



April 2022

Right time, right care:

Strengthening Ontario's mental health and addictions system of care for children and young people





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Project partners



School
Mental Health
Ontario

Santé mentale
en milieu scolaire
Ontario

School Mental Health Ontario (SMH-ON) is a provincial implementation support team. It helps school districts enhance student mental health using evidence-based strategies and services. Since 2011, SMH-ON has worked alongside the Ministry of Education, English and French school districts and school authorities, and a number of provincial education and health organizations to develop a systematic and comprehensive approach to school mental health in an aim to enhance the quality and consistency of mental health promotion, prevention and early intervention programming in Ontario schools.¹⁰³



THE CHILD AND YOUTH MENTAL HEALTH
LEAD AGENCY CONSORTIUM

The Lead Agency Consortium (LAC) is comprised of 31 “lead agencies” responsible for system planning in each of the province’s 33 service areas, partnering with core service providers to ensure that children, young people and families receive the right services for their unique needs at the right time and in the right place and purpose.



**Knowledge
Institute**

on Child and Youth
Mental Health and Addictions

The Knowledge Institute on Child and Youth Mental Health and Addictions (The Knowledge Institute) builds connections, shares knowledge and draws on expertise to enhance the skills of direct service providers and agencies across the province. The Knowledge Institute passionately promotes and shares the benefits of both organizational learning and evidence-informed practice. Together with partners, the Knowledge Institute is working to strengthen Ontario’s mental health programs and services for all children, young people, families and caregivers.¹⁰⁵



Children's Mental Health Ontario
Santé mentale pour enfants Ontario

Children’s Mental Health Ontario (CMHO)’s primary goal is to promote a coordinated and high-quality system of care that puts, children, young people and families first by working inside and outside the provincial government on both the bureaucratic and political sides to expand access to care, improve capacity and support the delivery quality services within a quality system.¹⁰⁴



Foreword

On behalf of the Child and Youth Mental Health Lead Agency Consortium (LAC) and School Mental Health Ontario (SMH-ON), we are pleased to offer this foundational document, *Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people*, that articulates our shared vision for the system of care for child and youth mental health in Ontario. In many ways, this resource has been almost a decade in the making, with early efforts towards establishing a cohesive service delivery system, like the Student Support Leadership Initiative and Working Together for Kids Mental Health, establishing the scaffolding upon which the current thinking rests.

Many communities have worked hard, over many years, to create excellent working relationships that have led to the development of protocols for service delivery across sectors. The pressures associated with the pandemic also revealed the fragile nature of collaboration – as gaps and tensions were surfaced and amplified.

In response, the LAC and SMH-ON, together with support from the Knowledge Institute for Child and Youth Mental Health (the Knowledge Institute) and Children's Mental Health Ontario (CMHO), established a working table of leaders from community mental health agencies and school board mental health leadership teams to consider a collaborative way forward. Ministry of Health and Ministry of Education officials joined in these conversations. With children, young people and families at the centre, members of the System Collaboration Working Group identified current barriers to care, tension points and strengths in the system. Months of challenging and productive conversation led to the development of the shared vision for work across our two sectors. This vision was shared in early forms with young people and parents/caregivers, as well as with leaders in several Ontario communities. Critical feedback iteratively informed the current resource.

We acknowledge there are many key contributors to the mental health of children and youth in Ontario. Partners in hospitals, cultural/faith organizations,



public health, recreation, and many others also have essential roles to play in bolstering and maintaining mental health for young people, especially as we recover from pandemic impacts. Right time, right care centres the community and school parts of the system of care, in the hopes that clarity in these spaces will impact positively across other areas as well.

While aspirational in nature, we believe that the multi-tiered and collaborative system of support outlined is within our grasp. As leaders in the system, as you reflect on the thinking presented here, we are confident that you will have ideas and innovations to share for advancing the system of care in your community. Please reach out with your suggestions. As intermediary organizations, we are committed to continued work in this area, most notably with the development of community implementation support resources to enhance the system of care.

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Executive summary

Children and young people should have barrier-free access to high-quality mental health care, offered at the right time and in the best setting to suit their needs. Unfortunately, many barriers exist to achieving the level of sustained coordination and collaboration needed to ensure a seamless and positive service experience. COVID-19 realities have amplified and highlighted gaps in the existing service delivery approach.

In this resource, we propose an aspirational vision for how schools and community-based child and youth mental health organizations can collaborate to provide a coordinated, responsive system of care aimed at meeting the mental health needs of Ontario's children and young people. This vision is intended to support conversations and action at the local level.

Collective vision for a school-community system of care

Creating and agreeing on an aspirational vision of how we would like a system to work will help us to navigate the complexity of system change. We envision a system where our sectors work together to firmly place children, young people and families at the centre. In this document, we introduce the concept of a system of care. Simply put, a system of care approach can support a key goal of our mental health system: to provide the right service, at the right time, in the right modality and in the right place to meet the unique needs of each child and young person.

Common foundations for a system of care

Shared principles and values are foundational to any system of care. To develop this resource, we convened the System Collaboration Working Group (comprised of mental health leaders from school and community-based agencies) who agreed that our vision should be grounded in the values of a system of care, which include:

1. An anti-oppressive and equity-focused approach
2. A community-based approach
3. Meaningful youth and family engagement
4. Evidence-informed services and practices



Clarifying roles and responsibilities

A successful system approach needs to agree on what the pieces of the system are and how they fit together. In this resource, we describe Ontario's child and youth mental health and addictions service system and provide some examples to help schools and community-based agencies to work collaboratively with young people and families within their local context.

Explicit pathways to, from and through services

Having clear and well-understood pathways to, from and through services is the cornerstone of a robust system of care and provides practical guidance to children, young people and families who are interacting with the services. One of the first steps in preparing for a conversation related to roles with other organizations is to clearly identify the current or ideal internal pathways within your own school board or community-based agency. Through this work, we identify components of internal pathways, including access, screening and assessments, services and collaborative transitions.

Implementing a system of care

Creating and sustaining change within and between sectors is not easy. Change does not happen just by having full understanding of the benefits of a system of care or knowing that changes will improve clinical outcomes and the delivery and cost of services. In this resource, we outline the importance of implementation drivers including:

1. Leadership driver: Commitment
2. Organizational and system drivers: Cross-sectoral communication
3. Organizational and system drivers: Protocols, partnership agreements and other collaborative tools
4. Competency drivers: Consistent and systemic training
5. Organizational and system drivers: Robust data systems
6. Leadership drivers: Intermediary organizations and technical assistance



Knowing we're on track with clear outcomes and monitoring

It is important to know the progress you are making towards a system of care. Creating a shared understanding of what a system of care can achieve and taking important local steps towards a system of care will let you know what progress looks like within your communities. In this resource, we outline outcomes associated with the key values and components to a system of care and what progress looks like to young people and family members.

Summary and conclusion

A system of care approach establishes mental health services across sectors that place children, young people and families within the centre of care. It provides an ease of access to equitable services and supportive transitions between sectors and organizations. It acknowledges that oppression and racism are systemic and works to remove barriers and address injustices to provide a caring and effective system for all. In this first summary of shared learning and thinking, key elements and focus areas for implementation have been outlined. We believe that setting the shared vision and highlighting key evidence-informed elements that will move us towards this aspiration, is only the first step. As provincial organizations supporting those who provide child and youth mental health and addiction services in the community and in schools, we are firmly committed to implementing next steps.



1

Setting
the stage



Background

Children and young people should have seamless access to high-quality mental health care, offered at the right time and in the best setting to suit their needs.

Ontario's schools, community-based child and youth mental health and addictions organizations, culture and faith-based organizations, peer/community support agencies, public health, acute care clinics and hospitals all play a critical role in supporting mental health and wellness. The client's journey is defined by the way in which these service providers work together to align and integrate care so that it is accessible, culturally relevant, and responsive. Unfortunately, many barriers exist to achieving the level of sustained coordination and collaboration needed to ensure a seamless and positive service experience.

There have been several provincial initiatives over the last decade aimed at building a coordinated, responsive system of mental health supports for Ontario's children and young people. These include [Open Minds, Healthy Minds, Moving on Mental Health, Child and Youth Mental Health Service Framework, Pathways Support Toolkit, Road Map to Wellness](#) and [Better Together](#).¹⁻⁶ Many of these efforts have yielded positive effects. However, COVID-19 realities have amplified and highlighted gaps in the existing service delivery approach.

We recognize there are many key players within the wider system of support for children, young people and families. This initiative puts an explicit focus on two key partners: school boards and community mental health and addictions organizations. Starting small lets us set a course that might have further ripples of wrap-around mental health care.

This foundational paper is one of the products culminating from a year-long collaborative effort spearheaded by the School and Community System of Care Collaborative, which includes the Lead Agency Consortium (LAC), School Mental Health Ontario (SMH-ON) and the Knowledge Institute on Child and Youth Mental Health and Addictions (the Knowledge Institute) and Children's Mental Health Ontario (CMHO). Our efforts have been supported by 30+ system leaders from the school and community mental health sectors.



About the School and Community System of Care Collaborative partners

With Mental Health Leadership Teams in every school board, School Mental Health Ontario (SMH-ON), provides guidance, implementation coaching, training, resources and a community of practice to help schools promote student mental health in scalable and sustainable ways. Funded by the Ministry of Education and guided by evidence for advancing a multi-tiered system of support, SMH-ON has introduced programming and resources to enhance mental health promotion, prevention, early identification and early intervention in schools. Feedback loops and iterative processes support a comprehensive and responsive system.

The Lead Agency Consortium (LAC) is comprised of 31 “lead agencies” responsible for system planning in each of the province’s 33 service areas. The LAC collaborates with core service delivery partners to ensure that children, young people and families receive the right services for their unique needs at the right time and in the right place. Throughout the province, community-based child and youth mental health and addictions organizations are funded by the provincial Ministry of Health to deliver a range of essential core services to Ontario’s children, young people and families.

Children’s Mental Health Ontario (CMHO) and the Knowledge Institute on Child and Youth Mental Health and Addictions (the Knowledge Institute) work together to support the lead and core service agencies to ensure an evidence-based, high-quality system of child and youth mental health and addictions care.

The Knowledge Institute has served as the Secretariat for this project and authored this foundational paper in close collaboration with the other intermediary organizations and individuals listed in Appendix A. As intermediaries and provincial partners in the child and youth mental health space in Ontario, we recognize the urgency and opportunity for coming together to improve the system of care across our sectors. This urgency has been amplified by the realities of the COVID-19 pandemic and the pressures it has placed on the service environment.



SETTING THE STAGE

We anticipate that additional supports will be needed to bring this document's aspirational vision and principles to reality. Our organizations are committed to working alongside leaders in the field to co-design tools to support implementation towards the collaborative vision articulated here.

The COVID-19 context

The unique pressures of the COVID-19 pandemic have highlighted gaps in the system and exposed vulnerabilities among young people in Ontario.⁷⁻⁹ The impact of the pandemic has been – and continues to be – particularly felt by people belonging to equity-deserving groups, including Indigenous, Black, 2SLGBTQ+ and other diverse communities.^{10,11} This has increased the risk of adverse effects among diverse children, young people and families.¹²

As we move through the pandemic, we must work to establish sector role clarity, along with robust pathways and protocols to and through accessible mental health services for children and young people in every Ontario community. And as children, young people and families grapple with the pandemic and its impact on their mental health, representatives from schools, community-based child and youth mental health and addictions organizations – along with the intermediary organizations supporting them – are working hard to ensure a cohesive system of mental health support.

