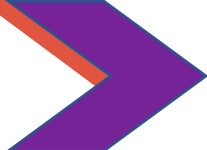


Re-Imagining the Entry to
Intensive Services

Final Report

June 2020





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Executive Summary

This report presents recommendations for simplifying and enhancing how children, youth and families in Toronto obtain intensive mental health treatment. We recommend that entry occur through a single point of access and that navigation support be provided to facilitate seamless and effective movement into, through and out of these community services. We believe this approach will enable children, youth and families across Toronto to access the best treatment in the timeliest manner.

These recommendations are the product of a consensus-building, participatory planning process that had its origins in needs assessments completed in 2017 by the Lead Agency and the senior leadership of the children and youth mental health (CYMH) sector. Early in 2019, a specific service improvement mandate was articulated by that same senior leadership, which set in motion the work reported here.

The Lead Agency, in partnership with the Ontario Centre of Excellence for Child and Youth Mental Health, organized and implemented an extensive co-design process between August 2019 and February 2020. Stakeholders from relevant service sectors were convened for three full-day workshops and over 50 participants contributed their expertise, creativity and problem-solving at each session.

The planning was grounded in the experience and perspectives of youth and families who have needed and received intensive community-based mental health services. Such services include school-based day treatment, residential treatment, and intensive in-home services. Accounts of service journeys shared at the outset of the first workshop gave poignant clarity to the pressures, barriers, and gaps that had to be resolved. At several points during the workshop series, the Lead Agency engaged with youth and families about developments and sought feedback and advice for the workshop participants.

Additional preparation for the co-design process included portraying the current state through analysis of existing service and administrative data, and interviews with staff of child and youth mental health agencies.

A consensus emerged at the first workshop across all service sectors that essential to an improved service experience for children, youth, and families was a single point of entry and navigation support. Subsequent workshops elaborated on and suggested ways to realize this improved service model.

There are many steps ahead to accomplish this common vision. The effort requires thoughtful consideration of how best to utilize existing service capacity and assets, alignment with changing health policy in Ontario, and change management planning. Underscoring it will be

continued participation of leaders in relevant sectors, government, and children, youth, and families. We look forward to facilitating this important collaboration.

Acknowledgements

A message from Toronto's Lead Agency for Infant, Children and Youth Mental Health:

We would like to thank the many collaborators in this important work. Foremost, we are so grateful to the youth and families whose experiences and journeys anchored this continuous improvement effort. Your voices were key to this entire process. Thank you for your time and willingness to share your stories! We are appreciative of the Ontario Centre of Excellence for Child and Youth Mental Health that, as a facilitating partner, brought expertise, energy, and enthusiasm to our planning and events. We also value the leadership of our local providers of intensive mental health treatment services who demonstrated the commitment to advance beyond current experience by generating and guiding this opportunity to find new and better way to meet to the needs of children and families.

Feedback from The Family Navigation Project, Family Advisory Council offered a special point of view drawing on their experience and innovation. We extend our gratitude, too, to the many staff, from infant, child and youth mental health, education, child welfare, health, government, advocacy and community agencies, for taking the time to share substantial knowledge and varied perspectives in rich discussions over three days.

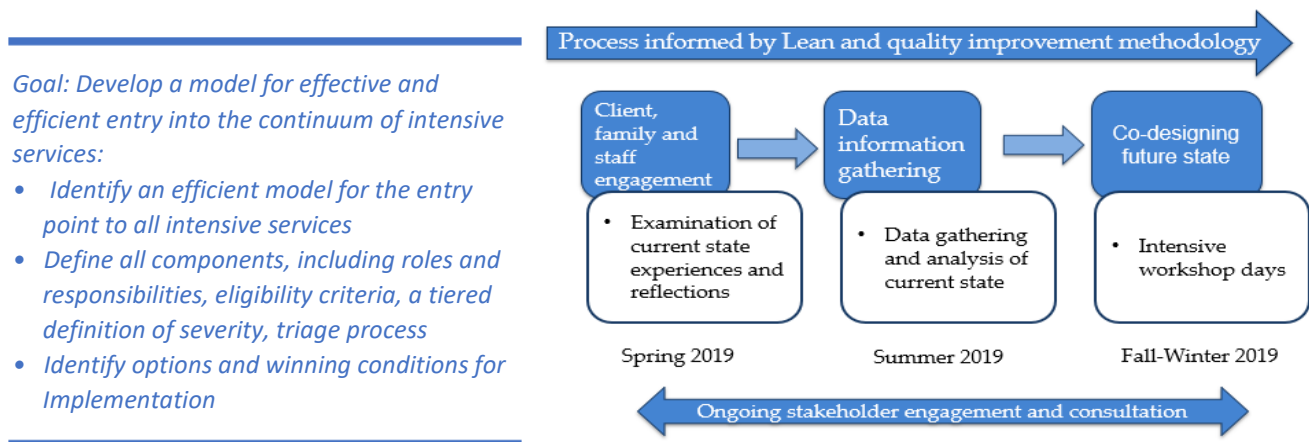
Collectively, we designed a common vision for streamlined entry and navigation support for intensive mental health treatment services in Toronto. Thank you!

