the association of French-language district school boards to provide information about MOMH and to seek advice and support for effective engagement locally. · Documenting examples of effective local collaboration between lead agencies and school boards, particularly French-language district school boards.	MCYS should promote and champion engagement at the provincial policy level to bolster engagement with MOMH and further align transformation goals. MCYS should explore opportunities with MOHLTC and Education to provide direction and support to LHINs and district school boards respectively to engage their lead agency/agencies effectively.

5. Improve communication with key partners, including core service providers

What can the CONSORTIUM do?	What can GOVERNMENT do?
The Consortium should inform MCYS messaging to ensure it addresses key questions locally and systemically. The Consortium should establish opportunities for regular communication with all core service providers. The Consortium should consider opportunities to establish effective communication channels to strengthen communication with providers working with potentially under-served/under-engaged populations. The Consortium should consider opportunities to establish a communication linkage with relevant stakeholders engaged in the Ontario Indigenous Child and Youth Strategy.	MCYS should be regularly communicating clear, consistent and timely messaging regarding the roles and responsibilities of lead agencies, with input from the Consortium to: • Core service providers • Other child and youth service providers • Key stakeholders in other child and youth transformations (e.g. special needs). MCYS should provide ongoing information to lead agencies and all partners about its objectives for developing an Ontario Indigenous Child and Youth Strategy.

Appendix A – Summary table of provincial initiatives

#	Lead	Type	Name or Title	Subtitle	Year Launched	MCYS	MOHLTC	MEDU	Other
1	MCYS	Framework	Ontario's Policy Framework		2006	L			
2	MCYS	Strategy	Open Minds, Healthy Minds (Phase 1)	Ontario's Comprehensive Mental Health and Addictions Strategy	2011	L	x	x	
3	MCYS	Action Plan	Moving on Mental Health	A system that makes sense for children and youth	Nov-12	L			
4	MCYS	Plan	Youth Suicide Prevention Plan		2013	L			
5	MCYS	Strategy	Ontario's Special Needs Strategy		2014	L	x	x	
6	MCYS	Strategy	Ontario Indigenous Child and Youth Strategy		N/A	L			
7	MCYS	Framework	Child and Welfare Accountability Framework	The Child, Youth, and Family Services Act	2016	L			
8	MCYS	Framework	Youth Justice Outcomes Framework		2014	L			
9	MCYS	Plan	Enhanced Youth Action Plan		2015	L			
10	MCYS	Framework	Stepping Up	A Strategic Framework to Help Ontario's Youth Succeed	2014	L			
11	MOHLTC	Strategy	Open Minds, Healthy Minds (Phase 1)	Ontario's Comprehensive Mental Health and Addictions Strategy	2011	L	x	x	
12	MOHLTC	Plan	Ontario's Action Plan for Health Care	Better patient care through better value from our health care dollars	Jan. 2012		L		
13	MOHLTC	Strategy	Open Minds, Healthy Minds (Phase 2)	Expanded Mental Health and Addictions Strategy (Ontario's Comprehensive Mental Health and Addictions Strategy)	Nov. 2014	x	L	x	
14	MOHLTC	Program	Provincial System Support Program	Support of Ontario's Comprehensive Mental Health and Addictions Strategy.	2012		L		
15	MOHLTC	Plan	Patients First:	Action Plan for Health Care	Feb. 2015		L		
16	MOHLTC	Plan	Patients First:	A Roadmap to Strengthen Home and Community Care – a 10-step plan to improve and expand home and community care over the next two years.	May-15		L		
17	MOHLTC	Structure	Mental Health and Addictions Leadership Advisory Council		2014		L		
18	MOHLTC	Report	2015 Report	2015 Report: Better Mental Health Means Better Health	2015		L		
19	MOHLTC	Report	2016 Report	2016 Report: Moving Forward: Better Mental Health Means Better Health	2016		L		
20	MOHLTC	Research Funding	Health Systems Research Fund (HSRF)	Under research, knowledge exchange and capacity building	Ongoing since 2008				
21	MOHLTC	Research Report	Connecting the dots	Connecting the dots: how Ontario public health units are addressing child and youth mental health	Jul-13		L		