However, creating and maintaining cohesion can be a daunting task. Within Ontario, there are currently 72 school boards, four remote school authorities, and seven provincial demonstration schools. More than 180 community-based child and youth mental health and addictions organizations span 33 service areas in the province. In some regions, service areas and school board boundaries align well, but in many areas misaligned geographic boundaries and service differences across school boards and agencies can lead to inconsistencies in care. Although some communities have clear pathways and processes in place to provide equitable mental health services and supports to families, many more do not.

These gaps and inconsistencies in the system are not new but have been brought to light during the pandemic.



SETTING THE STAGE

Moving forward

As we continue to figure out how to live with COVID-19 and its variants, it is important to acknowledge that the need for mental health services may surge among children and young people.¹³ It is essential that those providing child and youth mental health and addictions support and services work in tandem with other sectors and services – as well as with the people and families they serve – to provide accessible and coordinated care.

A key part of a COVID-19 response involves addressing trauma and recognizing the complex interactions children and young people had prior to the pandemic, as well as acknowledging the adaptations that have been required during the pandemic.¹⁴ Recognizing the strengths and needs of children, young people and families will help build promote capacity and resilience.¹⁴

Ontario already has many foundational elements in place for a system of care. However, the pandemic has amplified the need to address the barriers that already exist and continue to stand in the way of consistent implementation of service in regions and communities across the province. There is a strong body of research literature supporting the value of an integrated system of care. Through earnest commitment and important dialogue, the System Collaboration Working Group along was established and collaborated together and a group of peer reviewers to create a framework and provide guidance on resources and tools that can enable the implementation of an integrated system of care.

It is essential that those providing child and youth mental health and addictions support and services work in tandem with other sectors and services – as well as with the people and families they serve – to provide accessible and coordinated care.

The information in this report is evidence-informed, drawing on research knowledge and clinical expertise of our working group members. We have also sought feedback and included insights from young people and families with lived experiences.

A list of the System Collaboration Working Group members and others who helped develop this document can be found in [Appendix A](#).



About this document

This document is intended for leadership teams in schools and community-based child and youth mental health and addictions centres who are working to advance collaboration between schools and service delivery organizations in their communities.

A system of care approach is an ideal standard that encourages transformation through coordinated networks and interdependent services supporting children and young people.^{15,16}

This document describes four common foundations of a system of care and sets them within our current context. We also outline the aspirational roles and responsibilities for partners, as well as the importance of pathways to, from and through mental health services, especially for clients accessing these services. We then explain key implementation factors and how they can guide the system of care framework from concept to action.

Additional resources are provided within each section to enable leaders to dive more deeply into specific areas. Some practical tools others have used to approach some of the topics can be found in [Appendix B](#). Note, however, that this paper is meant to be an orienting document only. Additional implementation supports will be needed to support local conversations and collaborative action.

Each section concludes by sharing how we validated our process in developing the resource, and we offer an evolving inventory of tools and resources to help local communities and school boards move toward a system of care.

Other sectors, like primary care, hospitals and public health, are also critical to a well-functioning system of care. The specific focus of this document, however, is on establishing strong, clear links, pathways and processes between schools and community-based child and youth mental health and addictions organizations.

In this document, we propose an aspirational vision for how schools and organizations can collaborate to provide a coordinated, responsive system of care aimed at meeting the mental health needs of Ontario's children and young people. This vision is intended to support conversations and action at the local level.



SETTING THE STAGE

As those committed to providing high-quality mental health supports, we see ourselves working together within our communities to transform services within and across sectors while keeping children, young people and families at the centre of our work.

Understanding the system of care approach

A “system of care” is a conceptual framework that can be used to guide how a service system works.¹⁷ A system of care approach is an ideal standard that encourages transformation through coordinated networks and interdependent services supporting children and young people.^{15,16} The values and guiding principles of a system of care approach are to place young people and families at the centre, and provide equitable, responsive and inclusive services within settings where young people are most safe and comfortable.¹⁵

Simply put, a system of care approach can support a key goal of our mental health system: to provide the right service, at the right time, in the right modality and in the right place to meet the unique needs of each child and young person.

Values and guiding principles are not the only requirements for a system of care approach; there also needs to be a foundation of clear accountability, both within and between sectors as well as at the management and service delivery levels.¹⁷

The value of a systems approach

A strong system of care contributes to service alignment, cost efficiency and effective communication – all of which help children, young people and families receive the right care in a timely way.

Research shows that a system of care can result in positive outcomes. For example, there is compelling evidence from the United States that children and young people receiving services within a system of care showed improved school outcomes, decreased involvement in the criminal justice system and more stability in housing.¹⁸



SETTING THE STAGE

Communicating clearly about sector-specific service offerings, availability and pathways ensures children, young people and families know where to turn for help for mental health concerns.

From concept to action

Moving from the concept of a system of care to a plan of action to support children and young people requires collaborative consensus-building between key players. Before schools and community-based child and youth mental health and addictions organizations can work in an integrated manner, it's important to establish a shared vision, language, values and guiding principles.

As well, it's important to use a planned approach to implementing change – one that is rooted in an implementation science approach.¹⁹ Implementation science tells us that to ensure sustained, effective change, a number of foundational elements should be in place (this is discussed in more detail in [section 5](#)).

Moving from the concept of a system of care to a plan of action to support children and young people requires collaborative consensus-building between key players

Community-based child and youth mental health and addictions lead agencies have, over the last eight years, planned and coordinated mental health care within and across the province's 33 service areas. This group has worked to establish four provincial priority reports,^{2,6,20,21} which focus on strengthening cross-sectoral collaborations between key sectors, including schools.



2

Vision and
foundational
elements



Collective aspirational vision for a school-community system of care

A system of care approach is well aligned with the goals of current leadership and government policies such as [The road map to wellness](#). It can help support the implementation of many provincial priorities, including using common assessment and satisfaction tools, working towards strengthening access mechanisms, and others.^{5,6,21} The collaborative and complementary leadership within the school and community-based mental health and addictions sectors can support progress towards a system of care. For example, representatives from each of these groups came together as the System Collaboration Working Group to build this document.^{5,6,21}

A single system of care can help ensure a good match between needs and available services, which will ultimately reduce fragmentation of services and ensure the mental health and well-being of children and young people.¹⁸ Achieving this, however, is a complex process that occurs at multiple levels (policies, funding and other structures) and across many sectors, including health and education.

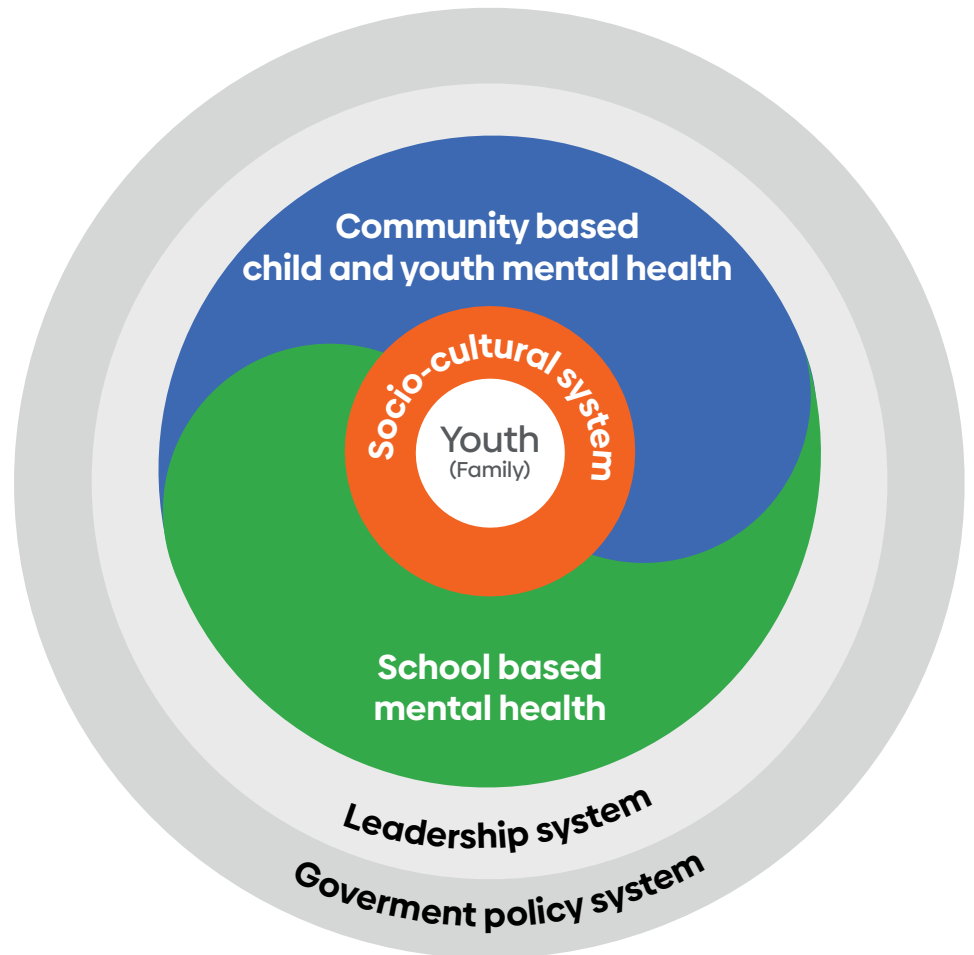
Creating and agreeing on an aspirational vision of how we, the partners of this document, would like a system to work will help us to navigate the complexity of system change. We envision a system where our sectors work together to firmly place children, young people and families at the centre. As a system, it is also necessary to identify and address the social system and economic factors impacting children, young people and their families.¹⁸

As schools and community-based agencies, we understand the social and cultural factors influencing the well-being of children and young people. We recognize we can do more to integrate these components into our understanding and service delivery.



VISION AND FOUNDATIONAL ELEMENTS

Figure 1: Visualizing a system of care





Common foundations for system of care

Shared principles and values are foundational to any system of care.^{17,18,22,23} In the fall of 2020, the System Collaboration Working Group generated the following guiding principles to inform provincial conversations related to local systems of care:

- A child's education and mental health are inextricably linked, and both are advanced by a strong and inclusive interconnected system that works in partnership with students and families.
- A continuum of mental health supports and services ranging from wellness promotion to intensive treatment should be available in each community/ service area.
- Although different sectors have specialized mandates and areas of focus, together we have a shared responsibility to support healthy development and wellness at the individual, family, and community level.
- Local systems are made stronger when there is equitable access, and when community partners who represent diverse perspectives and needs, cultures, faiths and identities, shape and contribute to the evolving circle of support that wraps around children and young people.
- Clarity and leadership across the province are required to inform local systems. The best outcomes will be developed, monitored and sustained through active collaboration between local schools, community-based services and children, young people and families.
- Robust systems include written documentation of all the partner roles and responsibilities. They are engaged in continuous quality improvement, balancing risk management with timely, evidence-informed, culturally responsive services.
- In times of crisis, or when chronic challenges exist, systems must demonstrate seamless and exemplary collaboration to support the unique mental health needs of children, young people, families and community. It is in these moments that the strength of the system is tested.

Young people and family members reviewed drafts of this document and told us what service providers need to keep in mind while developing a system of care.

- Change is constant and we need to be adaptable.
- Anti-oppressive and equity considerations should underlie everything we do (reflect our commitment to Truth and Reconciliation and anti-Indigenous racism and anti-Black racism).



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- It is important to ensure that services and providers reflect the linguistic and cultural diversity of children and young people in their communities.
- It is important to understand intergenerational trauma as well as the impact of systemic racism on children, young people and families.
- Each family is unique, and therefore their supports must be as well.
- It is important to acknowledge barriers to care, including cost and confidentiality of services.