Background

Intensive services include school-based day treatment, in-home services (intensive treatment offered in the home), live in treatment (also referred to as residential treatment). Intensive services are for children and youth who have been diagnosed or identified with mental health problems, often complex, that impair their functioning in some or many areas, at home, school, or in the community.¹

In 2015, the Toronto Lead Agency convened working groups made up of senior leaders from agencies providing intensive treatments and related sectors (e.g. education, child welfare, etc.) to identify service gaps and barriers in both residential and school-based (Section 23) day treatment. As a follow-up to the two reports issued in 2017 which catalogued many challenges and recommended multiple improvementsⁱ, in 2019 the Toronto Lead Agency convened an *Intensive Services Task Force*ⁱⁱ of senior leaders to prioritize two areas for action. The *Task Force* resolved to focus on the following priorities: improving entry processes and data collection and utilizationⁱⁱⁱ.

FIGURE 1 **Mandate from Intensive Service Task Force, 2019**



In setting this mandate for change, the *Task Force* recognized that engagement of children, youth and families with lived experience was as critical to this improvement process as was the involvement of a broad spectrum of professionals involved in the provision of service to this client population.

¹ Ministry of Children and Youth Services, Community-Based Child and Youth Mental Health Program Guidelines and Requirements #01: Core Services and Key Processes

Co-Design Methodology

The intensive services project team, a partnership between the Toronto Lead Agency and the Ontario Centre Of Excellence for Child and Youth Mental Health, determined that three full-day co-design workshops would allow for a necessary balance among presentation of problem statement and current state analysis; interactive discussion and problem-solving; and participation of diverse stakeholders involved in intensive treatment: staff from child and youth mental health and referring agencies, education, government, psychiatry, child welfare, advocacy organizations, hospitals, and allied social services.

In preparation for the co-design workshops, the project team embarked on a current state analysis, encompassing data analysis; staff engagement; youth and family engagement. This information was assembled into a package, distributed to participants registered for the design workshops, and presented at the first workshop.

Data Analysis

The project team collated and analyzed service volume data as well as client profile and administrative data from the major referral sources: Centralized Assessment and Residential Services (CARS), Toronto District School Board, and Toronto Catholic District School Board. In addition, process maps were created for current referral and entry processes through CARS and through education partners and day treatment providers. It was evident through this work that the quality of data was variable but it did allow for a general understanding of who is served by intensive treatment, the capacity of the system, and how decisions are made currently as children, youth and families enter, move through, and exit the service pathway.

Engagement of children, youth and families

Outreach to providers of intensive services identified youth and families willing to engage with the project. The project team was committed to anchoring the improvement planning in the voices of children, youth and families with lived experience. Youth and families contributed in two ways: sharing experiences that would be a starting point for planning and providing feedback on progress during the co-design process. Telephone interviews, in-person interviews and focus groups were conducted. Although it was an option, youth did not attend any of the co-design days however, parent volunteers from the Family Advisory Council of the Family Navigation Project at Sunnybrook Hospital did. What was shared by youth and families was collated and analyzed for themes. In addition, several youth produced service journey maps. With their explicit permission, these journey maps were exhibited and the subject for table discussions at the first design day.

