

**SickKids<sup>®</sup>**

Garry Hurvitz  
Centre for Community  
Mental Health



**Annual Report | 2021-2022**

# Land acknowledgement

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This is the traditional territory of the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat Peoples and it is home today to many diverse First Nations, Inuit and Métis people.

We acknowledge that this land was occupied over time by settlers and by peoples who were enslaved and not willing or intentional participants in the occupation and who were themselves displaced from their homelands.

We commit to hearing the stories of our country's first peoples, to educating ourselves about our country's history with First Nation, Inuit and Métis people and to understanding the cross generational impact of that history on their families, communities and cultures.

We commit to incorporating our learning into our practice as an organization providing child and youth mental health services.

**Thank you to Native Child Family Services of Toronto  
for their support as we develop a more culturally welcoming  
environment for Inuit, Métis and First Nations people.**

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# From GH-CCMH leadership

## Improving care and reducing barriers to service

As the COVID-19 pandemic continued through 2021-22, The Garry Hurvitz Centre for Community Mental Health at SickKids (GH-CCMH) focused on sustaining and expanding service capacity while advancing our longer-term strategic plans. With colleagues across the community and hospital sectors, our staff demonstrated their resolve to safely sustain virtual and in-person services to address a growing public health crisis in child and youth mental health. They also demonstrated a tremendous effort to improve quality of care and reduce barriers to service, even during a pandemic. With our 2021-22 Annual Report, we are pleased to provide an overview of some of this work and to spotlight projects that advanced our five-year Strategic Plan 2025: Enriching Health through Mental Health (see page 8).

This past year was the second full year of our Anti-Black Racism, Anti-Oppression, Health Equity Action Plan – we took concrete action to better understand the impact of racism and exclusion in the lives of our clients and within our workforce. We created an Anti-Black Racism, Anti-Oppression and Health Equity Advisory to focus leadership on these crucial issues and to support a deepening conversation about them among our staff. Leadership and staff undertook anti-Black racism training to enhance our awareness of the profound importance of the lived experiences of our Black staff and clients. We built community relationships that helped us deepen our growing understanding of our obligations with respect to the work of reconciliation with First Nation, Inuit and Métis people and communities. This work informed our staff-training agenda and profoundly affected the way we gather information about our clients. It guided our efforts to develop or strengthen our partnerships and collaborations in the community.

On Sept. 21, 2021, we were proud to become The Garry Hurvitz Centre for Community Mental Health at SickKids in acknowledgment of a transformative gift from Garry Hurvitz. Mr. Hurvitz's generous gift to The Hospital for Sick Children (SickKids) and GH-CCMH ignited a program

of clinical research and evaluation that will create new opportunities for discovery and service innovation. Through this gift we are developing and investigating improved service pathways with SickKids. We are hopeful that this work will strengthen our ability to collaborate with hospital colleagues to transition children and youth to community-based interventions more quickly following hospital admissions.

This past year was challenging for all of us. At GH-CCMH we worked hard to advance our six strategic directions, and to give meaning to our values of compassion, integrity, collaboration, inclusion, innovation and excellence. We are grateful to our staff and leadership whose commitment to those values had such a positive impact for our clients and their families and caregivers during a difficult time. We are also grateful to community colleagues whose commitment to partnership and collaboration allowed us to share in the important work underway in Toronto to make our system of services stronger. Our sincere thanks to the many clients and families with whom we worked this past year and who enriched us through their relationships and with their feedback. We will continue to work with them toward the goal of seamless and connected mental health services for children and youth.



Jeff Mainland  
Chair, Board of Trustees  
SickKids Centre for  
Community Mental Health  
For the [SickKids CCMH Board](#)



Christina Bartha  
Executive Director, Brain and  
Mental Health Program,  
SickKids and SickKids CCMH  
for the [Senior Leadership Team, SickKids CCMH](#)



# From SickKids CCMH LI leadership

## Expanding mental health services training to meet increasing demand

The demand for mental health services continues to grow. To effectively expand the delivery of services, mental health clinicians and front-line workers need training opportunities that address emerging trends and issues, including the long-term impact of the pandemic.