The principles, values and feedback presented above have been used to guide the development of this document. These should be revisited regularly as progress is made towards achieving a system of care, at a provincial and local level.

A. Anti-oppressive and equity-focused approach

A system of care approach is essential for supporting the mental health and wellness of children and young people with diverse identities, and to address the social determinants of health.¹⁸ Though culturally competent care is considered a foundational component for a system of care, current frameworks do not adequately speak to the unique needs, strengths and resiliency of children and young people from diverse ethno-cultural, racial, gender, faith and linguistic backgrounds.

Systemic inequities in access and outcomes of care continue to exist.^{24,25} The COVID-19 pandemic and other recent events impacting equity-deserving communities have demonstrated a need to be explicit in addressing systemic oppression. These events include the Black Lives Matter movement and the uncovering of unmarked graves of Indigenous children at Canadian residential schools. As we move ahead through the pandemic and beyond, we need to have an increased appreciation of the role played by the social determinants of health in influencing our understanding of equity,^{12,16} and actively seek opportunities to be anti-oppressive and equity-focused.

There is a need within and across sectors to align system change with diverse voices. High-quality strengths-based and identity-affirming mental health support needs to be available and accessible to children and young people from diverse backgrounds across the continuum of care. Action is needed to identify areas where practices are systemically biased toward Western ways of



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thinking, rooted in colonial mindsets, or missing opportunities to incorporate other ways of knowing and be truly identity-affirming.

An anti-oppressive and equity-focused mental healthcare system requires attention to:

- infrastructure and organizational changes (governance, internal assessments, diverse staff recruitment and retention, training, policies, and others)
- service components (access, utilization, culturally tailored and culturally specific assessments and services)^{18,26,27}
- partnering with diverse stakeholders, with a commitment to listening and iteratively developing the system alongside community partners who bring different ways of knowing and thinking to the table.²⁸

This approach is especially important for populations where schools and community-based mental health agencies have historically caused harm or perpetuated oppressive practices that have traumatized children, young people and families.²⁹ Systemic oppression and discrimination can result in harm persisting across time and generations.

Beyond identifying and acknowledging root causes of trauma, promoting protective factors is another important principle of trauma-informed care. This makes it an important approach to address equity in mental health for children and young people.

Moving forward, efforts to improve mental wellness need to be identify-affirming and trauma-informed, and should promote protective factors.³⁰ This includes providing care that encompasses culture, values, practices, assets and knowledge.^{31,32}

Moving forward, efforts to improve mental wellness need to be identify-affirming and trauma-informed, and should promote protective factors. This includes providing care that encompasses culture, values, practices, assets and knowledge

At present, there is no agreed-upon framework for ensuring equity within child and youth mental health and addictions service delivery. However, several approaches are emerging that can help communities and schools reduce oppression and enhance equity. These approaches range from broad action frameworks in mental health³¹ to specific frameworks addressing the unique needs of equity-deserving groups.^{25,32,33}



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It is important to align system change with the decisions and directions of diverse partners. In this spirit, the importance of equity and inclusion within child and youth mental health and addictions will be addressed throughout the document with practical examples and considerations for your own organization and practice.

Additional resources on an equitable and anti-oppressive system of care:

- [Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework Anti-Racism Framework](#)³⁴
- [Advancing equity in mental health](#)³¹
- [The case for diversity: Building the case to improve mental health services for immigrant, refugee, ethno-cultural and racialized populations](#)³⁵

B. Community-based approach

“(A) system of care should be community-based, with the locus of services as well as management and decision-making responsibility resting at the community level.”³⁶

A community-based approach ensures children and young people have access to supports within their own community in a setting that is the least restrictive and as normative as possible.³⁷ Providing care within environments where children are most comfortable, as well as safe, is crucial because a connection to community and a sense of belonging contribute to psychological resilience and support overall mental health and well-being.^{14,36}

In Ontario, we are fortunate to have an array of mental health services available in schools and community-based agencies. These services exist alongside primary care, public health, cultural agencies, faith-based supports and a range of community programs. Services work to help ensure a community-based approach in which a child or young person is supported by their family, social supports and informal connections along with more formalized services.

The province of Ontario is both diverse and geographically expansive – which can sometimes pose challenges when trying to ensure that services remain community-based.



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In Northern and rural communities, children and young people have historically been required to travel long distances to receive services. However, the COVID-19 pandemic changed many of these challenges into new possibilities. Services, including daily education, moved from a physical community-based location into the homes of children and young people through virtual platforms and service delivery.

Virtual care is both an opportunity and a risk. On the one hand, it's an opportunity to provide services to young people and students in settings more comfortable and normal for them. Although critical barriers exist (such as inequities with internet access, speed and access to devices), options and improvements with virtual care may help community-based care move forward, as seen in the examples listed below. On the other hand, virtual services may not be the best fit for children and young people who do not have access to private or safe spaces to participate in a virtual session.

The preference and safety of children, young people and families should always remain top of mind when considering virtual care as an option.

Additional resources in a community-based system of care

Effective community-centered care begins with a full knowledge of the assets and resources available within a service area, no matter how that region is defined. A good starting place is to develop a list of the services available and then take time to learn about the full range of supports available. Conducting a collaborative resource-mapping exercise with agencies and school boards can be a productive exercise. New opportunities for synergy and complementary programming can arise through a listening and learning process. Resource-mapping might also highlight gaps existing within your communities and enable sectors to address these gaps. See Appendix B for a collaborative resource-mapping tool that you can adapt for your purpose.

- If you are looking to find the Mental Health Leaders within a school board you can find them [here](#).³⁸
- If you are looking for a community-based child and youth mental health centre or service in your community, you can find listings [here](#).³⁹
- [ConnexOntario](#) can also help when seeking addiction and mental health services regardless of someone's age.⁴⁰



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- If you are seeking information about the First Nations communities in your area, you can learn more [here](#).⁴¹
- A listing of mental health and addictions services available in Northwestern Ontario First Nations can be found [here](#).⁴²
- Resources to support Metis children, young people and families are found [here](#).⁴³



Learning from COVID-19:

As virtual care became a required service delivery option during COVID-19, organizations such as the Knowledge Institute provided emerging evidence to best support virtual care.

- [Transition to virtual care: An evaluation of changes to child and youth mental health service delivery in Ontario in response to COVID-19](#)⁴⁴
- [Virtual care 101 \(questions and answers\)](#)⁴⁵

C. Youth and family engagement approach

Young people and family reviewed drafts of this document and provided guidance and input. As young people and family were not at the working group table, this is not technically a co-created document. However, the importance of their contributions cannot be overstated.

Meaningful youth and family engagement can help identify necessary improvements to a system of care. Engagement can also guide planning and changes within individual agencies or schools. The importance of meaningful engagement should be highlighted at all stages of a child or young person's life, including transitions into or out of the primary and secondary school system. Meaningful engagement also has positive impacts on psychological well-being and critical thinking.^{46,47} When communicating to children, young people and families, engagement is essential because co-designed products are more likely to reach the right audience with the right messages.



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Youth-centered and family-driven care is enabled by meaningful youth and family engagement – which in turn leads to improved outcomes and a stronger sense that needs are being met through the services delivered.^{46–48} Engaging young people and families has been identified as a key priority for both the school environment and the community-based child and youth mental health and addictions sector.^{6,21} As noted in the Knowledge Institute’s Quality standards for family engagement, “Collectively, we are most efficient and effective when we work not just for children, young people and families but with them, every step of the way”.⁴⁶

Additional resources on youth and family engagement

- The Knowledge Institute’s Youth engagement [page](#) and the Family engagement [page](#) provide additional information including standards and resources.^{49,50}
- [Youth engagement in a rural and remote context](#)⁵¹
- SMH-ON’s report [#HearNowON Student Voices on Mental Health](#) provides an overview of student preferences for involvement in provincial, regional, school board and school-level mental health initiatives.⁵²
- [Working with Indigenous families: An engagement bundle for child and youth mental health agencies](#). This engagement bundle is designed to provide high level, introductory information on how youth mental health agencies can work with Indigenous families. It also provides additional resources to help agencies engage with Indigenous families in a meaningful and respectful way.⁵³
- The New Mentality’s [Youth resource package: Learn, share, build](#) provides information and resources to inform and empower young people participating in youth engagement activities.⁵⁴

Alternatively, evidence-informed practices include clinical treatments, programming and approaches that consider the best available research, resources available, clinical judgement, and other (cultural) ways of knowing to deliver measurable benefits

D. Evidence-informed services and practices

Schools and community-based child and youth mental health and addiction agencies across Ontario strive to provide evidence-based care proven to benefit those receiving services. However, there are challenges and limits to using an evidence-based approach, since these can have high and ongoing costs to ensure fidelity.¹⁸ The development and evaluation of many evidence-based practices often exclude the strengths and needs of equity-deserving communities.^{55,56}



VISION AND FOUNDATIONAL ELEMENTS

Alternatively, evidence-informed practices include clinical treatments, programming and approaches that consider the best available research, resources available, clinical judgement, and other (cultural) ways of knowing to deliver measurable benefits.^{19,57} Within a system of care, the delivery of evidence-informed care is an essential core value¹⁸ and should be implemented using a planned approach involving an ideal combination of adequate preparation, training, support, leadership and monitoring.

Using an implementation science approach when planning for change can help support the uptake of evidence-informed practices. Understanding the implementation process can help make the introduction and sustainability of an evidence-informed practice successful. The Knowledge Institute's Implementation Toolkit lays out a practical approach to support evidence-informed change using a three-step framework of planning, doing and sustaining.¹⁹ SMH-ON identifies a cycle of action based on co-development, testing, training, supporting and monitoring.⁵⁸

Equity-driven implementation science can address disparities in mental health. Having an equity lens is even more crucial during implementation if equity was not explicit in the development of practices.⁵⁹ Tailoring services to address the unique needs and strengths of equity-deserving communities, together with using an implementation approach that acknowledges and changes the conditions that perpetuate disparities (systems, policies, attitudes) can develop a system of care that best serves local communities.^{55,59}

Over the past three years, a suite of evidence-informed prevention and early intervention services have been introduced in schools. This includes lower-intensity offerings designed to assist students with emerging and mild problems (for example, Kids Have Stress Too!, and brief digital interventions). Students requiring supports for longer duration and higher intensity have a different suite of evidence-informed services (FIRST, Supporting Transition Resilience of Newcomer Groups, cognitive behavioural therapy and motivational interviewing). Training, consultation and ongoing coaching has been provided to school mental health professionals through SMH-ON. This training will continue as the suite of prevention services grows with cultural adaptations and new offerings.



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In addition, SMH-ON, working alongside the Innovation and Scale-Up Lab at Western University, is studying uptake and sustainability of these protocols in school boards across Ontario. For example, more than 800 school mental health professionals have received training in the Brief Intervention for School Clinicians (BRISC) through a partnership with the SMART Center at the University of Washington.

BRISC is a brief intervention that draws on principles of cognitive behaviour therapy and motivational interviewing to help students identify and work on a problem over a series of four sessions. In many cases, this problem-solving intervention is enough to help a student to transfer skills to associated difficulties and requires no additional support. Sometimes, a few additional sessions may be needed, and in some instances, more intensive services needs are identified. This approach allows for clear referrals to community mental health care. With the Scale-Up Lab, SMH-ON is studying barriers and uptake to BRISC. The intent is to enhance coaching and other supports encouraging sustainability as school mental health professionals integrate this new technique into their practice.