Youth and families described barriers to services: they had difficulty finding and understanding information about services, finding and obtaining a service that matched their needs, and getting service when they needed it. Having to wait or taking too long to identify the right service often meant that mental health needs became more complex and pressing during that interval. Their accounts highlighted the importance of having a navigator role to support the

coordination of services and foster effective communication and partnerships between all providers of service.

FIGURE 2 Engagement with Youth, Families and Staff

Interviews and focus groups with youth and families: 2 interviews with families 1 focus group with parents/caregivers (11 participants) 1 focus group with youth in residence (5 participants) 1 focus group with youth intensive services (7 participants)
Interviews with staff representatives from 12 agencies offering intensive services

Staff Engagement

Key informant interviews with staff from agencies delivering intensive services were conducted, transcribed, and analyzed into themes by Centre of Excellence project team members. Staff noted process redundancies, transition challenges, and identified opportunities to increase coordination in the system, improve partnerships across and between sectors, and utilize standardized assessment tools and processes.

Co-Design Workshops

An invitation to participate in the three-day co-design process was extended to leadership and staff in child and youth mental health, child welfare, education, community and advocacy organizations, addictions, psychiatry, hospitals and government^{iv}. Throughout the process, the project team invited participants to identify additional organizations or individuals who could contribute to the process.

Each design day had over 50 participants. Seating was assigned to ensure a mix of sectors and professional roles at all tables. Project team members facilitated table discussions, documentation, and plenary reporting. After each design day, notes were themed and summarized for presentation at the start of the next design day. In this way, each session was a building block for that next one. Evaluation forms were distributed to participants at every workshop.

At several points throughout the planning, the project team convened senior leaders from providers of intensive treatment, the *Informant Group*, for progress reporting and guidance. The table below summarizes the sequence of events and outcomes.

FIGURE 3 Purpose and Outcomes of Co-Design Planning

When	Purpose	Outcome
Advance work	Analysis: data; staff interviews; youth and family focus groups, interviews Informant Group session	Information package distributed to registered participants Youth service journey maps
Design Day 1	Voices of youth and family - their journeys Describe current state and context Generate options for improved model of entry Youth and family feedback session	Two points of consensus emerged: single point of entry and navigation functions Examples of entry point processes constructed
Design Day 2	Explore requirements of single point of entry and navigation functions Informant Group session	Description of single point of entry and navigation functions Logic Model, inputs, activities, outcomes
Design Day 3	Understand Client Profile and Service Continuum Informant Group session	Description of who needs intensive services The continuum and service gaps Delineate eligibility for intensive services
Design Day 4	Presentation of recommendations	

Recommendations

By anchoring to the voices of youth and families, and drawing on the expertise of the diversity of professions represented amongst workshop participants, the planning process achieved a consensus on how to improve the service pathway for intensive mental health treatment.

Essential are two elements: a single point of entry, and navigation support into, through, and out of service for seamless transitions.

Within this new service model, workshop participants were united in expecting the following attributes:

- Youth and family as partners in care
- Addresses individualized needs
- Anti-oppressive lens, practice and approach
- Strength-based approach
- Culturally responsive
- Considers social determinants of health
- Seamless transitions and continuity of care.

Single Point of Entry and Navigation Support

A single point of entry will provide the gateway to intensive services. It will be available to individuals directly but more commonly a professional already supporting a child, youth or family in some way will make the initial contact for additional service. A variety of channels such as phone, email and website will be available.

At the entry point, qualified professional staff will engage with, and gather information from, youth, families and referring service providers to understand service needs, discover and clarify service options, and facilitate matching and planning for the best treatment opportunities.

Youth and families, and co-design workshop participants equally, noted that intensive services can be complex and confusing, and support with navigation to and between services by a well-informed, experienced partner was very important. Making the most suitable decisions about treatment options is easier and less stressful when supported in this way. Navigation support facilitates seamless transitions and continuity of care.

