

**MOVING ON MENTAL HEALTH:  
LEAD AGENCY  
PROVINCIAL PRIORITIES  
REPORT  
2018**

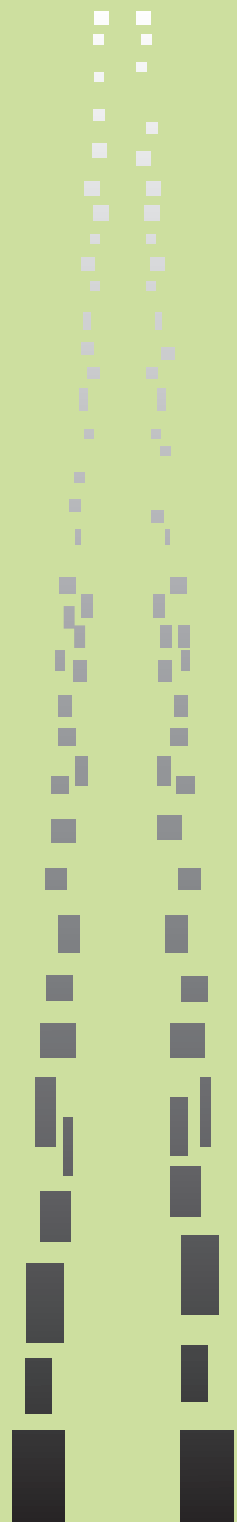
**March, 2018**

**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

We are very pleased to present the second Moving on Mental Health – Provincial Priorities Report (PPR2).

Last year the Lead Agency Consortium surveyed lead agencies and reported on those results. We also offered recommendations on the province-wide efforts required to support successful transformation of child and youth mental health in Ontario. This year we provide updated data based on a recent survey. We also report on how government and lead agencies have worked to implement last year’s recommendations. We are appreciative that the Ministry of Children and Youth Services (MCYS) has joined with the Consortium in reporting progress made in taking action on the recommendations. This is a demonstration of the commitment of the Consortium and the ministry to active collaboration, with the support of other key partners, and to the accountability that is such a critical ingredient to success.

We still have lots to learn about the successful implementation of the lead agency model. We are learning everyday at the local level, by engaging core service providers and key partners in health care, education and beyond to identify key service gaps. Our work to engage young people and their families is critical, but it is also challenging. That is why we continue to identify this as an important area of focus.

At the provincial level we are also learning. In this report we identify some critical areas for development of province-wide and system-wide planning. We believe that lead agencies and government must celebrate our shared accomplishments and identify those areas where cross-sectoral work requires greater attention. In this report we identify recommendations for the Consortium’s work, recommendations for government action, and recommendations for action that the Consortium and the government can, and should, undertake together. In this work, we will look to engage our key system partners, including Children’s Mental Health Ontario and the Ontario Centre of Excellence for Child and Youth Mental Health, as well as the Ministries of Education and Health.

The Centre of Excellence supported the development of this report, and we would like to acknowledge their contribution. Once again this year, staff from Kinark Child and Family Service drafted the questionnaire, compiled the information from lead agencies, and conducted the analysis that forms the basis of our recommendations. Representatives of several colleague lead agencies have also been generous with their input and support. We are grateful for their work.

While we continue our journey of transformation, Ontario’s lead agencies are committed to our role as key contributors to the system change required to provide Ontario children and youth and their families with the mental health services and supports they need and deserve.

Sincerely,

Mary Broga

Executive Director  
Hotel Dieu Grace Hospital, Windsor  
Lead Agency Consortium Co-chair

Alex Thomson

Executive Director  
Lynwood Charlton Centre, Hamilton  
Lead Agency Consortium Co-chair



## MOVING ON MENTAL HEALTH: PROVINCIAL PRIORITIES

### 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.

In 2014 and 2015 the Ministry of Children and Youth Services undertook a phased process to identify Lead Agencies in all service areas across the province through calls for interested organizations to apply to be child and youth mental health Lead Agencies. At this time the five functions of Lead Agencies were identified as:

- Leadership
- Planning
- Service Delivery/Service Alignment
- Performance Measurement
- Financial Management

Through this phased process Lead Agencies were identified in 31 of 33 service areas. The newly identified Lead Agencies came together provincially and formed an entity called the Child and Youth Mental Health Lead Agency Consortium (the Consortium). Local service area planning began, with the earliest Lead Agencies beginning planning in 2014 and the most recently identified Lead Agencies starting their local planning work in 2016. Each Lead Agency undertook to lead local planning efforts to build a stronger mental health system for children, youth and families in its service area. But while Lead Agencies' efforts are focused locally, many of the opportunities and challenges they experience are similar and Lead Agencies recognize that they also have a role in planning for a stronger provincial child and youth service system. This provincial leadership has been a focus of the Consortium from its inception.

In the summer of 2016 MCYS communicated a significant change to the Lead Agency model. MCYS removed the expectation that each Lead Agency would hold the MCYS child and youth mental health funding for its service area and contract with core service providers for the delivery of services. Instead, MCYS has retained responsibility for fundholding and contracting with all core service providers.

At this point the primary responsibility of each Lead Agency is the development of an annual Core Services Delivery Plan and a Community Mental Health Plan for their service area that is submitted to MCYS to inform annual service contracting by MCYS. The Plans are expected to reflect the collaborative engagement of community partners in the development of the Plans and to identify areas of priority for work for the coming year consistent with the goals of MOMH. 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 process of developing inclusive and comprehensive planning and implementation. In 2017 the Consortium



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produced its first Provincial Priorities Report (called in this Report PPR1) to document early successes of Lead Agencies in planning and examine some of the challenges and opportunities in the work ahead. The goal of the PPR is to analyze learnings and experience across the local service areas to identify and recommend action on the most critical barriers and opportunities in strengthening and transforming child and youth mental health system.

In September 2017 a working group (see Appendix A for working group contributors) of the Lead Agency Consortium and the Community of Practice was established to guide the development of the second PPR. The working group led the process to develop a framework for the second PPR and identified that this Report needed to provide a number of types of information:

- Updates from the Consortium and the Ontario government on the status of recommendations made in PPR1
- Survey data from Lead Agencies related to their work in local service areas
- Updated environmental scan of key provincial initiatives related to child and youth mental health (due to the relatively short time between Reports, it was determined that this Report would not undertake to update stakeholder interview data from PPR1)
- Recommendations and related actions to address key barriers and leverage current opportunities to strengthen the system of services for child and youth mental health

This second Provincial Priorities Report will take another snapshot of where Lead Agencies are in the implementation of this new role and assess progress to date from the first PPR. Most importantly the Report will continue to examine the question of: What provincial efforts are required to support the role of Lead Agencies and the successful transformation of child and youth mental health services in Ontario?

As the Consortium, in collaboration with MCYS, takes on a new leadership role in contributing to the transformation of the child and youth mental health system, there are many other concurrent initiatives underway, led by MCYS, the Ministry of Health and Long-Term Care, the Ministry of Education and other government ministries with related objectives and goals. Consideration of, and alignment with, these initiatives and stakeholders is fundamental to the success of of the transformation and the effectiveness of local service area planning.

Lasting system change is a marathon, not a sprint, and transformative change is not completed in one or two years. The challenges and opportunities documented in this Report – and the recommendations put forth – are intended to inform the work of all those with a major stake in system change. This includes MCYS, Ontario Centre of Excellence for Child and Youth Mental Health (“The Centre”), Children’s Mental Health Ontario (CMHO), key cross-sectoral partners, and our own Consortium.

### Status of Lead Agency Work Related to PPR1 Recommendations

Findings from PPR1 in 2017 indicated that, overall, stakeholders from Lead Agencies, Ontario ministries and other key stakeholders 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 challenges engaging all necessary community stakeholders, there are many that are highly involved and appreciated for their collaboration 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 optimism for the future and continued commitment to the vision of a coordinated system and the role of Lead Agencies in achieving that vision. However, although the implementation of MOMH has been built upon strengths within service areas, there are considerable challenges and barriers to successful system change, including sustained and meaningful engagement of youth and families and other key stakeholders in service planning and navigating intra- and cross-sectoral priorities. Five foundational recommendations were made in PPR1:

- Increase public and partner confidence in the availability of high-quality child and youth mental health services in Ontario
- Increase meaningful engagement of youth and families in system transformation



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- Build and maintain formal linkages between transformations in child and youth services
- Enhance engagement and integrated planning with health and education sectors
- Improve communication with key partners, including core service providers

For each of the recommendations the Report provided some specific actions or tactics directed to ourselves (the Consortium) and to the Ontario government, as the entity responsible for policy and funding for child and youth mental health in Ontario. The Consortium incorporated the recommended actions into our work plan for 2017-18 and beyond.

Table 1 provides a brief summary of the status of work undertaken by the Lead Agency Consortium in response to Moving on Mental Health: Provincial Priorities (2017).