In an evidence-informed system of care, community-based agencies take a team-based approach to delivering various types of psychotherapy. These agencies have interprofessional teams consisting of psychologists, social workers, psychotherapists, child and youth care practitioners, and other mental health professionals. To treat children and young people with the most significant and complex issues, community-based agencies also work with child and adolescent psychiatrists. This team-based approach allows for operating affordable and cost-effective treatment delivery models.

Core services within the community are delivered in an evidence-informed manner. Professional teams are encouraged to explore innovative treatment models, especially with intensive treatment services.³ The needs of the communities and existing partnerships with other service providers often inform the suite of practices provided. Examples of some evidence-informed practices and approaches used in community-based settings include:

- Dialectical behavioral therapy
- Cognitive behavioral therapy
- Motivational interviewing



VISION AND FOUNDATIONAL ELEMENTS

- Family therapy
- Interpersonal therapy
- Attachment therapy

Additional resources on evidence-informed practice:

- To learn more about best practices, check out [Best practice guidelines for mental health promotion programs: Children \(7-12\) & youth \(13-19\)](#).⁶⁰
- [To learn more about evidence-informed public health interventions and information check out the Canadian best practices portal](#).⁶¹

Learning from COVID-19

As we prepare for a potential increased demand for services, we need to do everything possible to ensure we are offering responsive, effective and relevant services. We need to recognize that while many young people are experiencing normative distress in the face of pandemic conditions, others who have been disproportionately impacted or who have pre-existing risks may need more intensive support. Providing the least intrusive supports is an important way to balance demands on the service system.

In this spirit, it will be important to identify opportunities and gaps within and alongside community-based agencies, young people, families and schools. As well, we need to generate local solutions that optimize available resources.

For example, schools have introduced brief digital interventions that are time-limited, psychoeducation and CBT skills-focused. These online modules may provide sufficient support for young people with mild pandemic distress. At the same time, deeper training and support has been prepared to meaningfully support students who have been disproportionately impacted by COVID-19 due to inequities, health risks or experiences of racism/marginalization (STEP series, eating disorder prevention training, YouthRex training series in supporting Black youth mental wellness). Greater care will need to be taken for young people who come from equity-deserving communities to identify root causes, challenges to overcome and strengths to leverage when developing effective programming.²⁸



3

Implementing
a system of care



Clarifying roles and responsibilities within a system of care

A system of care requires a range of treatment services offered within different settings and at different levels of intensity.¹⁷ Multi-tiered systems of support are helpful organizers for role clarity and can quickly illustrate levels of service based on severity of symptoms or intensity of service.^{62,63} A successful system approach needs to agree on what the pieces of the system are and how they fit together.¹⁶

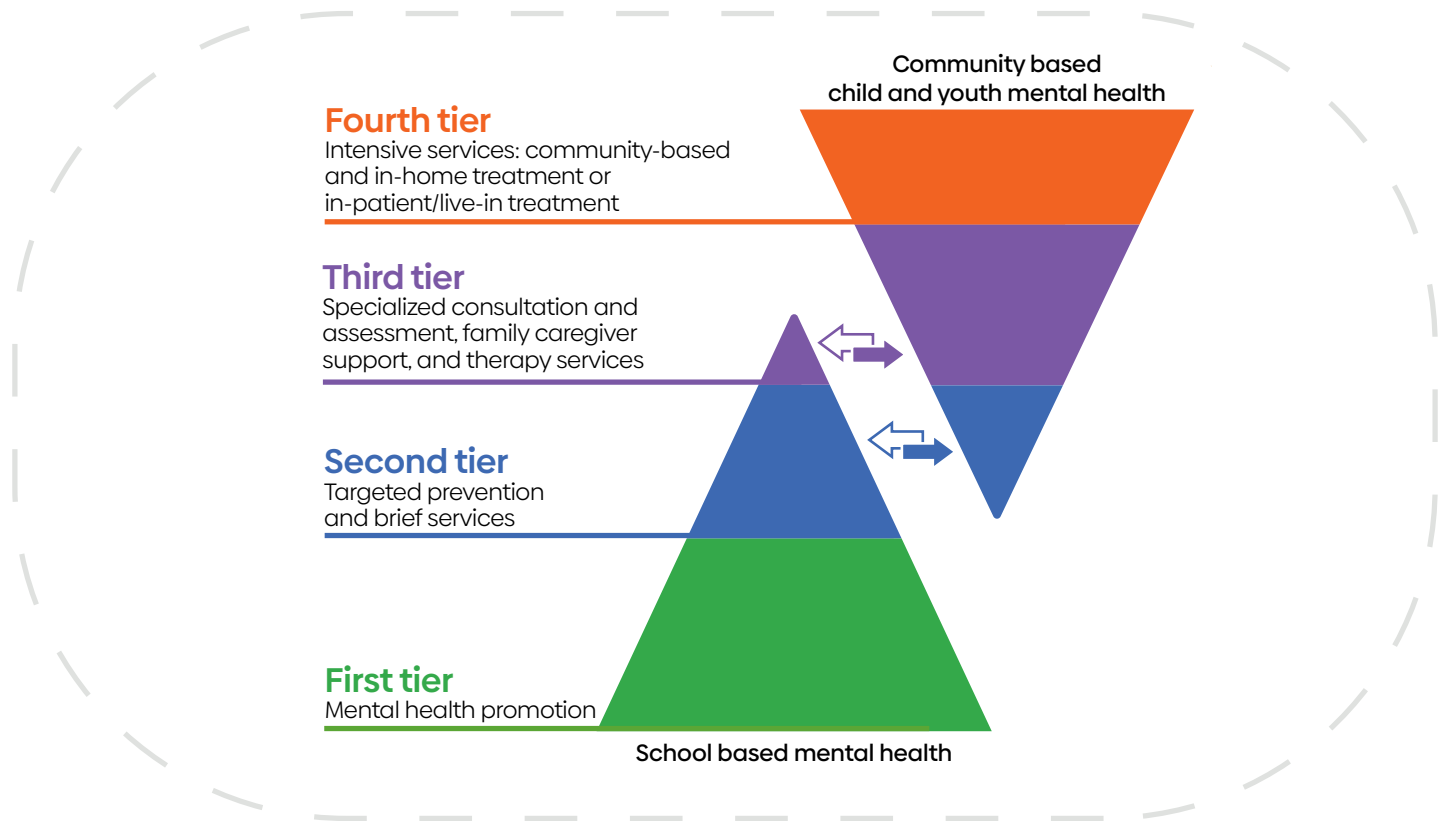
In this section, we describe Ontario's child and youth mental health and addictions service system and provide some examples to help schools and community-based agencies to work collaboratively with young people and families within their local context. Figure 2 below illustrates supports within the system of care and how unique and common services are connected. This model is grounded in the notion that children and young people who are struggling with mental health challenges should receive the right support for their level of need, at the right time and in the setting that works best for them.

The concepts presented in this diagram can be used as a starting point for conversations with schools and community-based partners, to help identify and clarify roles when creating a system of care. While this might not reflect the realities of all communities across the province, this is the aspirational approach we are striving for.



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Figure 2: Multi-tiered system of care



Community-based and school mental health service delivery models often describe using a tiered or stepped approach to child and youth mental health and addictions care.⁶⁴ Most of the mental health supports in schools take place at Tiers 1 and 2, which includes mental health promotion, prevention and early intervention. A small number of children and young people receive Tier 3 mental health services in schools (such as assessment, counselling and therapy) in cases where they cannot or will not be able to access outside supports, and to manage crisis events as they arise.⁶⁴

Community-based child and youth organizations prioritize clinical supports at Tiers 3 and 4, including intensive services. Community-based agencies also offer Tier 2 services, often as a stepped service approach with referrals made to a range of other services including Tier 3 and 4 services, as needed. Community-based child and youth mental health and addictions organizations



IMPLEMENTING A SYSTEM OF CARE

offer services in the evenings and on weekends throughout the year. Service is provided to children and young people, with parents or caregivers often actively participating in the therapeutic process.

The overlap in Tiers 2 and 3 provides the opportunity for school-based and community-based supports in a particular school board or service area to come together – along with the child or young person and their family – to determine the best type and setting to provide this support.

The segments within the triangles are visual aids and do not necessarily represent the proportion of service resources dedicated to the respective tier.

The circle around the two triangles represents additional sectors and systems in our communities that provide necessary services for children and youth. For example, as school mental health has a role to help children and young people access appropriate community or health services, community-based agencies work closely with hospitals and other sectors to help children and young people access the care they need.

The arrows represent smooth, clear and supportive transitions for students between school-based and community-based mental health services.

In a system of care approach, it is important to establish clarity of the tiers/levels/ steps and how the sectors – in this case, schools and community agencies – work and collaborate within the tiers.

A tiered approach can provide clarity for organizations and staff working within the sector, if accompanied by local conversations. It is critical that within each community, different sectors (in this case, schools and community-based child and youth mental health and addictions agencies) understand what is offered, where it's offered, and when or how there may be a transition to the other sector. This will support children, young people and families attempting to navigate and understand the range of services provided. Simply put, this diagram represents a system approach to role clarity. For individual children, young people and families, a care plan or diagram demonstrating their own pathway between services would be more meaningful.

In [Appendix B](#) are preliminary tools to assist with role conversations and gap analysis.



A. The main role of schools

In schools, educators work to offer good, welcoming environments for all students, along with strong wellness promotion in the classroom – whether physical or remote – each day. Educators and other school staff are provided with mental health literacy training, helping them notice when students might be struggling and prompting them to offer caring support within their scope of practice. School mental health professionals need to be well-versed in anti-oppressive, brief, strengths-based and evidence-informed interventions so that they can provide skilled support to students struggling with mild to moderate mental health concerns.

B. The main role of community-based child and youth mental health and addictions agencies

In community-based settings, service providers offer a continuum of care across seven core services for children and young people experiencing mild, moderate to serious mental health issues. Mental health professionals use evidence-informed assessment tools and evidence-informed treatment modalities to match client needs and strengths to the services that can best meet these needs. The focus is the child and young person within the family context.

Within service areas across the province, community mental health organizations work very closely with health, education and other sectors to ensure that children, young people and families are receiving a seamless service. In Tier 2 services, walk-in and virtual clinics are available in most parts of the province, providing low barrier access to brief service models of care. Services are available at family-friendly times throughout the year, and caregivers are welcome to consult with child and youth mental health and addictions professionals.



C. An important role for children, young people and families

The knowledge and perspectives provided by children, young people and their families can help develop appropriate service delivery. Their experiences inform the quality and impact of a system of care, especially in the areas of access and transitions. Engagement and input also occur with individual planning and care.

D. Who's who in Ontario's system of child and youth mental health and addictions supports:

We often hear that it is difficult to know the roles of the different stakeholders within our sectors. This table outlines the main stakeholders and their intended roles within a successful system of care.

Child or young person (centre of the circle)

- Communicates or demonstrates a need for help and/or shows openness to exploring the possibility of receiving services/treatment.
- Engages in service and contributes to their own self-care in ways that feel safe to them.
- Provides age-appropriate background information, ideas and input to the development of their service plan.
- Provides feedback to improve services and enhance the service experience over time.

Family, parent or caregiver

- Shows awareness of mental health concerns.
- Offers supports to the child or young person.
- Connects with the school and/or community-based services to obtain required supports.
- Provides background information, ideas and input to the development of the service plan.
- Engages in service when and to the extent that it is appropriate.
- Provides feedback to improve services and enhance the service experience over time.