FIGURE 4 Service Navigator Characteristics Valued by Youth and Families

- Knowledgeable about services available at all levels
- Compassionate and non-judgmental
- Strong communication, negotiation and conflict management skills
- Skills in counselling, coordination, health education, problem-solving
- Ambassadors of hope

FIGURE 5 Single Point of Entry with Navigation Support

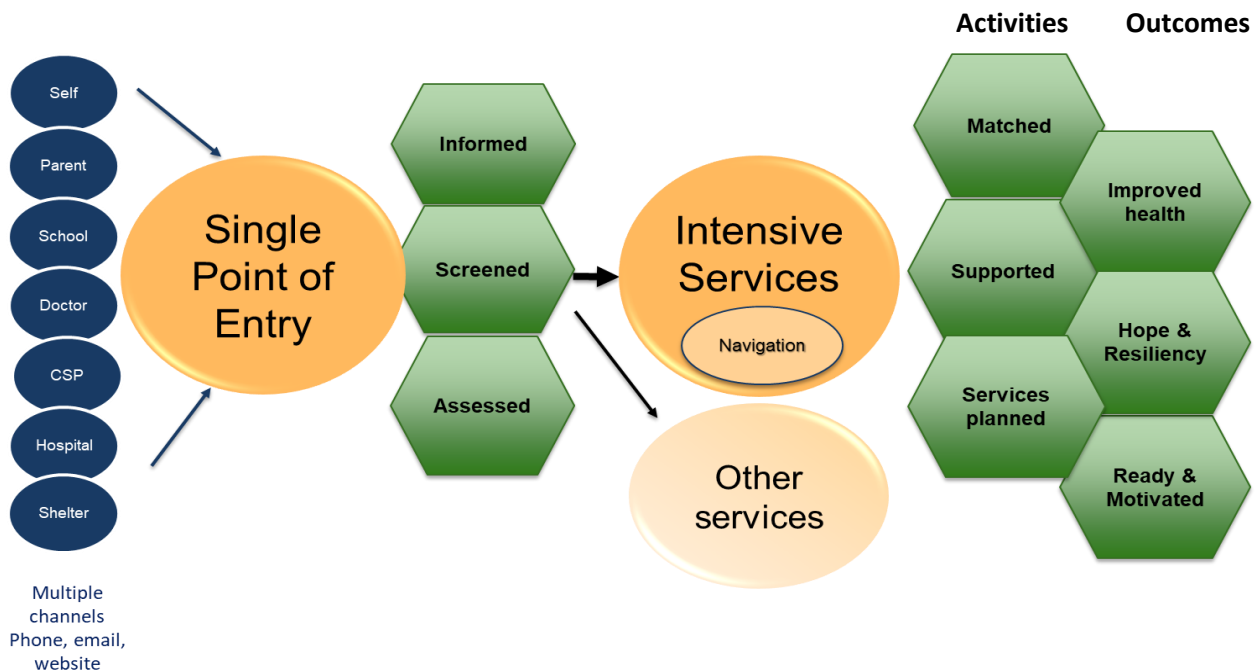


FIGURE 6 Components of Single Point of Entry and Navigation Support

Function	Activities	Client Outcomes
Receive requests	Provide information about services and system Variety of channels for referral sources and individuals	Simplicity for youth, families and all potential referral sources Minimizes confusion and duplication
Gather information	Qualified intake staff utilize validated screening and assessment tools and standardized procedures to ascertain presenting concerns, previous service involvement, readiness for treatment, type and urgency of service need Liaises with service providers as needed	Equitable access to services Youth, family feels heard, understood, supported Sense of hope Client file with all information Tell their story fewer times
Assess and determine eligibility	Determine suitability, eligibility and level of need for intensive services Triage to the continuum of care: Affirm Level 3 or 4 service required or redirect to a Level 2 service option where appropriate Match Level 3 clients to navigation support	Transparent and consistent system for youth and families
Navigation support	Liaise with potential service providers Develop a service plan with child, youth and family Make referrals to services Facilitate connections and transitions Follow up with clients and service providers Advocacy; facilitate coordination and partnership	Youth and families feel supported and part of the team Youth and families report less anxiety, stress and isolation Best service match and plan Seamless process and transitions

Youth, families and design day participants reflected how these improved processes would serve to create a system that helps make children, youth and families feel empowered as partners in their mental health journey. These improvements aim to help youth and families feel heard, supported and hopeful.

Next Phase of the Work

There is much anticipation and excitement to realize this renewed vision for improved entry to intensive services.