*Table 1. Recommendations and Status Updates*

Recommendation	Status of Work Undertaken by Lead Agency Consortium
1. Increase public and partner confidence in the availability of high-quality child and youth mental health services in Ontario	<b>Getting Underway:</b> Through the leadership of the Community of Practice (and with the assistance of The Centre), significant work has been undertaken toward the consistent application of core service definitions. A key focus of Consortium discussions has been strengthening the foundation of the sector’s data capacity. This includes supporting effective implementation of the MCYS Business Intelligence solution, as well as work with MCYS on a comprehensive data strategy.
2. Increase meaningful engagement of youth and families in system transformation	<b>Getting Underway:</b> In 2017-18 the Consortium created a working group on youth and family engagement in conjunction with the Community of Practice, and is engaging key partners. This is intended to compliment the work that The Centre and PCMCH have begun to engage youth and families.
3. Build and maintain formal linkages between transformations in child and youth services	<b>Not yet started:</b> For the most part the Consortium has not made progress on this recommendation to date in 2017-18.
4. Enhance engagement and integrated planning with health and education sectors	<b>Getting Underway:</b> The Consortium has established good rapport with health partners, including the LHIN Mental Health and Addiction System Table, the youth services work of the Mental Health and Addictions Leadership Council (MHALAC), and the Provincial Council on Child and Maternal Health (PCMCH). Contact with education partners at the provincial level – including the identified priority of French-language school boards – has not yet started.
5. Improve communication with key partners, including core service providers	<b>Getting underway:</b> Through the Partnership Table the Consortium has worked to inform and improve sector-wide communication about Moving On Mental Health. Within the Consortium efforts are currently underway to better equip each Consortium member with some common provincial messaging to be informing all service providers and local partners about province-wide system change. This Report is part of this effort.



### Progress Update from The Ministry of Children and Youth Services

The Ministry of Children and Youth Services is committed to the child and youth mental health transformation agenda through *Moving on Mental Health*, and continues to work with sector partners and other ministries to drive towards a truly seamless delivery system of services that responds to the mental health needs of children and youth.

The Ministry appreciates the opportunity to provide an update to our partners on the progress made toward our vision for child and youth mental health.

Over the past year the Ministry has been focused on putting a number of system foundations in place to ensure that children, youth and their families and caregivers are able to receive the help they need faster, easier, and closer to home.

The Ministry has been working to increase the confidence of children and youth and their families and caregivers, and partners in Ontario's child and youth mental health system through a number of initiatives, including:

- Finalizing the selection of lead agencies for the remaining two service areas – with all agencies expected to be identified and in place by April 2018;
- Finalizing a needs-based funding allocation model, which will support increasing system capacity needed to deliver high quality services to children and youth with mental health needs;
- Beginning the phased deployment of the Child and Youth Mental Health Business Intelligence Solution, which will streamline and standardize data collection processes across the system; and
- Reviewing and refining performance indicators and data collection standards for child and youth mental health to support improved understanding of how well our system is performing.

The Ministry has begun working toward deeper alignment, enhanced engagement, meaningful planning, and effective system performance across the lifespan and across sectors for mental health by working with provincial and local partners, to:

- Embed lead agencies in the child and youth mental health system with the development of new regulatory provisions for child and youth mental health lead agencies in the *Child, Youth and Family Services Act, 2017*. This legislation is expected to come into effect in April 2018;
- Collaborate at a provincial level with key partners in the child and youth, health and education sectors to develop linkages and mechanisms for integrated planning on child and youth mental health;
- Support a youth wellness hubs demonstration project, together with the Ministry of Health and Long-Term Care and philanthropic partners and through the leadership of Youth Wellness Hubs Ontario, to provide youth 12-25 with access to integrated mental health and addictions services, primary care and other social services;
- Invest new funding of \$17M, growing to \$23M at maturity in youth life promotion and suicide prevention initiatives through *Ontario's First Nations Health Action Plan* and *The Journey Together: Ontario's Commitment to Reconciliation with Indigenous Peoples*.
- Further expand the role of lead agencies at the local level including, for the first time, using service area core service delivery reports from lead agencies as a key input into service area resource allocations for 2018/19; and
- Develop a multi-year planning cycle for service area planning by lead agencies, working with lead agencies and partners like the Ontario Centre of Excellence for Child and Youth Mental Health, to support a long range planning horizon while addressing immediate community needs.





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Our collective progress toward these major milestones have put the final foundations in place to position the Ministry, lead agencies and the sector as a whole to start to build on our work to date and continue to further change on the ground – change that will improve outcomes for children and youth with mental health problems, and their families and caregivers, and allow for our children and youth to become healthy, successful, and productive members of society.

The Ministry is supportive of the Provincial Priorities Report, and is committed to continuing to collaborate with children and youth and their families and caregivers, lead agencies, cross-sectoral partners and key stakeholders as we collectively continue to drive transformation efforts forward.

## Survey Methods

Based on lessons learned and feedback from the first survey, the second survey included some new and revised questions to inform a more nuanced understanding of issues deeper at both the service area and provincial levels.

The survey focused on the following areas:

- Demographic data that describes services in a provincial context and how this demographic data relates to barriers, opportunities, and challenges in terms of planning and implementation.
- The processes that are working well and barriers Lead Agencies are experiencing related to leadership and planning processes, clear and consistent pathways to, through and from care and data-informed decision making;
- Priorities being identified locally to identify the extent to which they may be consistent across service areas;
- Cross-sectoral opportunities and challenges.

The survey was distributed, in English only, to the Executive Directors/CEOs of all Lead Agencies for the 31 service areas in October 2017. The survey had a 100% response rate although not all respondents answered all 29 survey questions. Therefore, response numbers range between 30 and 31 throughout this Report.

The Centre updated its cross-sectoral environmental scan of key initiatives related to child and youth mental health, mental health and child and youth services across the province and provided an analysis of opportunities arising from these cross-sectoral initiatives aligned with the recommendations made in this Report.

## Survey Results

### Lead Agency Profiles

Data were collected to inform an profile of Lead Agencies across the province. This information will be used to cross tabulate the data throughout this Report in effort to better understand successes, barriers, and priorities based on the differing make-up of Lead Agencies across Ontario. Lead Agencies were asked to Report on their funding, their status as designated French-language service areas, and the MCYS service region in which they were located. Due to the small number of Lead Agencies in the Toronto and Central regions, they were combined to protect anonymity for the purpose of this Report.

The West Region of the province has the largest number of service areas, and therefore Lead Agencies, in the province (39%, n=12) followed by East Region (29%, n=9), North Region and Toronto/Central Region with five Lead Agencies in each (16%).

Across the province Lead Agencies had an average of five core service providers, with a range of 0 – 29. Almost half (48%, n= 15) of Lead Agencies stated that at least some part(s) of their service area was designated as a French-language service area. Please see Appendix A for a more comprehensive profile of Lead Agencies.

## Leadership and Planning Processes

### *Planning mechanisms*

The large majority of Lead Agencies (87%, n= 26) agreed that the current MOMH planning mechanisms have been effective for their service area. None disagreed.

However, Lead Agencies continue to Report difficulties with stakeholder integration in planning. Results from PPR1 showed that Lead Agencies reported the most challenges in planning around MOMH with the Health sector (predominately Primary Care and LHINS), French-language School Boards, and the sector serving children and youth with autism spectrum disorder. This survey sought to understand where Lead Agencies have had the most success in integrating stakeholders in MOMH planning. Lead Agencies again noted difficulty with the same types of stakeholders as identified in PPR1. Results indicated that less than half of the Lead Agencies identified the Health sector, French-language School Boards, and the sector serving children and youth with autism spectrum disorder as being effectively integrated into their MOMH planning mechanisms:

1. Autism (42%)
2. Primary Care (35%)
3. French-language School Boards (43%).

Similar to the PPR1 results, Lead Agencies agreed that the following stakeholders had been effectively integrated into MOMH planning mechanisms (see Table 1):

1. Other CYMH Core Service Providers (90%);
2. Early Years systems and organizations (87%);
3. Hospitals (87%);
4. English-language school boards (90%)

*“The large majority of Lead Agencies agreed  
that the current MOMH planning mechanisms have been effective.”*

Differences were also indicated across responses from Lead Agencies in the five regions. Specifically, fewer Lead Agencies in the West reported being able to integrate French-language services and French-language school boards in their planning than were other regions. Lead Agencies in the Toronto/Central region reported less integration with Indigenous services and special needs stakeholders than other areas. In the East region less integration was noted with Autism and LHINS. And while integration of primary care into planning was reportedly low across all regions, this seemed to be particularly challenging for Lead Agencies in the North. Further differences across regions are noted in Table 1.



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Table 2. Lead Agency agreement that MOMH planning mechanisms have been able to integrate stakeholders in their service area.