School staff (administrator, teacher, learning resource teacher, child and youth worker, early childhood educator, educational assistant, other)

- Provides a mentally healthy school and classroom environment.
- Notices when students are struggling.
- Communicates and collaborates with child, young person and family regarding concerns.
- Brings their concerns about the student to the established internal pathway for referral.
- Reviews recommendations re: accommodations for the student.
- Accommodates the learning plan and school environment to support student's needs.
- Provides non-judgmental support to student and integration when needed.
- Observes, documents and describes specific student behaviour to support referral, assessment, or treatment process.
- Maintains ongoing communication to support the treatment plan.
- Provides system feedback to improve services over time and to enhance the service experience.

School mental health professional

- Supports school staff with consultation related to accommodating the school environment and providing tailored scaffolded supports to help students with mental health problems.
- Provides professional learning and coaching for school staff.
- Provides school-based mental health or learning assessment and/or prevention and early intervention services (individual or group).
- In collaboration with the child/young person/family and school team, provides triage, referral and bridging support to, from and through community services with consent from the child/young person.
- Provides crisis response, in collaboration with family, community and health system partners, as situations require.
- Provides system feedback to improve services over time and to enhance the service experience.



Community-based child and youth mental health and addictions professionals

- Provides intake, assessment, crisis response if needed, and coordinated treatment with the child/young person/family aged 0 to 18 (individual or group).
- Treatment is provided based on need; from single solution treatment sessions; to longer term therapy; to in-home or day treatment and live-in treatment.
- Engages child/young person/family in service planning and goal-setting.
- Works in inter-professional teams of psychiatrists, psychologists, nurses, social workers, psychotherapists, child and youth workers, occupational and physical therapists.
- Makes additional referrals where appropriate.
- Shares outcomes/recommendations with family and school team to facilitate support planning (with appropriate/required consents in place).

Adapted From: Pathways Support Toolkit p. 7

E. Connecting between the tiered services

Establishing role clarity helps us to understand how we fit into a system of care, so that we can work together within complex environments. The tiered diagram (Figure 2) with the two triangles might look at first glance like a siloed approach to care; however, it is the arrows within the centre of the diagram between tiers two and three that are most important. The arrows emphasize the need for connections and fluidity between the two sectors. Understanding the role of the arrows and what they represent is crucial to creating a successful system of care.

A good example of how this works is with the delivery of brief services. Brief services provide “quick access” to therapeutic encounters to address the immediate or presenting needs of a child or youth.⁶⁵ Therapeutic approaches include but are not limited to solution-focused, cognitive-behavioural, motivational interviewing and brief narrative therapies. Brief services may meet the needs of the child or young person and be all the treatment that is required. They can also help identify or clarify the need for further treatment or services, such as counselling and therapy and additional services and community supports.

Schools and community-based child and youth mental health and addictions agencies provide brief services, but these services might look different depending on where they are delivered.



IMPLEMENTING A SYSTEM OF CARE

Brief services In a school setting

Example

In 2020, anticipating a higher number of students with emerging and mild mental health needs associated with pandemic distress, SMH-ON partnered with Harvard University to implement and study a clinician-facilitated brief digital intervention (BDI) approach. Using brief measurement tools, a student deemed appropriate for this level of care works with a clinician to shape the intervention over time (a progress-monitoring system co-developed with McMaster University). The relevant Coping Kits – online psychoeducational material and skill-building materials – are presented, and the student selects one to try at home, or in session if they prefer. The clinician and student then complete associated measures and debrief the usefulness of the Coping Kit for the problem identified. Subsequent sessions, if needed, can further apply the learning or might introduce another Coping Kit to try. Measurement-based care is used to guide decisions. In addition to virtual and self-directed training materials, learning collaboratives are offered to consider issues arising from use of the BDIs and progress-monitoring tool.

Example of how a community agency could support a student receiving brief services in a school setting

The brief digital interventions (BDIs) are one example within a suite of evidence-informed protocols that a school mental health professional may use. They are a low dose intervention but may be all that is needed for students with only a mild mental health concern. In other cases, BDIs can be used as an adjunct to another early intervention protocol, or school clinicians might bypass this low intensity approach entirely for something further up the stepped care continuum. At times, students who have received a brief school-based intervention will require additional, higher intensity services. Community mental health partners can help in easing the transition to more intensive services via a “warm transfer” that builds on initial school-based supports. Taking time to understand the focus of school-based work and scaffolding additional interventions upon this helps children and young people to feel continuity and coherence in their treatment experience.



IMPLEMENTING A SYSTEM OF CARE

Brief services In a community setting

Example

Across Toronto, there is a robust model for walk-in services for children, young people (up to 29 years of age) and parents or caregivers. No appointment is required, no fees apply, and no issue is too big or too small. Individuals may attend in person at a clinic. As an option that developed during the pandemic, a virtual session (telephone or video) may be initiated by calling a centralized number available during the weekday, evenings and Saturdays. Service is responsive to diversity and available in multiple languages.

The *What's Up Walk-In* network of six agencies offers evidence-based single-session therapy using a solution-focused brief therapy model and a brief narrative therapy model with experienced psychotherapists and social workers. Sessions are strength-based, and clients leave with a plan to reinforce the therapeutic exchange and resilience. Participants report feeling better, more hopeful, less worried, anxious, or distressed; learn about new problem-solving, coping strategies and skills; gain context and understanding about what they are experiencing; feel more capable and empowered to make changes; and have more information about mental health services available to them.

Example of how a school could support a young person receiving brief services in a community setting

Students receiving brief mental health care in the community come back to school with new awareness and understanding, as well as skills to try. Students may or may not disclose to teachers or others at school about the help they received. If they do feel comfortable disclosing, school personnel can support students when applying new skills and behaviours. After having positive experiences with mental health care in the community, students may be more willing to seek out and use complementary school-based professional supports.



Explicit pathways to, from and through services

Young people and families have told us time and time again that much of their frustration with the system stems from service providers not knowing who does what in the community or having to repeat their family's story to multiple practitioners. To make sure this does not happen, and to best meet the mental health needs of Ontario's children and young people, we must work toward an interconnected system of care in which children and young people are at the centre.

Transitions between one service provider to another should be smooth, and transitions from one tier of service to another should be seamless. This is especially important for children and young people with more complex needs and those who might require intensive individual and family supports. Having clear and well-understood pathways to, from and through services is the cornerstone of a robust system of care and provides practical guidance to children, young people and families who are interacting with the services.

Several years ago, a cross-sectoral team met alongside the then Ministry of Children and Youth Services and the Ministry of Education to develop a resource to help define and delineate the roles of service providers in schools and community-based child and youth mental health and addictions organizations. This resource also worked to help communities develop local protocols and pathways designed to enhance service navigation and continuity. The resource is no longer in circulation, but the spirit of the effort continues in our document.

One of the first steps in preparing for a conversation related to roles with other organizations is to clearly identify the current or ideal internal pathways within your own school board or community-based agency.⁴

A pathway has clear entry points to promote access to services in a stepped care approach. Ideally, it minimizes transitions but supports appropriate and smooth movement between sectors where there are clear links and accountability.⁶⁶

Here are some questions to help identify your internal pathways and help with collaborative transitions and supports between those providing services in schools and community-based agencies.



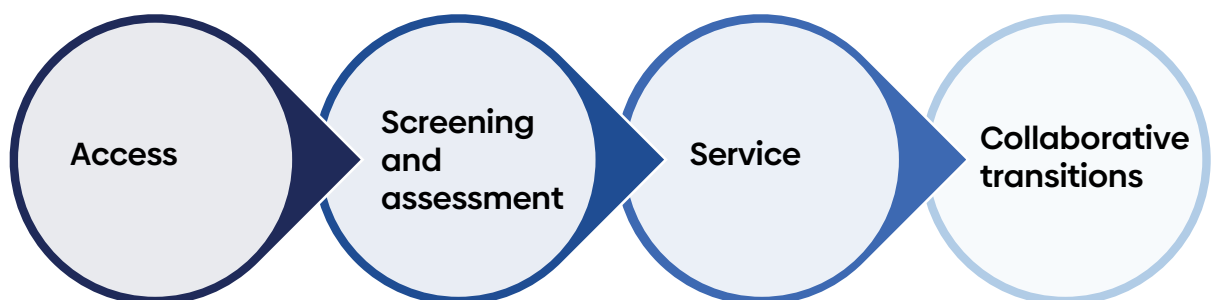
IMPLEMENTING A SYSTEM OF CARE

Young people and families should be able to access services in locations that are accessible and comfortable. If it serves the best interest of a child or young person to have connections between community agencies and schools, then coordination and collaboration is key

- How does a child, young person or family member access our services? Are there voluntary points of access? Are there mandated points of access?
- What type of assessments and screening tools do we use?
- What services do we offer?
- What services do we prioritize?
- What do we offer if children and young people have to wait before receiving services?
- How do we refer to other services?
- How do we track service activity, monitor outcomes and evaluate impact?
- How do we close or transition a file?
- How is equity considered and achieved at each stage of pathways to care? Are our assessment tools and services culturally responsive and inclusive? How do we monitor culturally relevant outcomes and impact?

Some child and youth mental health and addictions services are offered in both community and school settings. Engage with young people and families as you work to identify and clarify your internal pathway. Ensure this information is communicated widely, especially with young people and families. Young people and families should be able to access services in locations that are accessible and comfortable. If it serves the best interest of a child or young person to have connections between community agencies and schools, then coordination and collaboration is key.

Figure 3: Simple Pathway





Access

Access is understood as being composed of three dimensions:

- Availability – how and when services are accessed, as well as the quality and number of services available.
- Affordability – the ability to pay for care, including travelling, taking time off work and paying for or finding childcare.
- Acceptability and appropriateness – the fit between children, young people and families and service providers. This may include the attitudes and expectations between children, young people, families and providers, as well as representation of young people and family from equity-deserving communities among providers.^{67,68}

Along with these dimensions, ensuring that access is equitable and inclusive is critically important. Children and young people from equity-deserving communities may experience unique barriers to access across all three dimensions due to experiences of systemic oppression and the presence and interaction of social determinants of health.²⁴ Fear, stigma, mistrust of care systems resulting from historical and current negative experiences, poverty, lack of services responsive to the unique needs of equity-deserving communities, and other factors are all barriers to accessing care.^{25,33} Increasing knowledge related to access and appropriateness of service delivery from an anti-oppressive and equity lens is critical in reducing inequities and improving systems of care.

For example, the Peel Service Collaborative noticed that diverse youth were not commonly using formal mental health and substance use services, despite having a need for these services. They also found that these young people were over-represented in hospital emergency departments, as well as the justice and child welfare systems. We know from other jurisdictions that accessing mental health services can be varied based on ethnicity and race. In the United Kingdom, young people from racially diverse backgrounds are more likely to be referred through routes that are involuntary.⁶⁹

Increasing knowledge related to access and appropriateness of service delivery from diverse perspectives is crucial in reducing inequities and improving systems of care. These examples further underscore the importance of youth and family engagement reflecting the diversity and population of the communities you serve.



Screening and assessments

Once a young person has become connected to a service provider or when other community stakeholders are directing youth to particular services, practitioners should use an evidence-informed screening/assessment tool to understand their client's needs and strengths. To achieve equitable, accessible care, these tools should be responsive to the unique experiences of diverse children and youth.

Equity-focused tools are available in different languages and often ask for information related to the social determinants of health.³¹ Ideally, they should also reflect trauma-informed principles, recognize cultural expressions of mental health symptoms, and ask questions unique to the experiences of diverse individuals and communities.⁷⁰ Standardized screening and assessment tools can help mitigate potential practitioner biases that may result in inaccurate diagnoses or harmful outcomes.⁷¹

In school settings, common assessments include psychoeducational assessments to identify learning and attention challenges such as ADHD, as well as psychodiagnostics assessments to identify and diagnose mental health conditions such as anxiety. Risk assessments and protocols are also used to identify potential for harm either to self or to others.