#	Lead	Type	Name or Title	Subtitle	Year Launched	MCYS	MOHLTC	MEDU	Other
22	MOHLTC	Funding Announcement		Ontario Providing Faster Access to Mental Health Services for Thousands of People	8-Feb-17		L		
23	MEDU	Strategy	Open Minds, Healthy Minds (Phase 1)	Ontario's Comprehensive Mental Health and Addictions Strategy	2011	L	x	x	
24	MEDU	Team	School Mental Health ASSIST (SMH ASSIST)	Part of Open Minds, Health Minds	2011			L	
25	MEDU		Achieving Excellence	Ontario's Renewed Vision for Education	2013			L	
26	MEDU	Strategy	Ontario's Well-Being Strategy for Education		N/A			L	
27	MEDU	Law	Full-day kindergarten		01-Jul-16			L	
28	MEDU	Strategy	Indigenous Education Strategy		2007			L	
29	MAESD	Funding strategy	Mental Health Innovation Fund		2012				MAESD
30	MAESD	Helpline	Good2Talk		2013				MAESD
31	MCSS	Strategy	The Aboriginal Healing and Wellness Strategy		x	x		1994	MCSS
32	MCSS	Plan	Opportunities and Action	Transforming Supports in Ontario for People Who Have a Developmental Disability				2006	MCSS
33	MCSS	Guideline	Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with a Dual Diagnosis			x		2008	MCSS
34	MCSS	Program	Health Care Access Research and Developmental Disabilities (H-CARDD) Program			x		2009/ 2010	MCSS
35	MCSS	Program	The Assistance for Children with Severe Disabilities Program		x			n/a	MCSS
36	MCSS	Program	Behaviour Management Program		x			n/a	MCSS
37	MCSCS	Strategy	Mental Health Strategy for Corrections in Canada	A Federal-Provincial-Territorial Relationship	2012				MCSCS
38	MCSCS	Framework	Community Safety & Well-Being in Ontario	A Snapshot of Local Voices	2012				MCSCS
39	Multi	Strategy	Ontario's Poverty Reduction Strategy		2008				Treasury Board
40	Multi	Strategy	Ontario's Poverty Reduction Strategy	Phase 1: 2009-2013					Cabinet Committee on Poverty Reduction (under Premier Dalton McGuinty)

#	Lead	Type	Name or Title	Subtitle	Year Launched	MCYS	MOHLTC	MEDU	Other
41	Multi	Strategy	Ontario's Poverty Reduction Strategy	Phase 2: 2014-2019					Treasury Board (Deb Matthews, Deputy Premier, Minister Responsible for the Poverty Reduction Strategy, President of the Treasury Board)
42	Multi	Structure	Ministers' Table of Poverty Reduction and Social Inclusion						Multi
43	Multi	Structure	Health, Education and Social Policy Committee						Multi
44	Multi	Strategy	Building Foundations: Building Futures	Ontario's Long-Term Affordable Housing Strategy	2010				Ministry of Municipal Affairs Ministry of Housing
45	Multi	Strategy	Ontario's Long-Term Affordable Housing Strategy - Update		2016				Ministry of Municipal Affairs Ministry of Housing

Appendix B: Federal, Aboriginal and First Nation initiatives

In 2013, the National Collaborating Centre for Healthy Public Policy completed a scan of Mental Health Strategies across Canada. From that document, the following strategies were selected to be listed in the current report, as per their potential impact on the Ontario's mental health sector:

- foundational and supporting documents
- broader upstream social policies
- federal mental health related strategies
- federal / aboriginal peoples
- federal strategies related to suicide prevention
- federal or first nations public health related strategies

Foundational and supporting documents (Sorted chronologically)