	Total	East	Toronto Central	West	North
Other CYMH core service providers	90%	88%	100%	83%	100%
Children’s treatment and rehabilitation services	58%	67%	60%	59%	40%
Special needs	68%	67%	40%	75%	80%
Autism	42%	33%	40%	50%	40%
Child and youth protection services/welfare	77%	89%	60%	92%	40%
Youth justice	65%	55%	60%	75%	60%
Early years system/organizations	87%	78%	60%	92%	40%
Adult mental health/addictions	74%	66%	60%	92%	80%
Youth Addictions	77%	77%	60%	84%	80%
Hospitals	87%	79%	80%	100%	80%
Primary care	35%	22%	40%	58%	0
LHINs	55%	33%	60%	75%	40%
School Board - French-language	43%	55%	40%	16%	60%
School Board - English-language	90%	78%	100%	84%	100%
Indigenous services	53%	89%	40%	67%	80%
French-languages services	50%	55%	60%	27%	80%

### Challenges

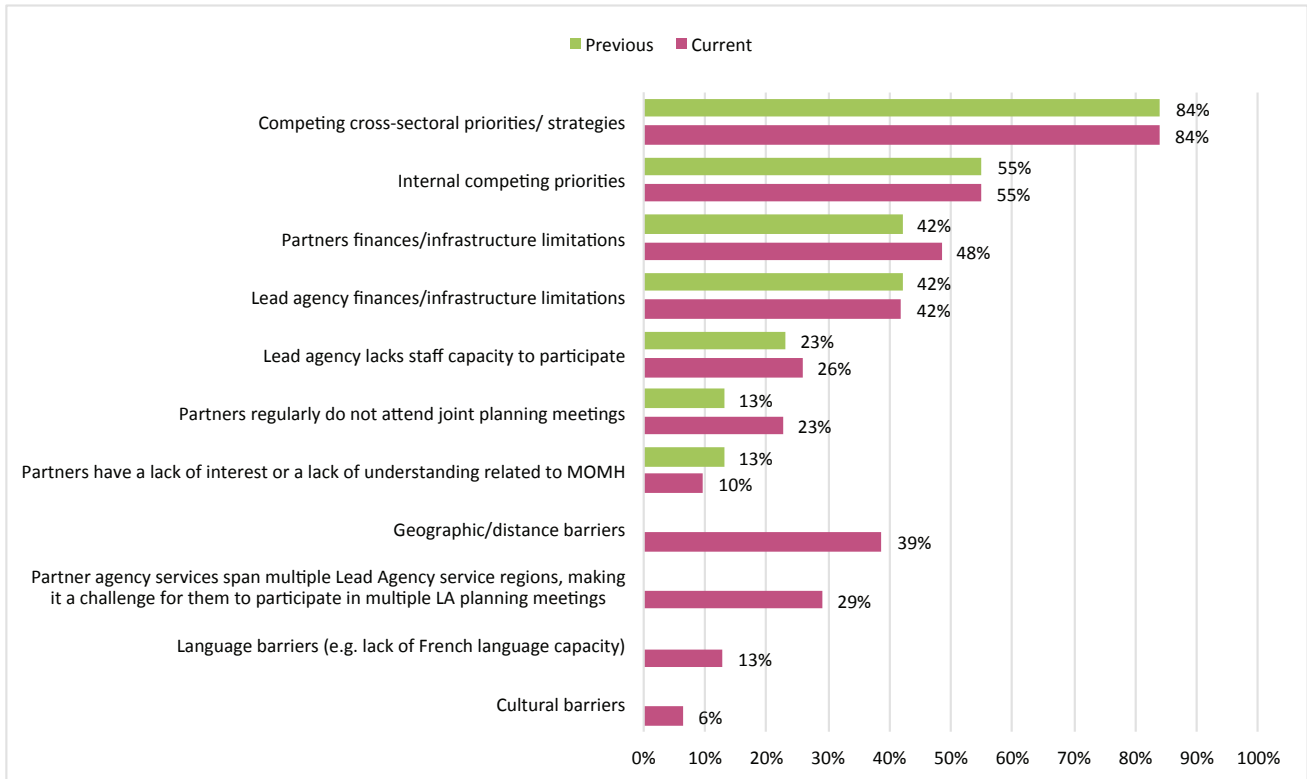
Lead Agencies were asked to identify the biggest challenges they faced in planning for CYMH in their service area. Overwhelmingly, competing cross sectoral priorities/strategies was indicated as a challenge (84%, n= 26). Other challenging areas identified included internal competing priorities (55%, n=17), partner finance and infrastructure limitations (42%, n= 13) and Lead Agency finance and infrastructure limitations (48%, n=15). Please see Figure 1. Challenges were consistent with the previous survey. The top four above listed challenges saw little to no change. Notably, the challenge of partner attendance at meetings was indicated by more Lead Agencies than in the previous survey. Several new indicators were added to the current survey which could not be compared to previous results. See Figure 1.

*“The challenge of partner attendance at meetings was indicated by more respondents than in the previous survey [from 13% to 23%].”*



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Figure 1. Challenges Identified in Planning for CYMH



Again, differences were noted when the results were analyzed across the four regions. Cultural and language barriers were identified more often in the Toronto/Central region, whereas geographic barriers were reported more than twice as often in the North. Lead Agencies in the East region and the Toronto/Central region also more frequently reported the barrier that some of their partner service agencies spanned multiple service areas and therefore more than one Lead Agency. Finally, partner finances/infrastructure limitations was indicated as a barrier more often in the East region than other regions. See Table 3 for details.



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Table 3. Challenges identified in planning for CYMH by region

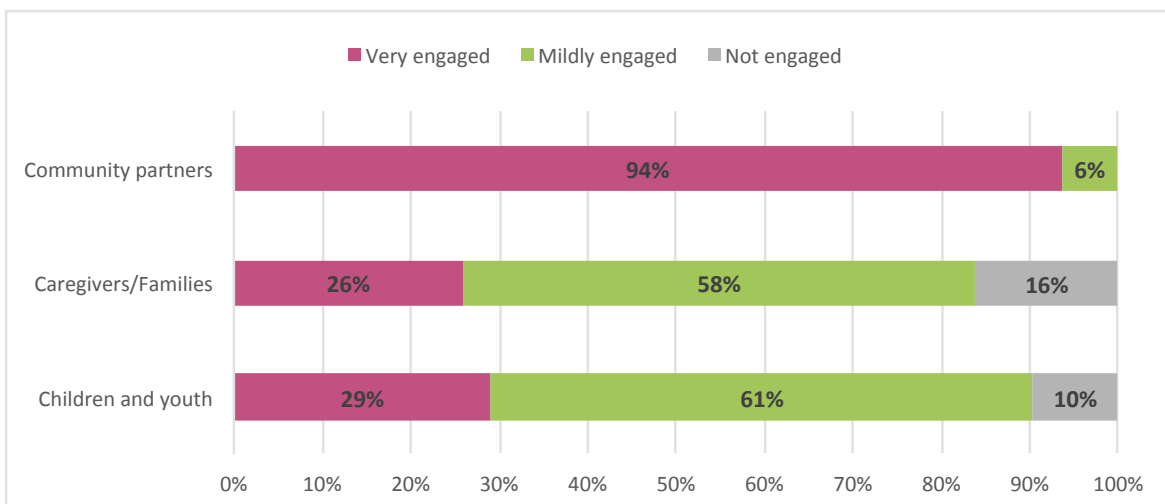
	East	Toronto Central	West	North
Partners express that they do not have time to participate	56%	60%	42%	40%
Partners regularly do not attend joint planning meetings	11%	40%	17%	40%
Partners have a lack of interest or a lack of understanding related to MOMH	11%	0%	8%	20%
Lead Agency finances/infrastructure limitations	56%	20%	42%	40%
Partners finances/infrastructure limitations	78%	40%	42%	20%
Lead Agency lacks staff capacity to participate	11%	40%	33%	20%
Internal competing priorities	44%	100%	50%	40%
Competing cross-sectoral priorities/ strategies	78%	80%	83%	100%
Partner agency services span multiple Lead Agency service regions, making it a challenge for them to participate in multiple LA planning meetings	56%	60%	8%	0%
Language barriers (e.g. lack of French-language capacity)	11%	40%	8%	0%
Cultural barriers	0%	20%	8%	0%
Geographic/distance barriers	44%	40%	17%	80%

### Stakeholder Engagement in Service Planning

When asked if there is a common understanding of what reflects meaningful stakeholder engagement in service planning across service providers in their area, 68% (n=21) of Lead Agencies agreed.

Overall, Lead Agencies indicated high engagement in their service areas among Community Partners (94%, n=29). While few viewed caregivers/families and children and youth as “very engaged”, the majority indicated that there is at least some engagement among both groups (See Figure 2). When asked which strategies have been employed to engage among these groups, Lead Agencies overwhelmingly indicated that caregiver, family, and child and youth input and knowledge is being collected to inform service planning. Additionally, more than half of Lead Agencies have implemented initiatives where families or caregivers (61%, n= 19) and children and youth (52%, n= 16) are actively involved in the planning process (See Figure 3). However, it is worthwhile to note that many of these strategies (e.g. collecting feedback and knowledge) fall under the category of youth and family *involvement* rather than true *engagement*.