Increasingly, as evidence-informed prevention and early intervention protocols are introduced, school mental health professionals are using standardized approaches and tools to assist with treatment selection and ongoing measurement-based care (for example, Top problems checklist, Behavior and feelings checklist).⁷² SMH-ON has identified standardized screening and assessment as a development priority when embedding measurement-based care within the clinical care of children and young people in schools.

As one of their provincial priorities, the LAC is working towards implementing a common assessment tool across all service providing agencies. That tool is the interRAI child and youth mental health screener, which will enable consistent screening, assessment, outcome measurement and follow-up across clients.⁶ Instruments are tailored to specific populations and used in multiple healthcare delivery settings across Ontario and internationally.



IMPLEMENTING A SYSTEM OF CARE

Knowing what assessments and screening tools are used in your schools and community-based agencies, and working towards alignment of these tools, will help support young people in receiving the best care in the most appropriate setting. It will also help support referrals and transitions between schools and community agencies. As the province moves towards a system of care, investment in more universal data systems within and across the two sectors will need to emerge. This is discussed further in the of “[Robust data section](#)” the document.

Resources to help understand different assessments and screeners

- The Knowledge Institute’s [measures database](#).⁷³
- Canadian Institute for Health Information’s [interRAI implementation toolkit](#).⁷⁴

Evidence-informed service provision

Understanding how children and young people access programs, along with being familiar with the assessment tools used with your system partners, will help with service planning and delivery of care. The system of care approach calls for service delivery to be provided in the least restrictive, clinically appropriate settings.^{15,18} As already discussed, service should be provided using evidence-informed and equitable approaches to care. Preliminary tools to help identify and implement evidence-informed service provision can be found in [Appendix B](#).

Collaborative care and transitions

A great place to start with collaborative care is having a common consent process as well as a shared information platform. These can provide clarity of information and continuity of care across service providers and with young people themselves. This lets schools and community-based organizations know they are all working with the same student and collaboratively supporting their well-being. Some shared information platform initiatives will be led at the provincial level while others will be local strategies. Common consent processes have been undertaken locally between organizations interested in collaborative care.



IMPLEMENTING A SYSTEM OF CARE

Service system partners need to understand how best to connect with each other to better support children and young people, especially for those with moderate to serious mental health challenges or who are transitioning from one service program to other settings. This connection helps create a circle of support that wraps around children and young people. It may require a formal approach where family members, service providers, school staff and members from the child or young person's social support network collaborate to develop and deliver a culturally responsive and linguistically appropriate service plan.⁷⁵ One of the benefits of a wrap-around approach to care is its ability to identify and build upon natural supports a child or young person might have available to them.⁷⁶

When it is not possible or necessary to fully implement a wrap-around approach, creating opportunities for “warm transfer” and case management can be beneficial strategies for more integrated approaches of care.

A warm transfer of care occurs when the child or young person and their family is involved in the process of shifting care to meet their unique needs and strengths. This approach increases transparency and engagement as it allows children, young people and their families to provide input, ask questions about changes to their care and understand what is being communicated between service providers.⁷⁷ In a school setting, a warm transfer may include working with the student, their family and a support team (teacher, school psychologist, principal, vice principal and sometimes a social worker) to identify what needs to take place in the classroom to support the student. In a community-based setting, enabling care transactions would involve the practitioner working with the child or young person and their family, as well as with relevant school personnel.

Case management and service coordination are processes to help ensure seamless service delivery between service providers while maintaining the child or young person at the centre of their care. Case management and service coordination involves: identifying the parties responsible for executing a service plan; monitoring progress; adjusting services; connecting with other service providers, as needed; helping with issues and questions as they arise; planning discharge; and measuring impact and outcomes.⁷⁸



IMPLEMENTING A SYSTEM OF CARE

This approach provides opportunities to bring key service delivery partners together to collaboratively identify a response that best meets the needs of the child or young person. Case management and service coordination are particularly important where a child or youth's needs are complex (level three or four on the continuum) and where they receive multiple services from one provider, or multiple services from multiple providers and sectors.

System navigation might be considered an element to a wrap-around approach to care. However, the need for system navigation is often due to disjointed silos and a lack of collaborative care models. Navigation can coordinate care and services across siloed mental, behavioral, and physical healthcare delivery systems, leading to greater holistic and person-centered care.⁷⁹



Implementing a system of care

Creating and sustaining change within and between sectors is not easy. Change does not happen just by having full understanding of the benefits of a system of care or knowing that changes will improve clinical outcomes and the delivery and cost of services.^{80,81}

Current research and evidence from practice tell us that factors called “implementation drivers” influence the success of the change we are trying to create.¹⁹ These drivers – leadership, competency, and organizational and system support – provide an evidence-informed structure to the change process that permits implementation with flexibility.⁸²

Implementation science can address gaps in access and service delivery among equity-deserving groups by dismantling racism, developing trusting relationships, including community-defined evidence, making funding and decision-making centred on advancing equity, culturally tailoring interventions and incorporating critical perspectives.^{56,83} For more information about implementation science and equity, please see Stanford Social Innovation Review’s [Bringing equity to implementation](#).

Trends observed in successful systems of care and system transformation highlight the importance of implementation drivers including the role of partnerships, policies, communications, standardized measures and data-sharing, as well as training and workforce development.^{18,62}

A. Leadership driver: Commitment

Time, planning, and transformative leadership and collaboration across sectors and organizations are essential to achieving a well-functioning system of care.¹⁶ Leaders from school and community-based agencies must be committed to working together, and this commitment must be clearly communicated across sectors.⁸⁵

Since 2014, lead agencies within the child and youth community-based mental health and addictions sector have been tasked with planning and leadership



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roles within their respective service areas.²¹ Similarly, in schools, SMH-ON has placed a strong emphasis on creating the conditions needed for scalable and sustainable school mental health programming. The importance of partnerships between agencies and sectors, as well as with young people and families, are key elements of infrastructure in a system of care approach.¹⁷

“Leadership support” refers to the explicit acknowledgement and buy-in from funding organizations and ministries as well as senior management within an organization, which includes school trustees and board of directors. To drive sustainable change, leaders must have a good understanding of the need for change in addition to the support and commitment needed to make change happen.¹⁹ When supporting the creation of a system of care, buy-in at the governance level is a crucial pillar of support, as it may require significant modifications to your current organizational realities, both large and small.

Senior leaders who drive change efforts understand the value of a system of care approach. They acknowledge the importance of thoughtful implementation and align organizational goals to facilitate the change process.^{19,86} This requires operationalizing the commitment and sharing collaborative goals and vision within and between organizations – in this case, schools and local agencies.⁸⁷

Intermediary organizations such as the LAC, SMH-ON, CMHO and the Knowledge Institute are in unique positions to work with local school boards and community-based agencies to support and facilitate communities. They can communicate and promote a system of care approach among funders and political structures, which is essential for facilitating sustained system change.^{18,62}

When supporting the creation of a system of care, buy-in at the governance level is a crucial pillar of support, as it may require significant modifications to your current organizational realities, both large and small

B. Organizational and system drivers: Cross-sectoral communication

When there are problems and tensions across sectors, difficulties in communication are most often at the heart of the issue. Improving communication between partners – including young people and families – within a system of care will help unify our thoughts and voices and build public confidence in our work.



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Ideal collaborative communication emphasizes kindness, compassion and curiosity. As sectors and as individuals, we may have preconceived assumptions and biases toward organizations or schools, diagnoses, or groups of individuals. Moving forward with openness and without judgement will enable us to communicate more effectively. This involves:

- exploring methods to support a system of care
- identifying structures and processes to support evolution
- ensuring progress can be sustained

When working toward a system of care, developing a communication plan helps clarify the main messages, including successes, to diverse stakeholders within communities. Clear communication can help foster positive relationships and build trust with stakeholders, and is essential when services or programs are changing due to collaboration. Families, children and young people can help develop the messaging needed to those who are using the services of any changes. Regular and effective communication loops also need to be nurtured and established between mental health professionals in school and community-based settings. This will help ensure that children and young peoples' needs are met and supported in all settings.

Resources to help understand the role of commitment, collaboration and communication:

- [Working together to support mental health in Alberta schools](#) shows what collaboration between schools and community-based agencies can look like in another Canadian province.⁸⁵
- [Getting our acts together: Interagency collaborations in child and youth mental health](#) explores the literature on the importance of collaboration between agencies.⁸⁷



C. Organizational and system drivers: Protocols, partnership agreements and other collaborative tools

Once school boards and community-based services have developed strong trusting relationships and understand the gaps existing within communities, the organizational and system drivers can start to move forward. Clear and consistent collaboration tools are necessary in a system of care, as they support clear communication between professionals, organizations and sectors.⁸⁷ Collaboration between sectors supports a system of care approach. Collaborative practices can include strengthening relationships, reducing overlaps in service, reducing gaps in services and using a strengths-based approach to care.⁸⁵

Collaborative tools are formalized documents such as protocols, memorandums of understanding and partnership agreements. These tools have agreed-upon accountability and processes, and often include multiple organizations. This makes them key tools for a system of care approach. A well-developed protocol provides clarity around accountability between sectors and organizations, as it outlines who does what and when.

During times of crisis or when there is an increased risk to a child or young person's safety, it is important to have common protocols within communities to support rapid and fluid communication.⁸⁸ For example, during times of suicide postvention, having a clear community response protocol can be life-saving. Communication is a critical intervention, as how one communicates with young people following a death by suicide can prevent contagion, as well as lead to more hopeful and positive response and recovery. Common messaging across the community, with a focus on hope and help-seeking, is one part of a comprehensive plan. Having a clear protocol related to the first 12 hours, 24 hours, 48 hours, week, and so on, helps ensure that all facets of postvention are carefully considered and roles are clear.

As a system moves towards standard approaches to care, it is important to remember that individuals and communities may experience or perceive mental health services differently. When protocols or standards are created with only the dominant mainstream populations and perspectives in mind, they can become inaccessible, exclusionary or even harmful to individuals and communities.



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As a system moves towards standard approaches to care, it is important to remember that individuals and communities may experience or perceive mental health services differently.

It is important to use an equity-focused, trauma-informed lens when developing protocols. Appropriate engagement should be engrained in the development and review process of protocols and standards.³⁰ Engaging equity-deserving children, young people, families and communities is important to ensure all voices are included, especially Indigenous and other diverse partners. For example, SMH-ON and First Peoples Wellness Circle are currently engaged in an Indigenous-led effort to identify and select mental wellness programming that can be tested and scaled in Ontario schools. A review of research, jurisdictional scan, and consultation series will be completed by fall 2021, with programming to be introduced by spring 2022.

Tips for creating and reviewing collaborative tools:

- It is important build on existing tools and not re-invent the wheel. It is also important to review existing tools to see if significant changes need to be made in response to how things might have changed since the start of the COVID-19 pandemic.
- Explore the need for partnerships beyond schools and community mental health sectors (child welfare, hospitals, others).
- Engage and co-design with individuals and families with lived experience and reflect the diversity of your communities.



Learning from COVID-19:

The COVID-19 pandemic has brought great challenges to our health and education systems. It has also demonstrated how sectors can respond rapidly to unprecedented community or global crises.

Other crises and disasters will continue to emerge within our communities. Taking time to evaluate and formalize the rapidly initiated innovations between sectors that occurred during the pandemic will support ongoing collaboration and help build system resiliency during periods of crisis. It is also essential to ensure child, young people and family mental health supports and rapid responses are part of community and school-based pandemic debriefs as well as future emergency planning.