In moving forward, the Lead Agency communicated its immediate plans to do the following:

- Consult with experts to solidify or enhance the vision with best practices, validated tools, etc.
- Share the recommendations with the child and youth mental health sector, government, and allied sector partners.
- Continue to engage with youth and families.

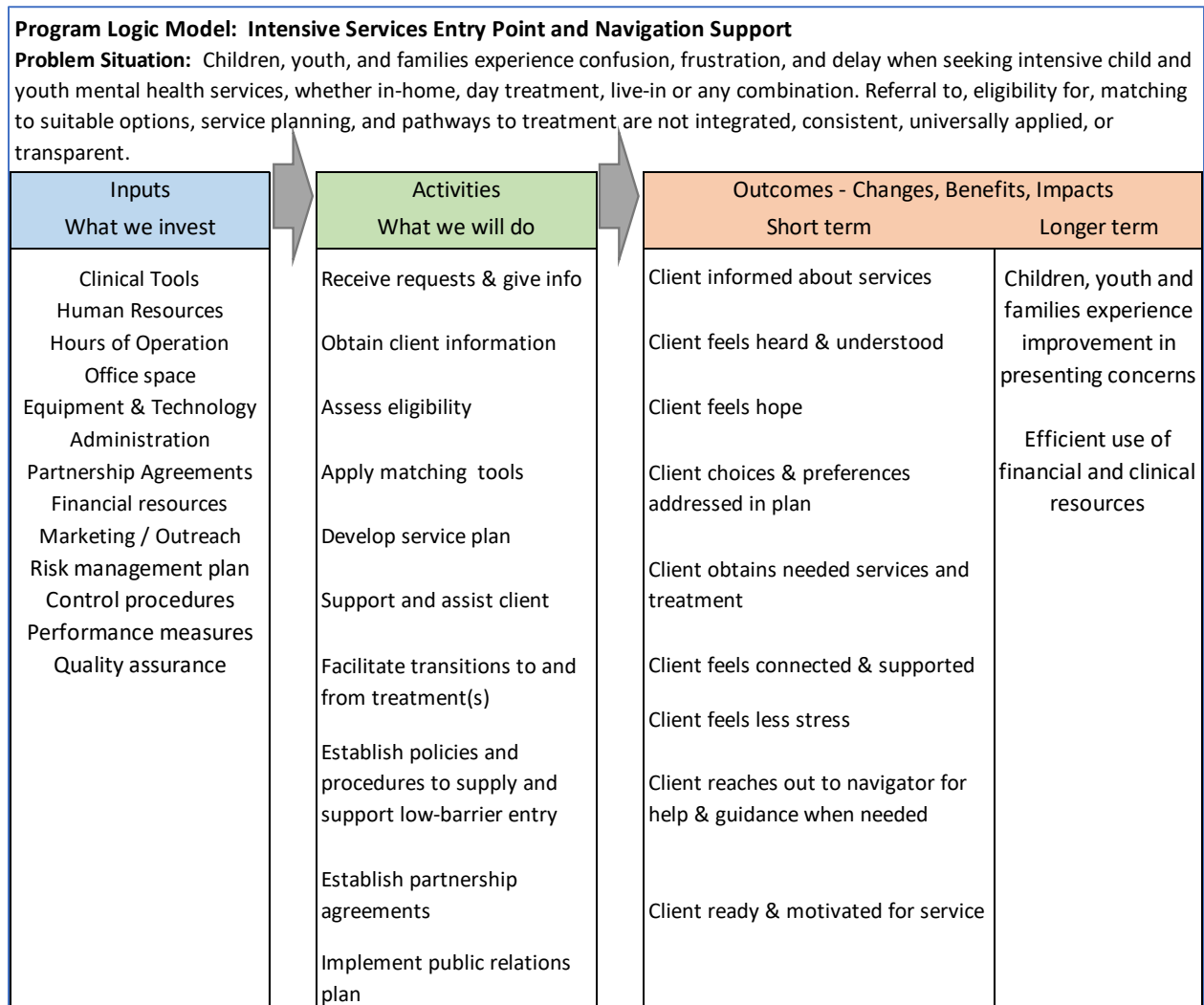
Throughout the co-design process, questions about “how to” surfaced routinely. Addressing the many operational issues and challenges becomes the focus of the next stage in the change process. A valuable reference for the upcoming planning is the logic model that was a product of the co-design process (see below). The Toronto Lead Agency will collaborate broadly again to answer the many operational and implementation questions:

- How might the existing resources and processes supporting intensive service delivery be used? Intake, assessment, matching, case management?
- What staff qualifications are required in the single point of access? For navigation support?
- What screening, assessment and matching tools will be used?
- What management and governance structures are needed? How will they be developed? Operate?
- this a centralized or decentralized (hosted by multiple csp’s) operational model?
- How will technology support the operations?
- What partnerships and agreements do we need?
- What processes and protocols are needed to support the service model?
- What are the risks of moving to this model? What is the mitigation plan?
- What quality assurance and performance management measures and routines will support and control service delivery?
- How might connection to the adult mental health and addictions sector be incorporated into the model?

The Centre for Excellence project team, in its wrap up remarks to the Lead Agency, estimated that establishment of the improved entry service model offered the child and youth mental health sector in Toronto substantial annual savings by reducing redundancies and delays and, more importantly, projected gains in client and staff satisfaction, reduced wait times, and positive client outcomes.

The efforts and results described in this report set the stage and compass for the work ahead and we are so grateful. The Toronto Lead Agency looks forward to re-connecting in new ways as we move this work into the next stage.

FIGURE 7 LOGIC MODEL FOR SINGLE POINT OF ENTRY AND NAVIGATION SUPPORT



End Notes and References

ⁱ Toronto Lead Agency, 2017. Residential Treatment Working Group Final Report; Toronto Lead Agency, 2017. Residential Treatment Working Group Final Report.

ii Intensive Service Task Force members

Patrick Levesque, Executive Director - Turning Point Youth Services (Co-Chair)
Paul McCormack, Community Volunteer and Content Expert (Co-chair)
Debbie Schatia, CEO, Youthdale Treatment Centres
Cheryl Webb, Executive Director, Adventure Place
Tom Adams, Ministry of Education
Neill Carson, Clinical Director, Sick Kids Centre for Community Mental Health
Zel Fellegi, Director, Clinical Services, Aisling Discoveries Child and Family Centre
Siobhan McCarthy, Director, Holistic Services, Native Child and Family Services
Lydia Sai-Chu, CEO, Skylark Children and Youth Services
Brian O'Hara, Director CARS, Skylark Children and Youth Services
Kristina Rohde, Quality Improvement Specialist, Ontario Centre of Excellence for Child and Youth Mental Health
Lead Agency
David Willis, Director, Strategy and System Management
Catharine deLeeuw, Manager, System Strategy and Performance Management
Bianca Feitelberg, Project Coordinator

ⁱⁱⁱ Toronto Lead Agency, 2019. Intensive Services Task Force Final Report.

iv Participating Organizations in Co-Design Days

Adventure Place
Aisling Discoveries Child and Family Centre
Arrabon House
Black Health Alliance
Boost Child and Youth Advocacy Centre
Breakaway Addiction Services
Catholic Children's Aid Society of Toronto
Centralized Access to Residential Services (C.A.R.S)
Centre for Addiction and Mental Health
Centre Francophone du Grand Toronto
Child Development Institute
Children's Aid Society Toronto
East Metro Youth Services
Family Navigation Project
Family Navigation Project, Family Advisory Council and Parent Advocate (Lived Experience)
Griffin Centre
Jessie's Centre
LOFT Community Services
Massey Centre
Ministry of Children, Community and Social Services
Ministry of Health, Mental Health and Addictions Division
Native Child and Family Services of Toronto

North York General Hospital
Peel Children's Centre
Pine River Institute
Rosalie Hall
Sancta Maria House
Sick Kids Centre for Community Mental Health
Skylark Children, Youth and Families
St. Joseph's Health Centre
Sunnybrook Health Sciences Centre, Division of Youth Psychiatry
The Etobicoke Children's Centre
The George Hull Centre
Toronto Catholic District School Board
Toronto District School Board
Turning Point Youth Services
Youthdale Treatment Centres
YouthLink