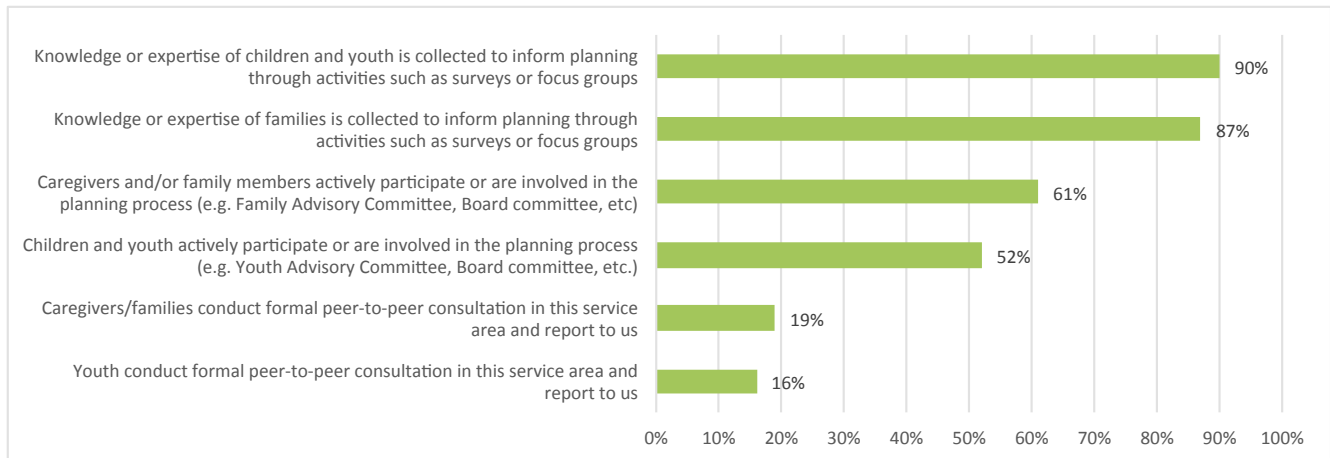
Figure 2. Engagement in planning across service providers





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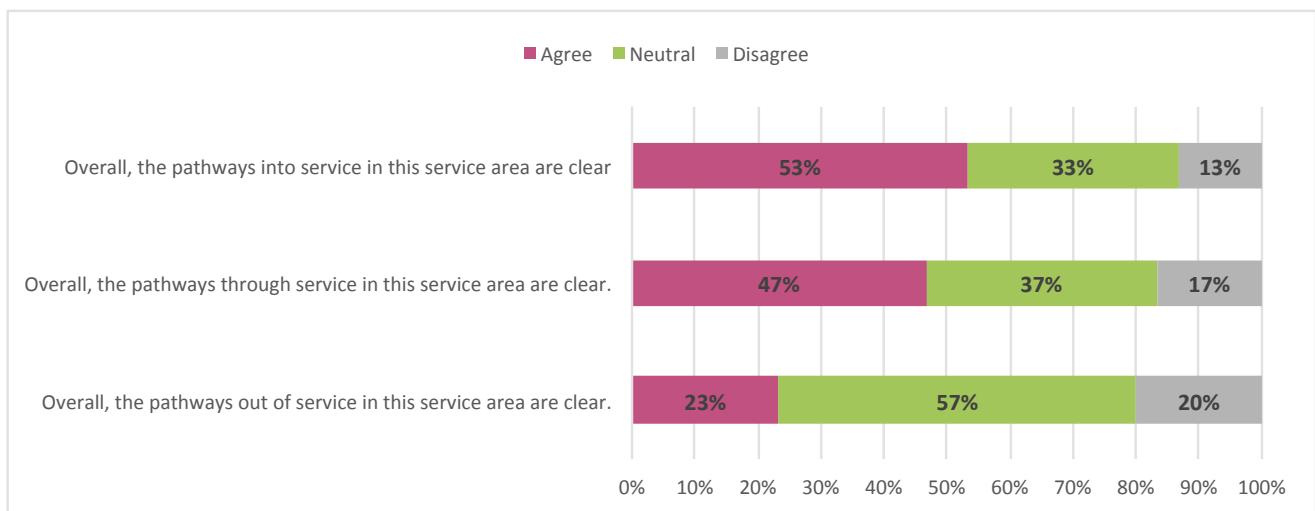
Figure 3. Family and youth engagement strategies in service planning have been successfully implemented.



### Clear and Accessible Pathways

When asked about overall clarity of pathways in, through and out of service, few Lead Agencies agreed that pathways *out of service* are clear (23%, n=8), while about half agreed that pathways into (53%) and through (47%) service are clear. See Figure 4.

Figure 4. Lead Agency's overall perspectives of service pathways



Regarding pathways out of service, few Lead Agencies agreed that there are consistent pathways for clients and families to transition from CYMH to adult services (From 29%, n=9). Despite slightly higher agreement on the clarity of pathways into service, few Lead Agencies indicated that, in their perspective, families know how to access CYMH services (39%, n=12), or that health sector partners have a common understanding of pathways into CYMH services (35%, n=11).

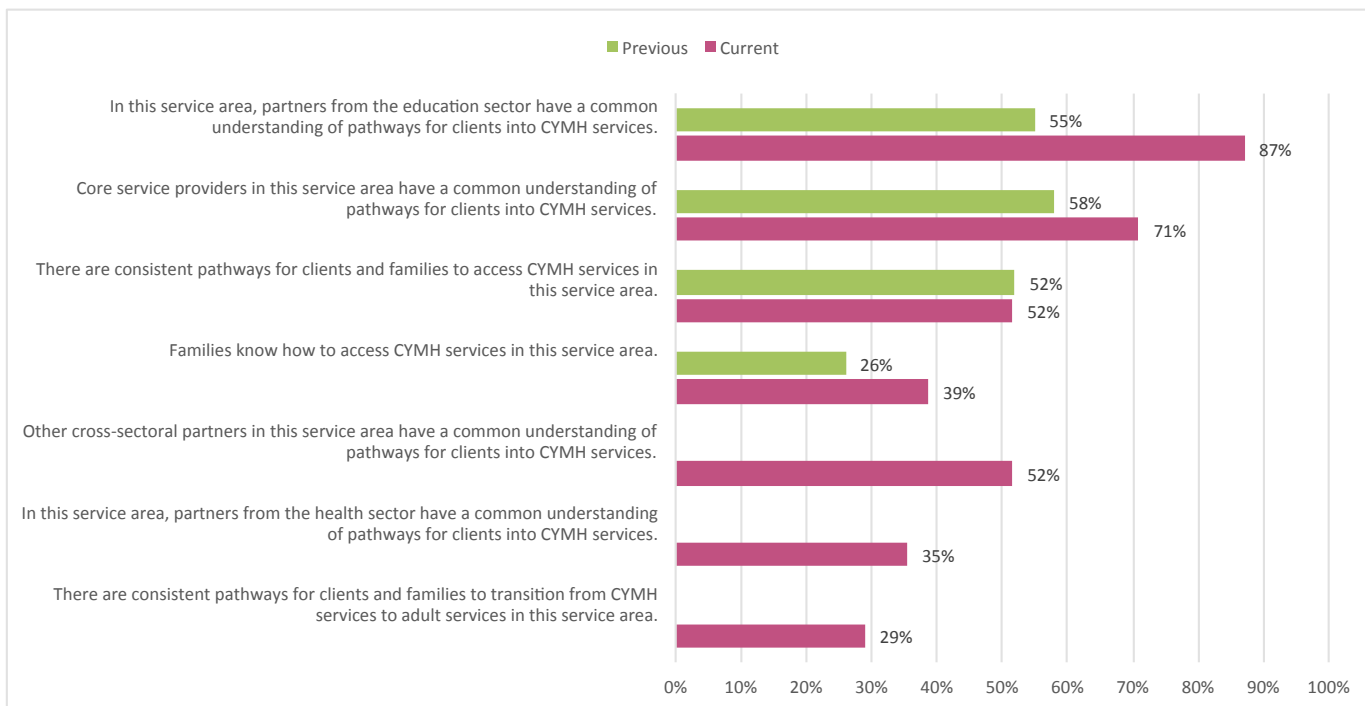


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Current results demonstrate considerable increases in pathway understanding among stakeholders. Compared to the PPR1 survey, more Lead Agencies indicated that there is a common understanding of pathways into CYMH among partners in the education sector (From 55%-87%), core service providers (58%-71%), and families (26%-39%) (See Figure 5 for details). These changes are likely the result of initiatives implemented by Lead Agencies since the last survey was conducted, as 94% (n=29) stated that they had introduced activities or initiatives to improve pathways. Lead Agencies provided further examples of these initiatives which included branding coordinated intake services, actively planning and coordinating with school boards and hospitals, formalizing transfer processes with community partners, increasing service in rural areas, and collecting and analyzing data to share at community tables. Please see Appendix B for further details of pathway improvement initiatives that have been introduced in their service area.

*Despite slightly higher agreement on the clarity of pathways into service, few agencies indicated that, in their perspective, families know how to access CYMH services, or that health sector partners have a common understanding of pathways into CYMH services.*