D. Competency drivers: Consistent and systematic training

Mental health professionals serve those most vulnerable and in need. It's often the case that these professionals carry heavy caseloads, absorbing difficult and traumatic information daily. They seek to provide exemplary care for every child and young person they serve, but keeping up with the scientific literature is challenging given how stretched they can be with day-to-day demands.

Mental health professionals enter the profession with specific skills and training. As clinical evidence and practices continue to evolve and improve, organizations and school boards may experience difficulties maintaining and supporting consistent and systematic professional development.¹⁸ Often, professional development is an occasional conference or workshop session. It has been the exception that full staff teams are trained together on the same protocol and advance their learning together. Fortunately, this is changing.

A strong system of care relies on strong staff with access to best-in-class strategies and protocols.¹⁸ Investments in training, supervision and ongoing coaching translates into higher quality services for young people.

Providing training in evidence-informed practices as well as screening and assessment helps ensure children and young people receive clinically appropriate care within environments that are safe and welcoming. For evidence-informed practices to become fully embedded within an organization, initial training efforts need to be reinforced by ongoing support.⁸⁹ Coaching and supervision that is responsive to situational variations, as well as to practitioners' different levels of comfort, are essential for ensuring that training "sticks".⁸⁹ It is important to consult with those most impacted by the change to identify what supports will be most beneficial. Having an approach to identify and support direct service and clinical champions in coaching roles can further strengthen change processes.

Calls to provide effective anti-oppressive and other equity-related training to leaders and staff have been made across diverse equity-deserving communities.^{25,27} This includes trauma-informed and resilience-focused training.³⁰ As organizations and sectors work toward a system of care that is equitable and inclusive, training to address oppression and practitioner bias is needed.



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Effective training cultivates awareness of social determinants of health, power imbalances, and the strengths and resiliency of communities. It also supports practitioners to provide care that is not only appropriate for children and young people from diverse backgrounds, but also makes them feel safe and respected.³³ This may include training to inform equitable screening, trauma-informed care or experiences working with specific equity-deserving communities.³¹

E. Organizational and system drivers: Robust data systems

Robust data systems that maintain confidentiality and acknowledge consent are key to a system of care approach.^{18,90,91} In fact, performance measurement is one of the five functions of the lead agencies for community and mental health.

When data informs individual clinical practices and can support planning and evaluation for both organizations and system, it is considered robust. Ideally, data can be used to compare service need and acuity within organizations as well as across sectors. Individual organizations and agencies are getting better at systematically monitoring service use and treatment outcomes, but these processes have not yet been implemented consistently across organizations or sectors. The need for common data is supported by CMHO and the LAC, and is a priority of the Mental Health and Addictions Centre of Excellence within Ontario Health.^{6,92}

When you have quality and reliable data purposefully designed to address equity, such as standardized socio-demographic data, it is easier to know who is and is not receiving services when they need them. This kind of data can also identify outcomes and long-term trends of care or services.^{27,90,93} Adopting an anti-oppressive approach in which data is defined, collected and analyzed in partnership with equity-deserving groups and in line with trauma-informed principles can help to inform service enhancements. These efforts support positive outcomes for specific populations as well as understanding existing gaps in mental health.⁹⁴ This approach is in line with the directions of our partners from equity-deserving communities, including Indigenous communities.²⁷



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Useful examples of decision-support and outcome monitoring:

The LAC is supporting the community-based child and youth mental health and addictions sector to implement the [interRAI](#) CYMH screener for assessment, and the Ontario Perception of Care for Mental Health and Addictions,⁹⁵ to understand client satisfaction at the system level.

Resources to help understand equitable decision support and outcome monitoring

- [We ask because we care](#) includes information on the importance of collecting equity data, as well as a pilot project and a final list of demographic questions to use for collecting data.⁹⁶
- [Centering racial equity through data integration](#). This website provides a variety of materials to support centering data collection and analysis around equity.⁹⁷
- [We All Count](#) resource library offers a collection of resources focusing on equity in data.⁹⁸
- Standards help to ensure consistent reporting in health service systems. The Canadian Institute for Health Information has proposed [standards for race-based and Indigenous identity data collection](#) and health reporting which can facilitate the measurement of inequalities that potentially stem from bias and racism in health systems.⁹⁹



A system can be responsive only when performance is measured systematically.⁹⁰



F. Leadership drivers: Intermediary organizations and technical assistance

A comprehensive system of care that is organized at the provincial level but nuanced for local context is best supported by intermediary organizations such as the Knowledge Institute, SMH-ON, CMHO and the LAC. Intermediaries are “an individual or group that develops / adapts, implements, and supports multiple best practice programs or services, as well as builds the environments and capacity within an agency or system to implement and sustain such programs”.¹⁰⁰ They are well-positioned to bridge research, policy, and practice in bi-directional ways, allowing for real-time feedback loops that can iteratively inform the initiative.

Intermediaries provide technical assistance to make the work easier for leaders who seek to implement initiatives at the local level. They do this by compiling the latest evidence on a range of topics, co-developing resources, convening communities of practice, and enabling conversations with policy officials about goals and directions. In terms of supporting the development and sustainability of a system of care for child and youth mental health, the four groups identified here are committed to providing support and strengthening partnerships to facilitate cross-agency and cross-sector coordination.



Learning from COVID:

Intermediary organizations are working hard to meet the knowledge and support needs of service providers working in school and community-based agencies. Many resources are being developed to support children, young people and families as well as service providers.



Knowing we are on the right track with clear outcomes and monitoring

It is important to know the progress you are making towards a system of care. Change takes time, so progress is hard to see sometimes. It is important to regularly communicate your work and the impact of your efforts to stakeholders.

Creating a shared understanding of what a system of care can achieve and taking important local steps towards a system of care will let you know what progress looks like within your communities. This work should be started early and include a cross-section of stakeholders such as young people and families. The evaluation and monitoring process might be different for every community, but most evaluation approaches include a theory of change (or logic model), an evaluation plan and a monitoring framework.¹⁹

Although there will be a variety of approaches, communities and schools should be identifying outcomes associated with the key values and components to a system of care including, but not limited to:

- strengthening a community-based approach to mental health care and service delivery
- engaging children, young people and families with active and meaningful involvement and planning at both the individual and system levels
- providing evidence-informed services and practices supporting equity within schools and community-based organizations
- providing anti-oppressive and equity-focused services and ensuring that mental health wellness and clinical outcomes are similar across all communities served

Young people and families have also told us that progress towards a system of care should also include:

- greater awareness of available services across all levels (children, young people, families, service providers, teachers)
- shorter waitlists and more children and young people accessing mental health care
- continuously integrating the voices of young people and families within an ever-changing environment
- developing feedback loops to young people and families regarding progress and how their contributions inform implementation



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- shared indicators and measurement of success between schools and community agencies

In moving toward a system of care, communities should be able to develop monitoring strategies to assess progress on establishing role clarity, pathway development between services and improved access.

Useful resources to consider when developing an evaluation strategy for system change and a system of care:

- [Rating tool for implementation of the system of care approach](#). This tool is designed for assess progress in implementing a system of care within geographic communities within the United States of America.¹⁰¹
- [Tamarack Institute](#) has many resources around measuring collective impact and system change, including: [Shared measurement: The why is clear, the how continues to develop](#).¹⁰²
- [Program evaluation toolkit](#): Tools for planning, doing and using evaluation. This toolkit contains resources for planning, doing and using evaluations.¹⁹



Reminders moving forward

The intent of this document is to bring together current evidence related to developing and implementing a system of care together with knowledge and perspectives from Ontario leaders within community-based and school mental health settings. This document has many sections but is not all-encompassing.

The following three areas – scope limitations, provincial variation and asset-based engagement – were flagged during the development and review process as key aspects to keep in mind as you move forward toward a system of care.

Scope limitations:

- Although this framework has a primary focus on two sectors – school mental health and community-based agencies – there is a need to continue expanding on the system of care concept to invite and include other sectors and partners. This would include organizations providing addictions support, police and judicial systems, primary care and other sectors. One area for potential early collaboration and expansion is the formalized after-school programs within Ontario.
- This document looks only at the relationship between publicly funded schools within the province. There can be increased complexity for children and young people who transition from an alternatively funded school (for example, a school federally funded on a First Nation territory) to a publicly funded school setting. Partnerships and clear pathways will support these transitions.

Provincial variation:

- There is variation of service levels across Ontario and things might look and evolve differently in different communities. This might impact the ability for communities to take on system of care approaches. Having variation across the province could support innovations and emerging practices that other communities can learn from.

Asset based engagement:

- Children, young people and families are essential and ongoing partners in determining what a local system of care looks like and how it is experienced.
- Developing shared protocols and approaches will benefit from an equity-based and trauma-informed lens. This is especially the case with crisis protocols, such as suicide or critical incidence responses.



4

Summary and
conclusions



Summary and conclusion

A system of care approach establishes mental health services across sectors that place children, young people and families within the centre of care. It provides an ease of access to equitable services and supportive transitions between sectors and organizations. It acknowledges that oppression and racism are systemic and works to remove barriers and address injustices to provide a caring and effective system for all.

Equity-deserving groups and communities are partners within the process. Moving forward, we can learn from the rapid and collaborative efforts experienced during the pandemic. We know that children and young people will require our support as we grapple with the lasting impact of COVID-19. Now is the time for schools and community-based mental health and addictions agencies to work together, develop role clarity, and establish a system of care that works with ease for our children, young people and the families that support them.

To this end, the School and Community System of Care Collaborative – the LAC, SMH-ON, the Knowledge Institute and CMHO – joined together in August 2020 and invited a group of leaders from school and community mental health to think together about what this system of care could look like, and what it would take to get there. Ministry of Health and Ministry of Education officials were part of the thinking process and offered good perspectives on needed cross-sectoral leadership and work. Draft ideas were shared with a wider group of stakeholders, including family and youth representatives, to gather input to inform next steps.

In this first summary of shared learning and thinking, key elements and focus areas for implementation have been outlined. We believe that setting the shared vision and highlighting key evidence-informed elements that will move us towards this aspiration, is only the first step. As provincial organizations supporting those who provide child and youth mental health and addiction services in the community and in schools, we are firmly committed to implementing next steps.



5

Appendices
and references



Appendix A: The School and Community System of Care Collaborative and partners

School and Community System of Care Collaborative

[School Mental Health Ontario \(SMH-ON\)](#) is a provincial implementation support team. It helps school districts enhance student mental health using evidence-based strategies and services. Since 2011, SMH-ON has worked alongside the Ministry of Education, English and French school districts and school authorities, and a number of provincial education and health organizations to develop a systematic and comprehensive approach to school mental health in an aim to enhance the quality and consistency of mental health promotion, prevention and early intervention programming in Ontario schools.¹⁰³

The Lead Agency Consortium (LAC) is comprised of 31 “lead agencies” responsible for system planning in each of the province’s 33 service areas, partnering with core service providers to ensure that children, young people and families receive the right services for their unique needs at the right time and in the right place and purpose.

[Children’s Mental Health Ontario \(CMHO\)](#)’s primary goal is to promote a coordinated and high-quality system of care that puts, children, young people and families first by working inside and outside the provincial government on both the bureaucratic and political sides to expand access to care, improve capacity and support the delivery quality services within a quality system.¹⁰⁴

[The Knowledge Institute on Child and Youth Mental Health and Addictions \(The Knowledge Institute\)](#) builds connections, shares knowledge and draws on expertise to enhance the skills of direct service providers and agencies across the province. The Knowledge Institute passionately promotes and shares the benefits of both organizational learning and evidence-informed practice. Together with partners, the Knowledge Institute is working to strengthen Ontario’s mental health programs and services for all children, young people, families and caregivers.¹⁰⁵



APPENDICES AND REFERENCES

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An asterisk (*) indicates that the individual was also part of the Peer Review Group.