	Title	Organization	Year	Sub-populations
Federal	Mental Health for Canadians: Striking a balance	Minister of National Health and Welfare	1988	Whole population approach; Children & Youth; People in the workplace; Homeless
Federal	Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada. (Michael Kirby, chair)	Standing Senate Committee on Social Affairs, Science and Technology	2006	Aboriginal Peoples; Children & Youth; People in the workplace; Substance users; Homeless
Federal	The Human Face of Mental Health and Mental Illness in Canada 2006	Government of Canada	2006	Whole population approach; People living with mental disorders; Substance users; Aboriginal Peoples
Federal	Improving the Health of Canadians: Exploring Positive Mental Health	Canadian Institute for Health Information	2007	Whole population approach; Vulnerable populations; Homeless
Federal	Mentally Healthy Communities: A Collection of Papers	Canadian Population Health Initiative	2008	People in the workplace; Aboriginal Peoples; Children & Youth; Seniors
Federal	Toward Recovery and Wellbeing: A Framework for a Mental Health Strategy for Canada	Mental Health Commission of Canada	2009	Whole population approach; Aboriginal Peoples
Federal	Mentally Healthy Communities: Aboriginal Perspectives	Canadian Institute for Health Information	2009	Aboriginal Peoples
Federal	Evergreen: A child and youth mental health framework for Canada	Mental Health Commission of Canada	2010	Children & Youth
Federal	Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives	Pan-Canadian Joint Consortium for School Health	2010	Children & Youth
Federal	Return on Investment: Mental Health Promotion and Mental Illness Prevention	Canadian Institute for Health Information/Canadian Policy Network	2011	Children & Youth; People in the workplace

Broader upstream social policies (Sorted chronologically)

	Title	Organization	Year	Sub-populations
Federal	Acting on What We Know: Preventing Youth Suicide in First Nations	Health Canada	2003	Aboriginal peoples; children and youth
Federal	National Aboriginal Youth Suicide Prevention Strategy	First Nations Inuit Health Branch	2005	Aboriginal peoples; children and youth
Federal	Public Health Agency of Canada's Innovation Strategy	Public Health Agency of Canada	2007	whole population approach
Federal	PHAC 2007-2012 Strategic Plan	Public Health Agency of Canada	2007	whole population approach
Federal	The Chief Public Health Officer's Report on the State of Public Health in Canada 2008: Addressing Health Inequalities	Health Canada	2008	whole population approach, vulnerable population
Federal/	A Time for Action: A National Plan to Address Aboriginal Housing	National Aboriginal Housing Association	2009	Aboriginal peoples; homeless
Federal	National Suicide Prevention Strategy (Second Release)	Canadian Association for Suicide Prevention	2009	whole population approach; vulnerable populations
Federal	The Chief Public Health Officer's Report on the State of Public Health in Canada 2009: Growing Up Well – Priorities for a Healthy Future	Health Canada	2009	children
Federal/	Health Policy Research Bulletin: Migration Health	Health Canada	2010	immigrant populations
Federal	The Chief Public Health Officer's Report on the State of Public Health in Canada 2010: Growing Older – Adding Life to Years	Health Canada	2010	seniors
Federal	The Chief Public Health Officer's Report on the State of Public Health in Canada 2011: Youth and Young Adults – Life in Transition	Health Canada	2011	youth and young adults
Federal	The Chief Public Health Officer's Report on the State of Public Health in Canada 2012: Influencing Health – The Importance of Sex and Gender	Health Canada	2012	sex and gender

Federal mental health related strategies (Sorted chronologically)