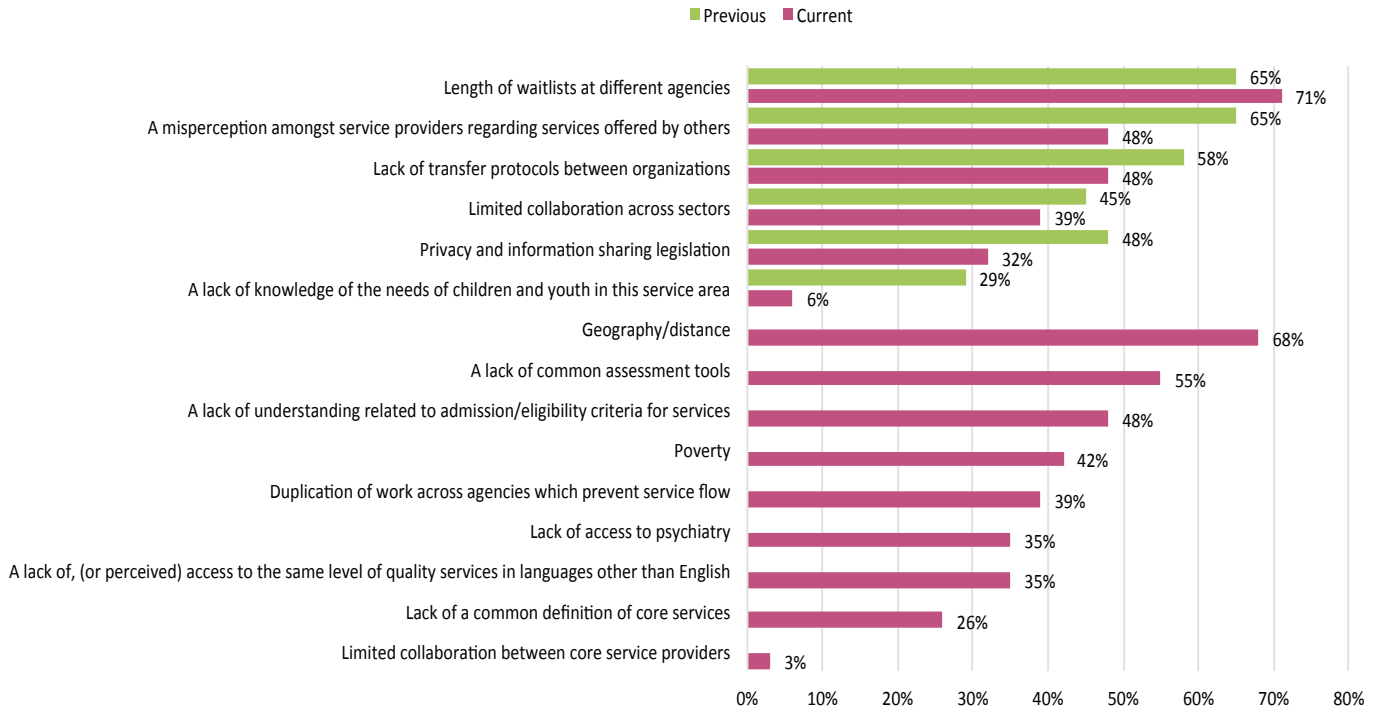
Figure 5. Lead Agency perspectives of pathways to service



With regards to areas being identified as challenges or barriers, there were also areas of improvement from last year as noted by fewer respondents identifying them as barriers. These included: lack of awareness of the needs of children and youth (29%-6%), barriers created by the privacy and information sharing legislation (from 48% to 32%), and a lack of perception among service providers regarding available services from (65% to 48%). While there appears to have been some positive changes in perceptions of Lead Agencies over the six month period between surveys, some of the perceived barriers and challenges to clear and accessible pathways appear to have increased, including an increased concern that the length of waitlists is a considerable challenge (from 65% to 71%). Items were added to this question since the previous survey in effort to collect more deliberate data and therefore it is not possible to review changes of additional items listed in Figure 6.



Figure 6. Challenges and barriers identified to clear, consistent, and accessible pathways



### Service Coordination

Lead Agencies were asked to reflect on the Ministry of Children and Youth Services’ definition of service coordination and indicate their level of agreement that the current level of service coordination is effective between CYMH and various stakeholders. Lead Agencies noted that the least effective service coordination was with primary care, LHINS, Indigenous services, Autism services, and French-language services. These areas were also identified to have the least seamless transitions to and from community-based CYMH in the previous survey. See Figure 7.

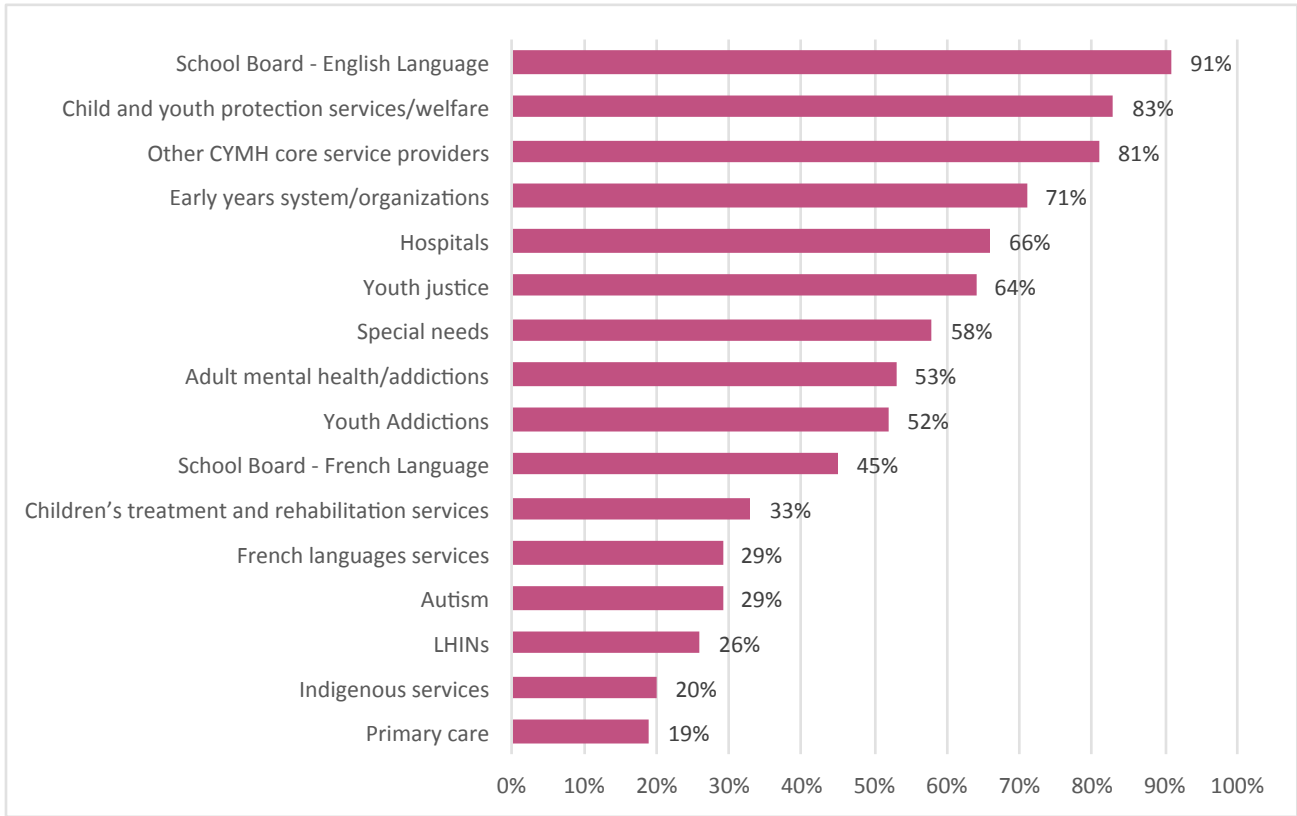
To further examine the unique challenges with French-language services (FLS) and French-language school boards, the data was further examined to cross tabulate between designated French-language areas and non-designated French-language service areas. Perhaps unsurprisingly, those Lead Agencies within FLS designated areas reported more effective coordination with FLS services (34%) and French-language school boards (64%) than did those Lead Agencies in non-FLS designated areas (25% and 25%, respectively).





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Figure 7. Lead Agency perception on service coordination among various stakeholders



### Data-Informed Decision Making

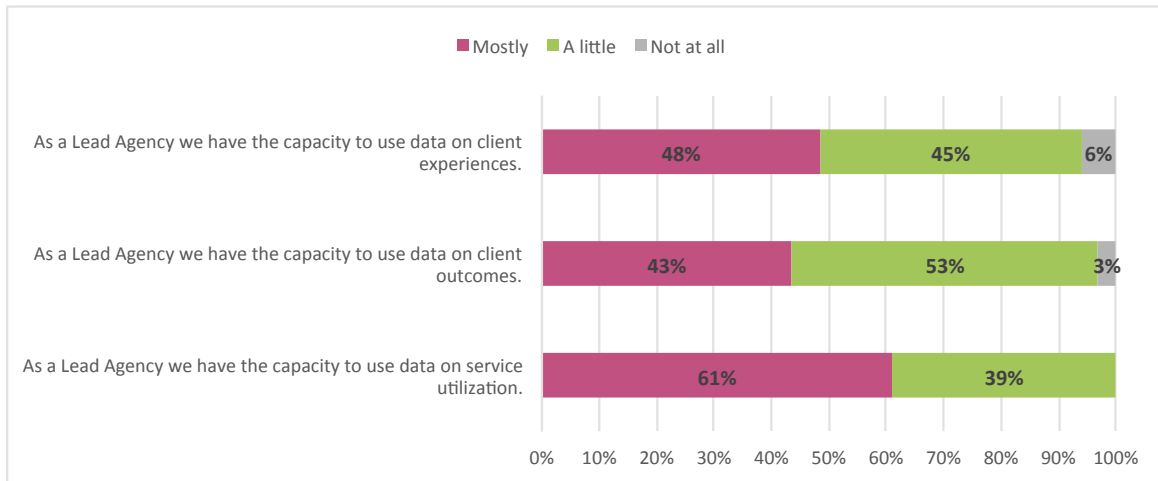
Lead Agencies indicated a positive shift toward data use to inform service planning in their respective service areas. The results of the previous survey revealed that 64% of Lead Agencies reported that data was seldom to never used to inform improvements. However, just over two thirds of Lead Agencies noted that they had initiated activities to use data to inform decision making. Data from the current survey shows that considerable efforts have been made to use data for decision-making as the large majority of Lead Agencies (90%, n=28) noted that they had initiated activities to improve the use of data in their service area over the past year.