Appendix B: Examples of tools from the field that might be useful

This document has provided you with a framework and foundational components to consider when strengthening collaboration towards a system of care. This appendix provides you with some practical tools others have used to approach some of the topics in this document. You and your communities are at different places along the path towards a system of care. Depending on where you are, some of these tools might help you move a system of care forward within your own communities.

Many of these tools are independently developed by parties other than the Knowledge Institute, SMH-ON, CMHO and the LAC. The Knowledge Institute assumes no responsibility or liability for material on linked sites, nor does it endorse their content. The content might have changed since it was linked within the document. Furthermore, these linked websites may or may not be available in both official languages. If you decide to access linked third-party web sites, you do so at your own risk.

Tool to assist assessing readiness for collaboration: Your school board and community-based organizations might not have an established relationship or planning table. If this is the case, assessing the sectors readiness might be a good place to start:

- [Assessing Readiness Tool](#)¹⁰⁶

Tools to assist assessing current collaborative work: Many communities might already have collaborative working tables that bring school mental health and community-based children and youth mental health organizations together. A few years ago, tables were established for the Student Support Leadership Initiative. If you have an existing table, completing an assessment of your current collaboration can set the groundwork for strengthening the relationships and partnerships needed for implementing a system of care

- [Wilder Collaboration Factors Inventory](#), a free online collaboration assessment (on-line tool)¹⁰⁷
- [The Wilder Collaboration Factors Inventory Interpretation Guide](#) (paper-based tool and scoring)¹⁰⁸



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Tools to help understand your current environment: Community-based child and youth mental health lead agencies have experience in needs assessments and gap analysis, especially within the community sector. Applying this knowledge and experience to school and community sectors with the multi-tiered system of care approach helps identify gaps and provide clarity to who is offering what services.

- National Centre for School Mental Health, [Needs Assessment & Resource Mapping](#)¹⁰⁹
- [Circle of support and system pathway \(schools\) worksheet](#)¹¹⁰
- [Needs assessment and resource mapping, School mental health quality guide](#)¹¹¹

Tool to assist with working collaboratively as a group, network or planning table: Developing shared foundational ways of working together, as well as establishing common values will help you move your work forward:

- [Establishing values and principles for working together](#)¹¹²

Tools to assist with collaborative initiatives and implementation: The following guide and toolkit provide many resources to support collaboration.

- [A practice guide to supporting implementation](#)¹¹³
- [Collaboration between mental health and primary care services: A planning and implementation toolkit for health care providers and planners](#)¹¹⁴

Tools to assist with communication and communicating a system of care:

- [Top 10 tips for communicating change](#)¹¹⁵
- [Communication plan template](#)¹¹⁶

Tools to support developing and equitable and anti-oppressive system of care:

- The [Health-equity toolkit](#) maps resources that are available to build the capacity around health equity, at the individual user, team, and organizational levels.¹¹⁷



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- [Health equity impact assessment \(HEIA\) tool](#), Ministry of Health, 2012. The HEIA is a decision support tool which walks users through the steps of identifying how a program, policy or similar initiative will impact population groups in different ways.¹¹⁸
- [LGBT2SQ resource library](#)¹¹⁹
- [The case for diversity: Promising practices features programs, policies, treatments and supports that address disparities in mental health service delivery for immigrant, refugee, ethno-cultural and racialized communities in Canada.](#)¹²⁰

Tools to assist with identifying and implementing evidenced-informed services and practices:

- [The hexagon: An exploration tool](#) provided by the National Implementation Research Network can be used to better understand a new or existing practice fit and feasibility.¹²¹
- The Substance Abuse and Mental Health Services Administration provides an [Evidence-based practices resource center](#). You can filter resources for educators, community coalitions, family and caregivers, program planners and administrators, policy makers and professional care providers.¹²²
- [Evidence-based child and adolescent psychosocial interventions](#) PracticeWise provides this resource which breaks down interventions by levels of support from best to no support.¹²³
- [Implementing evidence informed practice: A practical toolkit](#)¹⁹



Appendix C: Examples of equity-focused services

The is an evidence-informed, school-based intervention for newcomer youth (K-12th grades) to support their transition to a new school and community. STRONG is intended for students experiencing psychological distress or difficulties functioning at home, school or in their community, often related to the adversities and trauma experienced during the transitions of migration and settlement. This 10-week targeted group intervention was designed specifically for Ontario Newcomer Students based on effective cognitive behavioural strategies embedded in evidence-based interventions for students who have experienced trauma and adversity. Following training, implementation support is provided through topic specific optional consultation calls will be available for school mental health clinicians.

[Building Bridges for Inclusive Care in a diverse GTA Community](#): “The Region of Peel (Brampton, Caledon and Mississauga) is the most ethnically and culturally diverse region in the GTA; however, the Peel Service Collaborative observed that this diversity was not reflected in those using mainstream mental health and addictions services. Specifically, the Peel Service Collaborative noticed that diverse young people (such as racially diverse youth) were not commonly using formal mental health and substance use services, despite having a need for these services. They also found that these young people were over-represented in hospital emergency departments and the justice and child welfare systems. Diverse youth identified in focus groups conducted by the collaborative felt this was due to several factors. They shared their belief that mainstream services are not culturally appropriate and not meeting their needs of inclusivity and client and family centeredness. Because of these factors, many young people seek help from informal supports such as faith leaders when experiencing mental health or substance use issues; however, these supports indicated that they needed to build their skills and knowledge to better understand mental health issues and help young people seeking assistance.”¹²⁴



Appendix D: Sample resources developed by intermediary organizations to support children, young people and families during COVID-19

The Knowledge Institute and CMHO partnered to develop an evidence brief, [Potential impacts of COVID-19 on child and youth mental health: Considerations for service planning during and post-pandemic](#).¹²⁵

SMH-ON developed a hub of resources to support educators, parents and families and students with the [Mentally healthy back to school support package: Practical resources to help schools rise together to resilience](#).¹²⁶

The Knowledge Institute and CMHO partnered to develop an evidence brief, [Resources to support bereaved families during COVID-19](#).¹²⁷

SMH-ON developed a [tip sheet](#) to support parents and families as their children return to school during the COVID-19 pandemic.¹²⁸

Jack.org, in partnership with SMH-ON and Kids Help Phone, has a [COVID-19 Youth mental health resource hub](#) to support young people during the pandemic.¹²⁹



Appendix E: Glossary and service delivery terms

Access

“To clients and families, it is as simple as getting the right services where and when they are needed. Access is the process from pre-contact (I know who to call for service), contact (my first response to my request for service/intake), contact to service (I get the treatment that I need in a timely fashion – what happens between when you are eligible at the agency and when you get service; this is a function of wait times to get the service)”²¹

Anti-oppression

“Anti-oppression refers to actions, theories, frameworks and strategies that challenge injustices and inequities that occur at different levels in society (for example interpersonal, institutional, systemic) and allow certain groups of people to overpower other groups of people”.¹³⁰

Community-based

“Community based, with services and supports provided in home, school, primary care, and community settings to the greatest possible extent, and with responsibility for system management and accountability resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community or regional level”.¹⁸

Equity

“Achieving equity requires identifying and addressing unfair barriers to opportunity. Equity can be defined as both a process and an outcome. As a process, equity can be achieved in many ways, such as co-developing with communities the policies and practices that impact their lives or applying an equity lens or framework to programs and services. As an outcome, equity is the absence of differential outcomes based on social, economic, demographic or geographic characteristics. It is important to note that equity is not the same as equality”.¹³⁰



Equity-deserving group

“Equity-deserving groups are communities that experience significant collective barriers in participating in society. This could include attitudinal, historic, social and environmental barriers based on age, ethnicity, disability, economic status, gender, nationality, race, sexual orientation and transgender status, etc. Equity-deserving groups are those that identify barriers to equal access, opportunities and resources due to disadvantage and discrimination and actively seek social justice and reparation.”¹³¹

Evidence informed

“Evidence-informed practices are provided to clients in a way that combines the best available research with the experience and judgment of practitioners and the unique preferences of children, youth and their families to deliver measurable benefits. When an agency provides an evidence-informed practice for clients, it is more than finding and implementing an off-the-shelf manualized intervention. It’s about continuously gathering, sharing and using evidence from the research literature, practitioners experience and feedback from children, youth and families. By combining these elements, organizations can strengthen their services and improve outcomes for the children, youth and families they serve.”¹⁹

Family engagement

“We define family engagement as an ongoing process that includes families as active decision makers and partners at the organizational and system levels.

A family is a circle of care and support that offers enduring commitment to care for one another, and is made up of individuals related biologically, emotionally, culturally or legally. This includes those who the person receiving care identifies as significant to their well-being.

Partners in family engagement at the system level include (but are not limited to) youth, other families, service providers, child and youth mental health and addictions leaders, cross sectoral representatives from other areas (such as education, justice, social services, etc.), communities, community organizations and many others. This quality standard describes critical aspects of engagement at the organizational and system levels and goes hand-in-hand with the quality standard on youth engagement in child and youth mental health and addictions system planning.”⁴⁶



Identity-affirming care

“An approach to health and behavioral health care that validates and supports the identities stated or expressed by those served. Affirmative care requires the practitioner to actively honor and celebrate identity while at the same time validating the oppression felt by individuals seeking services.”¹³²

Implementation

“The science of implementation draws from a multidisciplinary set of theories and methodologies that bridge the gap between research and practice. It is essential to consider the processes involved when integrating new practices within your organization. Identifying an effective practice and training staff to deliver it are not enough to achieve successful implementation. A program that has been shown to improve mental health outcomes for children and youth can be poorly implemented and fail to produce good outcomes – this is referred to as an implementation gap. Either the practice is not used as designed or isn’t applied consistently over time. Current research and practical evidence tell us that factors called implementation drivers influence the successful implementation of evidence informed practice. These drivers include leadership support, clinical supervision, performance management, policies and procedures. When implementation drivers are in place, the risk of there being a gap between research and practice is reduced.”¹⁹

Multi-tiered systems of support

A continuum of care model that “helps to organize mental health promotion efforts offered in a universal way for all students (Tier 1), services for students who may be at risk and needing a “higher dose” of targeted skill development (Tier 2), and supports for students who have a diagnosable mental health problem who need treatment and ongoing care (Tier 3)”.¹³³

System of care

“A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.”¹⁵



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Trauma-informed care

“Provide services that are trauma-informed, including evidence-supported trauma-specific treatments, and implement system-wide policies and practices that address trauma.”¹⁸

Warm transfer

“A warm handoff is a transfer of care between two members of the health care team, where the handoff occurs in front of the patient and family. This transparent handoff of care allows patients and families to hear what is said and engages patients and families in communication, giving them the opportunity to clarify or correct information or ask questions about their care.”⁷⁷

Youth engagement

“In a broad sense, youth engagement is about the meaningful and sustained involvement of a young person in an activity focused outside the self. Full engagement consists of a cognitive component (involving beliefs, knowledge and thoughts), an affective component (involving feelings and emotions), and a behavioural component (involving one’s behaviour), also known as “head, heart and feet,” as well as spirit.

Youth engagement in child and youth mental health means empowering all young people as valuable partners in addressing and making decisions that affect them personally or that they believe to be important.”⁴⁷



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Right time, right care:

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