	Title	Organization	Year	Sub-populations
Federal	Opening Minds	Mental Health Commission of Canada	2009	Youth; People in the workplace
Federal	Improving Mental Health Services for Immigrant, Refugee, Ethno-Cultural and Racialized Groups: Issues and Options for Service Improvement	Mental Health Commission of Canada	2009	Immigrants, refugees, ethno-cultural and racialized groups
Federal	Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illness	Mental Health Commission of Canada	2011	People living with mental disorders; Homeless
Federal	Changing Directions, Changing Lives: The Mental Health Strategy for Canada	Mental Health Commission Canada	2012	People living with mental disorders and their families; Whole population approach; Children & Youth; Aboriginal Peoples
Federal	At Home	Mental Health Commission of Canada	2012	Homeless; People living with mental disorders
Federal	Psychological Health and Safety: An Action Guide For Employers	Mental Health Commission of Canada	2012	People in the workplace
Federal	Mental Health Strategy for Corrections in Canada	Federal-Provincial-Territorial Partnership	2012	Incarcerated population; People living with mental disorders
Federal	Psychological health and safety in the workplace - Prevention, promotion and guidance to staged implementation	Mental Health Commission of Canada	2013	People in the workplace
Federal	The Aspiring Workforce – Employment and Income for People with Serious Mental Illness	Mental Health Commission of Canada	2013	People living with mental disorders; People in the workplace

Federal/Aboriginal peoples (Sorted chronologically)

	Title	Organization	Year	Sub-populations
Federal / Aboriginal Peoples	Alianait Inuit Mental Wellness Action Plan	Alianait Inuit-specific Mental Wellness Task Group	2007	Aboriginal Peoples - Inuit Specific
Aboriginal Peoples	A Time for Action: A National Plan to Address Aboriginal Housing	National Aboriginal Housing Association	2009	Aboriginal Peoples; Homeless

Strategies related to suicide prevention

	Title	Organization	Year	Sub-populations
Federal	Acting on What We Know: Preventing Youth Suicide in First Nations	Health Canada	2003	Aboriginal Peoples; Children & Youth
Federal	National Suicide Prevention Strategy (Second Release)	Canadian Association for Suicide Prevention	2009	Whole population approach; Vulnerable populations
Federal	National Aboriginal Youth Suicide Prevention Strategy	First Nations Inuit Health Branch	2005	Aboriginal Peoples; Children & Youth

Public Health related strategies

	Title	Organization	Year	Sub-populations
First Nations	The Transformative Change Accord: Tripartite First Nations Health Plan	First Nations Leadership Council/ Government of Canada/BC Government	2007	Aboriginal Peoples
Federal	The Chief Public Health Officer's Report on the State of Public Health in Canada 2008: Addressing Health Inequalities	Health Canada	2008	Whole population approach, vulnerable population
Federal	The Chief Public Health Officer's Report on the State of Public Health in Canada 2009: Growing Up Well – Priorities for a Healthy Future	Health Canada	2009	Children
Federal	The Chief Public Health Officer's Report on the State of Public Health in Canada 2010: Growing Older – Adding Life to Years	Health Canada	2010	Seniors
Federal	The Chief Public Health Officer's Report on the State of Public Health in Canada 2011: Youth and Young Adults – Life in Transition	Health Canada	2011	Youth & Young Adults
Federal	The Chief Public Health Officer's Report on the State of Public Health in Canada 2012: Influencing Health – The Importance of Sex and Gender	Health Canada	2012	Sex & Gender
Federal	Public Health Agency of Canada's Innovation Strategy	Public Health Agency of Canada	2007	Whole population approach
Federal	PHAC 2007-2012 Strategic Plan	Public Health Agency of Canada	2007	Whole population approach

Sources

The National Collaborating Centre for Healthy Public Policy (NCCHPP) is currently updating this scan. Furthermore, the six National Collaborating Centres are leading a collective project on CYMH promotion and more information will be published in April 2017 at http://www.nccph-ccnsp.ca/332/Sante-mentale-des-populations.ccnsp (Dr. Mantoura Personal communication, 2017).

National Collaborating Centre for Healthy Public Policy (n.d.) - Scan of Mental Health Strategies across Canada. Retrieved from http://www.ncchpp.ca/en/TableMH.aspx?sortcode=2.10.13