*90% of Lead Agencies said they had initiated activities or initiatives to improve the use of data in their service area in the last year.*

The majority of Lead Agencies indicated that they had “mostly” to “a little” capacity to use of the following types of data to inform planning, evaluating, and decision making: service utilization (100%, n=31), client outcomes (96%, n=30), and client experiences (93%, n=29). See Figure 8. However, only 15% (n=5) of Lead Agencies agreed that overall, the use of data to inform service delivery in the sector is effective.

## MOVING ON MENTAL HEALTH: PROVINCIAL PRIORITIES

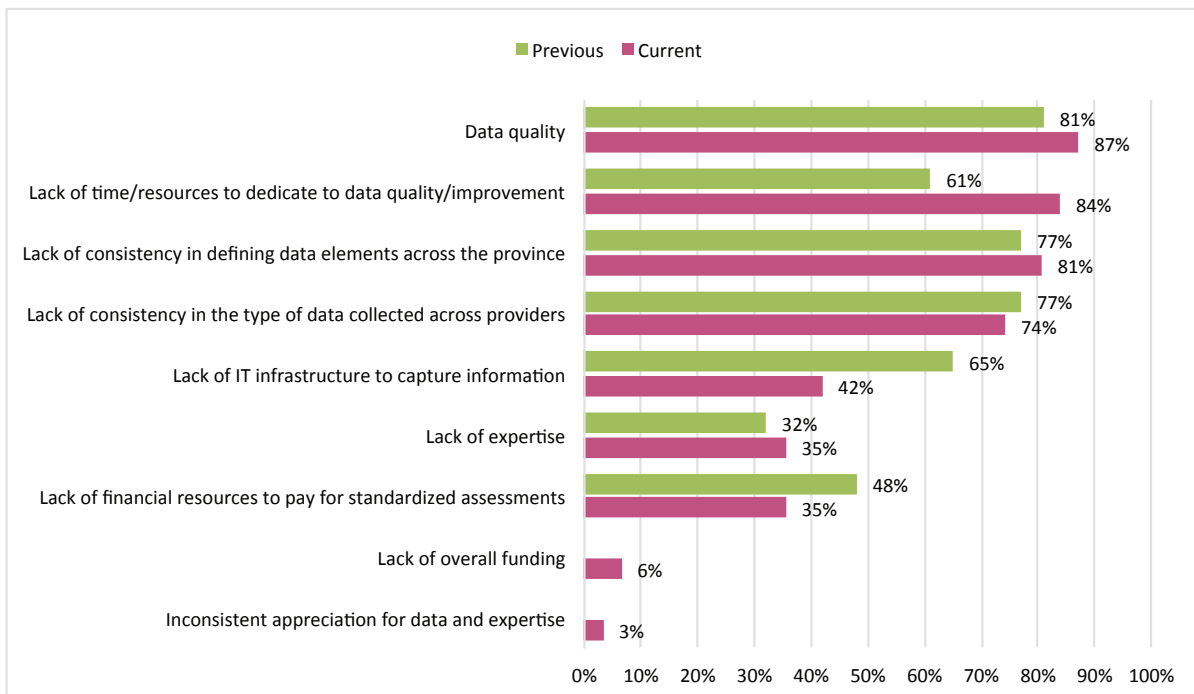
Figure 8. Lead Agency perception of capacity for data use



Respondents were asked to select their five most significant barriers to use of data for quality and performance improvement. The barrier most often cited was data quality (87%, n=27); slightly higher than the March, 2017 survey of (81%, n=25). Responses also revealed that more Lead Agencies perceive a lack of time and resources to dedicate to data as a barrier than respondents did previously, with 84% (n=26) indicating that this was one of their two most significant barriers. A lack of data consistency remained a barrier for many Lead Agencies (81%, n=25), with half of agencies indicating that this is their most significant barrier. Lack of expertise and inconsistent appreciation for data were added by agencies in the “other” section of the survey. Additional “other” contributions fit into the themes presented and were allocated to their respective area. See Figure 9.

*“More Lead Agencies perceive a lack of time and resources to dedicate to data as a barrier than they did previously [from 61% to 84%]”*

Figure 9. Barriers to using data for quality and performance improvement





## MOVING ON MENTAL HEALTH: PROVINCIAL PRIORITIES

### Top Priorities

In both the current and last March's surveys, Lead Agencies were asked to identify their top three priorities for the next 1-2 years. The top priorities cited were:

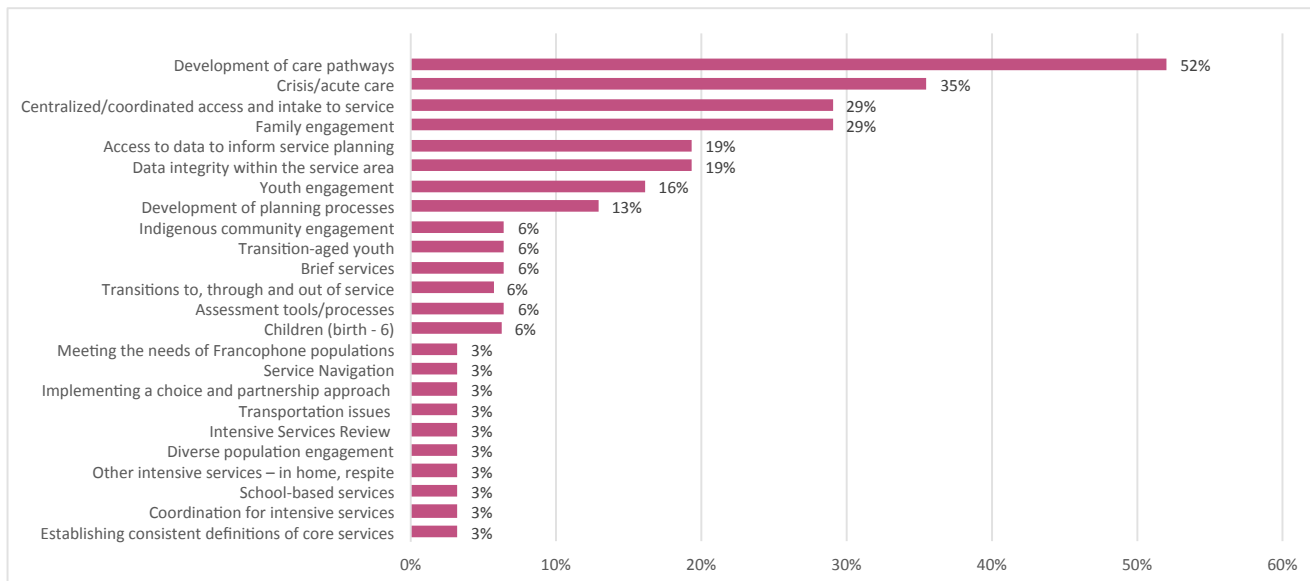
Current Survey Top Priorities	PPR1 Survey Top Priorities
<ul style="list-style-type: none"> <li>• Development of care pathways</li> <li>• Crisis/Acute Care</li> <li>• Centralized/coordinated access and intake to services</li> <li>• Family Engagement</li> <li>• Access to data to inform service planning</li> <li>• Data integrity within the service area</li> </ul>	<ul style="list-style-type: none"> <li>• Centralized/coordinated access and intake to services</li> <li>• Crisis/Acute Care</li> <li>• Data Integrity within service area</li> <li>• Coordination for intensive services</li> <li>• Youth Engagement</li> <li>• Development of care pathways</li> <li>• Access to data to inform service planning</li> </ul>

The top priorities have changed slightly from the previous survey (March, 2017), though general themes of coordinated access and pathways, crisis/acute care, engagement, and data practices emerged at both survey points. Please note that the survey's overall selection options for priorities were changed considerably in effort to best reflect priorities based on the previous survey results. The question was also changed from "select all" to "select the top five priorities", and as such it is difficult to directly compare the results of these two questions.

*Development of care pathways* was indicated as a priority more often in the current survey (52%; n=16) than in March (19%, n=6). In keeping with the previous survey, Centralized/coordinated access to intake was again selected by 35% (n=9) of Lead Agencies as a top focus. The percent of Lead Agencies prioritizing access to data to inform service planning remained the same as the previous survey (19%, n=6). Youth engagement decreased slightly from being a top priority for 19% of Lead Agencies previously to 16% currently. See Figure 10.

There were several priorities offered for selection in the current survey which no agencies selected as one of their top five priorities and were not included in the graph, including: specialized consultation, addiction services, capacity of providers/training, francophone engagement, meeting the needs of diverse populations.

Figure 10. Identified Priorities for the next 1 to 2 years





## MOVING ON MENTAL HEALTH: PROVINCIAL PRIORITIES

In open-ended comments, Lead Agencies were invited to speak about what they perceived to be their most important achievements in this role. It was identified that the majority of Lead Agencies felt they had made progress in areas of engagement (58%, n=18), coordinated access to pathways (42%, n=13), and quality and performance measurement and use of data (29%, n=9). Some examples of achievements in these areas include: effectively introducing the perspective of families into planning, collaborative training across the service area, rebranding services which resulted in considerable increases in the number of youth accessing services, increased and deliberate use of data, and enhancing partnerships with agencies serving Indigenous children and youth.

### Summary of Results

PPR1 suggested that Lead Agencies had made progress in important areas, including partnerships with core service providers, stronger service pathways and commitment to working on improving the use of data. The current data suggests that these areas have continued to be developing positively.

Lead Agencies overwhelmingly agreed that the planning mechanisms in place for MOMH planning were effective. However, integration of all key stakeholders in those mechanisms varied by stakeholder type and by region, with unique differences arising. This trend was also noted when Lead Agencies were asked about challenges related to planning in their areas. Competing priorities, both internally and across the sector as well as finance and infrastructure limitations were cited as ongoing issues. While Lead Agencies are experiencing some important success in engaging some stakeholders in planning, improving engagement with youth, caregivers, and families continues to be an area for improvement.

Improvements were noted regarding pathways into and through service. While some small improvements were indicated by Lead Agencies with regards to challenges and barriers to service pathways, there continue to be considerable areas of challenge, for example, the length of waitlists, geographical obstacles, and a lack of common assessment tools. Furthermore, few agencies agreed that there are consistent pathways for clients and families to transition from child and youth mental health to adult mental health services.

Lead Agencies indicated improvements in data informed decision-making, with most Lead Agencies indicating that they had at least some capacity for data use. However, results also revealed that much work is still required to ensure that the overall use of data to inform service delivery is effective, including more time and resources to dedicate to quality data collection, analysis, and interpretation.

The findings suggest that there is much work to be done. However, positively, the survey responses relating to top priorities for service areas over the next one to two years align well with the opportunities for improvement identified in the survey data. The most significant challenges are listed at the top of the Lead Agencies' priorities: development of care pathways, centralized/coordinated access and intake to services, access to data to inform service planning, and youth engagement. Lead Agencies are aware, however, that both locally and provincially, there continue to be barriers to positive change – notably sufficient time, resources, and capacity.



**MOVING ON MENTAL HEALTH: PROVINCIAL PRIORITIES**

**Recommendations**

As noted above, progress to date suggests that there is still much work to be done on the recommendations from PPR1. As well, findings from the survey show that while there has been some change, the challenges noted in PPR1 continue to be significant impediments to success. This taken together supports the Consortium in continuing with the five foundational recommendations first made in PPR 1. While the five recommendations remain consistent, the proposed tactics have been updated to incorporate progress to date, a changing service environment and shifting opportunities. This section of the Report also includes information summarized from The Centre’s most recent environmental scan of key provincial initiatives that intersect with child and youth mental health where existing or potential opportunities could possibly be leveraged to promote the success of MOMH. These opportunities are presented aligned with the most appropriate Report recommendation. While there are only a limited number of tactics in these recommendations that are explicitly directed to the Consortium and government to work on together, it is recognized that in practice there is both a need and a desire for the Consortium to collaborate closely with MCYS towards our shared goals for child and youth mental health across all of the recommendations.

**Recommendation 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?**

- The Consortium will develop an integrated multi-year ‘roadmap’ to enhance the quality of child and youth mental health services in Ontario that is informed by best practice and advice from systems quality leaders. The road map will be supported by identification of implementation considerations - partnerships, supports, resources etc.
- The Consortium will continue activities to establish, implement and evaluate a collaborative and effective Consortium governance mechanism for a new Ontario child and youth mental health data strategy that fosters the Consortium’s active engagement and influence with MCYS.
- Work to date to prepare and provide advice to MCYS on core service definitions will be completed by the Consortium. This work will support common provincial application of the definitions and inform MCYS’ planned review of PGR01.
- The Consortium will, using data collected as part of annual core service delivery plans, map (2018-19) the current funded capacity of core services in Ontario by service area and analyze (2019-2020) the system’s capacity to meet child and youth need.

**What can GOVERNMENT do?**

- In order to ensure that the child and youth mental health system in Ontario has the required capacity and the desired quality, investments by MCYS in both base funding and service expansion are necessary. In the absence of any recent investment in quality, the transformation of the system will be slow and will come at the cost of access to 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. Current government planning related to expanding access to structured psychotherapy should consider the role of specialized child and youth mental health agencies in ensuring services are expanded for children and youth as well as adults.
- There continues to be a need and opportunity for MCYS to 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.
- MCYS is encouraged to continue to act on the recommendations contained in the 2016 Report of the Office of the Auditor General of Ontario related to improving capacity and quality of child and youth mental health services.

**What can the CONSORTIUM and GOVERNMENT do together?**

- Collaborate to review, revise and implement and changes to PGR01
- Collaborate on the development of a child and youth mental health data strategy for Ontario and on implementation and evaluation of key components of the strategy.
- Work together on those recommendations contained in the 2016 Report of the Office of the Auditor General of Ontario related to improving capacity and quality of child and youth mental health services that require leadership at both the government and the agency levels.

**Opportunities to leverage**

The recent commitment of government to invest in increased access to structured psychotherapy in Ontario is a positive step to provide more people with more evidence-informed services and to building the capacity of the service system to effectively respond at multiple service points. It is critical that this commitment be leveraged to ensure that access is improved for all Ontarians, specifically children and youth. Lead agencies are well positioned to effectively and efficiently support increased access.

EDU's *Ontario's Well-Being Strategy for Education (2015)* promotes of a shared vision of positive mental health for all students. This focus may be leveraged to strengthen referral processes to define referral pathways between schools and community-based child and youth mental health services.

Both The Centre and CMHO are key informants to the Consortium's work to develop an integrated multi-year 'roadmap' to enhance quality in child and youth mental health services in Ontario. Discussions with both organizations will inform the identification of respective roles.

*The Child and Welfare Accountability Framework* is an opportunity for collaboration between the ministry, sector associations, academic experts, child welfare practitioners and Indigenous partners to ensure high quality service for Ontario's children and youth in need of protection. The partners are working together to collect performance indicators for measuring safety, permanency and well-being across all children's aid societies, and to implement public reporting of a subset of these indicators. Aligning the work of Moving on Mental Health with this framework would support the alignment of performance indicators and consistency in the use of measures to assess child and youth mental health outcomes.

MoHLTC and MCYS funding of up to nine *Youth Wellness Hubs* across Ontario (2017) is designed to establish integrated service hubs across the province that will address service gaps related to youth wellness. Four hubs are currently in existence and an additional five will be introduced in 2018. As implementation efforts are underway there is an opportunity to influence the infrastructure and processes that will govern the hubs. The Consortium should consider opportunities to influence and align how youth wellness hub data is collected and quality is measured and monitored.



## MOVING ON MENTAL HEALTH: PROVINCIAL PRIORITIES

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

#### What can the CONSORTIUM do?

- The Consortium will establish an initial provincial standard(s) for Lead Agencies to enable them to measure ‘meaningful engagement’ of youth and of parents/caregivers in service area planning:
  - Define ‘meaningful engagement’, define ‘youth’, define ‘family’
  - Consult with key informants including youth, family/caregivers, thought leaders
  - Develop standard(s).
  - Determine resources required.

#### What can GOVERNMENT do?

- MCYS should ensure Lead Agencies have access to learnings, resources and best practices from other transformations in the child and youth sector

#### What can the CONSORTIUM and GOVERNMENT do together?

- Determine mechanisms to ensure perspectives of youth and families/caregivers are informing policy and implementation decisions.

### Opportunities to leverage

The Centre has done a great deal of work to date to support Lead Agencies to build capacity for engagement with parents and caregivers and in partnership with Parents for Children's Mental Health, The Centre has built an engagement 'roadmap'. The Consortium should seek to collaborate with The Centre and leverage the considerable work done to date in this area when developing an initial standard(s).

CMHO, through its work with The New Mentality, has provided sector leadership in the area of youth engagement for advocacy, education and to promote best practice. The Consortium should seek to collaborate with CMHO and leverage that work when developing an initial standard(s).

There may be an opportunity to promote greater cross-sectoral alignment in standards of engagement through collaboration with the LHINs specifically related to their *Community Engagement Plans* which are intended to promote meaningful engagement of key stakeholders (including youth and families representing specialized populations like Indigenous and Francophone communities).

Several Ontario government strategies in the last 10 years have also addressed meaningful engagement of clients in planning for service:

- In 2008, the Ministry of Community and Social Services developed the *Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with a Dual Diagnosis*. There is an opportunity for provincial partners in child and youth services to draw on the lessons learned from this work within the adult sector, and build on existing mechanisms that have been established through this initiative, particularly for transition-aged youth and their families.
- In 2014, MCYS developed an evidence-based strategic framework, *Stepping Up*, aimed at improving youth outcomes by providing a guide for decision-making, program planning and partnership to those working to support youth between 12 and 25. *Stepping Up* identifies the need to strengthen connections between service providers, foundations, community groups, governments, young leaders and families at all levels increasing opportunities for youth engagement. This work included collaborative efforts across provincial ministries, and reflected a shared interest in talking with young people and the outcomes that matter to them. Lead Agencies should seek learnings from this work from MCYS to inform our work.





## MOVING ON MENTAL HEALTH: PROVINCIAL PRIORITIES

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

#### What can the CONSORTIUM do?

- The Consortium will define a provincial standard(s) for inclusive service system planning for child and youth mental health.
- The Consortium will work toward developing formal relationships with other child and youth transformations, including but not limited to special needs, autism, child welfare, Black Youth Action Plan, 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.

#### What can GOVERNMENT do?

- There continues to be a need for MCYS to create mechanisms to facilitate information sharing and integrated planning at the provincial policy level.
- As transformations across child and youth services continue to develop, MCYS should consider opportunities to provide direction and support to transformation leaders across sectors to collaborate effectively.

#### What can the CONSORTIUM and GOVERNMENT do together?

- Collaborate on the implementation of provincial standard(s) for inclusive system planning for child and youth mental health and identification of mechanisms required to foster cross-sectoral system planning.

### Opportunities to leverage

The current development of the new *Ontario Autism Program (OAP)* provides numerous opportunities to better support children and youth with mental health needs and Autism Spectrum Disorder (ASD). The fundamental change to the availability of publicly-funded behavioural supports for children and youth with ASD from birth to age 18 and at any level of acuity creates an opportunity for many youth with concurrent ASD and mental health issues to receive integrated and effective services for both issues, perhaps for the first time. Learnings from the OAP transformation to date and better integrated planning and service provision are important opportunities to leverage.

The new *Ontario Indigenous Child and Youth Strategy (2017)* is working to transform Ontario's relationship with Indigenous children and youth, and their families; enhance First Nations jurisdiction and Indigenous control for children and youth services; prioritize preventative services for Indigenous children and youth that are culturally appropriate; build a high quality integrated services network that supports Indigenous children and youth; and enable government and Indigenous service providers to track and evaluate their work in implementing the strategy. This strategy is guided by Ontario's *Stepping Up Framework* and supported by *Walking Together: Ontario's Long-Term Strategy to End Violence Against Indigenous Women*; Ontario's *First Nations Health Action Plan*; and *The Journey Together: Ontario's Commitment to Reconciliation with Indigenous Peoples*. Specific activities within this strategy may offer potential points of entry for Lead Agencies to build and enhance communication with Indigenous partners.

Although Report findings focused primarily on challenges across transformations in the child and youth sector, lessons may also be learned and opportunities identified from transformations that are also seeking to become more integrated across historically siloed programs and approaches. MCSS, MEDU and MCYS are working together in Ontario's *Special Needs Strategy* to promote integrated transition planning for all young people with developmental disabilities and their families to prepare for the transition to adulthood. The *Special Needs Strategy* strives for coordinated service planning for children and youth with multiple and/or complex special needs, including those who require services that cross sectors, to improve transitions, particularly for transition-aged youth moving into the adult system. As many children and youth with mental health needs may also have special needs, there would be considerable benefit to our clients from integrated planning.

Within *Moving on Mental Health*, all children, youth and families, as well as the service providers supporting them, should know what mental health services are available in their communities, and how to access these supports when and where they need them. Strengthening communication with partners in Ontario's Francophone communities is necessary for supporting Franco-Ontarian children and youth to receive high quality mental health services. To support work in this area, MCYS has convened a *French Language Services Advisory Committee* to ensure equity and access to high quality, French-language mental health services for Ontario's Francophone families. The Centre's policy ready paper, *Pourquoi pas? Strengthening French language service delivery in Ontario's child and youth mental health sector*, brings together evidence on French-language service provision, along with experiences of Francophone families and youth and insights from key experts and service delivery organizations working in this area to identify specific opportunities for policy development.



**MOVING ON MENTAL HEALTH: PROVINCIAL PRIORITIES**

**Recommendation 4: Enhance engagement and integrated planning with health and education sectors.**

**What can the CONSORTIUM do?**

- The Consortium will work with the provincial group of LHINs to develop a commitment to, and approaches for, joint mental health planning across the lifespan to ensure local plans are aligned.
- The Consortium will engage with LHINs to map MOMH service areas with new LHIN sub-regional structures to facilitate joint planning.
- The Consortium will establish formal, direct linkage with the provincial School Mental Health ASSIST initiative.
- The Consortium will begin a dialogue with the Council of Ontario Directors of Education to identify opportunities to ensure access to effective child and youth mental health services for children and youth, and specifically explore opportunities to better serve Francophone children and youth.

**What can GOVERNMENT do?**

- MCYS should promote and champion engagement at the provincial policy level with MOHLTC, EDU and others to identify and further align common transformation goals for maximum impact.
  - Promote and champion alignment of *MOMH* with *Patients First* and the *Well-being Strategy for Education*.
- MCYS should explore opportunities with MOHLTC and EDU to provide direction and support to LHINs and school boards to both initiate and respond to opportunities for joint mental health planning with Lead Agencies.
  - Lead Agencies and LHINs need to be participating together to plan at both the sub-LHIN Tables and the community mental health Tables in all service areas.
  - Similarly Lead Agencies and School Boards should be planning together to develop Community Mental Health Plans and school boards’ mental health plans.

**What can the CONSORTIUM and GOVERNMENT do together?**

- Through the Child and Youth Mental Health Partnership Table, identify opportunities to establish joint planning with MOHLTC/LHINs and EDU/school boards where Lead Agencies are well positioned to support government strategies related to mental health by leveraging common goals. Examples of current strategies could include: expansion of structured psychotherapy and planning for transitional-aged youth entering the adult mental health system.

### Opportunities to leverage

Within the health sector specifically, the MOHLTC introduced *Patients First: Action Plan for Health Care* in 2015. This roadmap was developed to strengthen home and community care through the creation of a detailed 10-step plan with concrete recommendations to improve timely access to services. Given that the focus is on making improvements to both health *and* mental health care, there is an opportunity to align activities across both *Patients First* and *Moving on Mental Health* that work towards ensuring timely access to child and youth mental health services. There is also the opportunity to leverage health-funded activities related to the expansion of mental health programs in schools.

Provincially, the LHINs have identified cross-sectoral collaboration (health, education, children and youth services) as a key priority providing a critical opportunity for the Consortium to strengthen their relationships across sectors. Collaboration is especially important for vulnerable populations (i.e. aboriginal, francophone, mental health and addictions, transitional aged youth, medically complex needs and providers must work together to better coordinate care for clients within service areas and across regions.

*The Aboriginal Engagement and Outreach Strategy* guides work currently taking place within the Provincial System Support Program funded by MOHLTC. This strategy focuses on enabling activities that connect with First Nations, Inuit and Métis communities and mental health and addictions service providers (across the lifespan) spanning the province. This strategy aims to build relationships and collaborative partnerships between these stakeholders, provide training to support workforce development and improve practice through research and knowledge exchange. There is an opportunity for the Consortium and MCYS to establish linkages between MOMH and this strategy.

Within the education sector, EDU introduced *Ontario's Well-Being Strategy for Education (2015)* which provides a shared vision of supporting student well-being by strengthening the collaboration across sectors, as well as through meaningful engagement with parents, students, educators and administrators, counsellors, social workers, and community partners across the province. This strategy focuses specifically on ensuring positive mental health for students through training for staff on mental health and addictions issues (through *Open Minds, Healthy Minds*), and highlights the importance of ensuring early years programs and services are accessible for families. These efforts may be leveraged to support integrated planning for referrals from schools to community-based child and youth mental health services.

*School Mental Health ASSIST (SMH ASSIST)* is a provincial implementation support team designed to help Ontario school boards promote student mental health and well-being. SMH ASSIST works to provide school mental health leadership, resources and coaching support across the province. The system co-ordination strand of the 2014-2017 School Mental Health ASSIST strategy fosters helpful pathways to, from and through the system of care for students and their families. It also connects to post-secondary destinations and school mental health work at the provincial, national, and international levels. By developing or enhancing local connections between schools/school boards and Lead Agencies, there is an opportunity to ensure knowledge exchange and support student pathways to and from care.

Lead Agencies could also leverage the Pathways Support Toolkit: Preparing School Boards for Collaborative Planning with Community Partners to Support Mental Health to identify optimal ways of engaging school boards in their planning processes and of contributing to school board processes.



**MOVING ON MENTAL HEALTH: PROVINCIAL PRIORITIES**

**Recommendation 5: Improve communication with key partners, core service providers and between MCYS and Lead Agencies.**

<b>What can the CONSORTIUM do?</b>
<ul style="list-style-type: none"><li>• The Consortium will develop and implement a comprehensive communication strategy. Key stakeholders will include: mental health providers, government, other child and youth mental health stakeholders.</li></ul>
<b>What can GOVERNMENT do?</b>
<ul style="list-style-type: none"><li>• MCYS should develop and promote an understanding of the goals of the MOMH strategy, and the function of Lead Agencies and integrated planning in achieving those goals – across ministries, across child and youth sectors, and with core service providers.</li></ul>
<b>What can the CONSORTIUM and GOVERNMENT do together?</b>
<ul style="list-style-type: none"><li>• Through the Child and Youth Mental Health Partnership Table, collaborate on the development of key messages regarding MOMH and the function of Lead Agencies, and the importance of integrated planning.</li></ul>
<b>Opportunities to leverage</b>
Both CMHO and The Centre play leadership roles in the ongoing transformation of mental health services for children and youth that are distinctly different from the Consortium but have the potential to amplify the Consortium’s impact. There are excellent opportunities for the Consortium to work with each of these organizations to establish mechanisms to develop common key messages, as required, and through that approach, expand the reach of our messaging and reinforce its impact.



## Appendix A: Working Group Members

The Moving on Mental Health Provincial Priorities Working Group Members worked to ensure the current survey and the interim report sought and presented the necessary information to continue to develop the sector.

### **The Working Group Included:**

Bernard Savage  
Bianca Feitelberg  
Cathy Paul  
Cindy L'Anson  
Cynthia Weaver  
Diane Walker  
Joanne Lowe  
Marni Herold  
Monica Armstrong  
Nicole Summers  
Purnima Sundar  
Sherrie Hyde  
Terra Cadeau  
Vicki Mowat

### **Kinark Research and Evaluation:**

Alex Elkader  
Michelle Cruickshank