Working with our community of facilitators, the SickKids Centre for Community Mental Health Learning Institute (CCMH LI) responded to this need by increasing its offerings in 2021-22, training more than 4,000 professionals through 118 courses (38 of them new this year). To provide ongoing support to the mental health learning community during the pandemic, we continued to offer some programming for free or at a discounted/cost recovery basis. This accounted for eight per cent of the programming and included 830 participants. In our second year of exclusively virtual delivery, we saw more than a six per cent increase in open enrolment revenue compared to 2020-21. With the flexibility to work with facilitators based outside of the Toronto area, the SickKids CCMH LI worked with 20 new facilitators last year.

We recognize that mental health professionals are often unfamiliar with the history of their clients or do not have the same lived experience. To build a more equitable learning community, the SickKids CCMH LI has three priority areas:

1. Offering programming with a focus on health-equity (currently 10 per cent of program offerings) to support those who have experienced structural vulnerabilities or intergenerational trauma;
2. Supporting all learner abilities and needs in online delivery; and,
3. Embedding an anti-racist, anti-oppressive, anti-colonial, equity-focused lens in program development and delivery.

To do this, the SickKids CCMH LI team developed a checklist to help ensure facilitators gain the required insights and support to create equitable and inclusive learning experiences. This was reinforced in January 2022 when all program facilitators were invited to join SickKids educators in a training delivered by the Centre for Addiction and Mental Health to learn how to embed equity, diversity and inclusion into instructional design.

Finally, I am pleased to share that following a competitive application process through the Ontario Micro-credentials Challenge Fund, Humber College and SickKids CCMH LI collaborated on the development of a micro-credential program for new and emerging leaders in community mental health services. Launching in September 2022, The Excellence in Mental Health Leadership program is the first program offered through SickKids CCMH LI that has academic recognition from a college or university. The goals of the programming are to help community mental health agencies to strengthen their leadership capacity; help them provide inclusive, equitable and anti-racist services; and navigate sector and funding changes.

Looking forward, the SickKids CCMH LI will continue to identify new ways to support clinicians and front-line workers with programming that provides in-demand skills that are needed within Ontario's community mental health sector.



Pam Hubley  
Vice President, Education & Academic Practice,  
SickKids Lead Executive,  
[SickKids CCMH Learning Institute](#)



# **A transformative gift from donor Garry Hurvitz**

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**“I want to make sure kids have a better experience than I did. I want them to know they’re not alone.”**

**— Garry Hurvitz**



# ENRICHING HEALTH THROUGH MENTAL

In September 2021, the SickKids Foundation announced a transformative gift of \$50 million from philanthropist Garry Hurvitz for brain and mental health across the SickKids mental health enterprise.

At the announcement, Mr. Hurvitz explained that he has a personal connection to mental health, having experienced anxiety and depression, but he was certain that early intervention would have helped him. He said he was making this donation “because I want to make sure kids have a better experience than I did. I want them to know they’re not alone.”

The donation supports the Centre’s research program so that we can evaluate care and treatment options and assist in creating new partnerships to provide care using pathways among SickKids, the Centre and our community partners. In recognition of Mr. Hurvitz and his generosity, SickKids CCMH changed its name in his honour and is known now as The Garry Hurvitz Centre for Community Mental Health at SickKids.

[Read more about the donation from Mr. Hurvitz.](#)



# **Strategic Plan 2025**

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Our **Strategic Plan 2025: Enriching Health through Mental Health** highlights the important opportunity we have as a child and youth mental health provider partnered with The Hospital for Sick Children (SickKids) to develop new, innovative treatment options for our clients who are experiencing serious and complex mental health needs – and reduce the time families wait to access these options.

Our plan defines our commitment to embrace and understand the diversity of the communities we serve and of our staff in everything we do, enabling safe, accessible, and responsive services.

[See the full statement.](#)

On the following pages, we highlight the work we are doing in support of our strategic directions!





# **Improve access to specialized child and youth mental health services**

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**“From hospital urgent care services, we connect the family in real time to our GH-CCMH community therapist who guides them in the next steps of accessing care and is available to avert the need to return to the emergency department.”**

**– Laura Hansen, Manager, Individual and Family Services**

We invested in making the client journey work better for the children and the youth we serve at GH-CCMH. We simplified our processes to reduce wait times for child and family therapy and help folks get treatment more quickly.

## A new pathway to care between SickKids and GH-CCMH

This year, GH-CCMH and The Hospital for Sick Children (SickKids) worked together to help youth presenting at SickKids get follow-up care in a community setting.

The COVID-19 pandemic resulted in a surge of children and youth presenting at the hospital with mental health concerns such as symptoms of depression, anxiety, and/or suicidal ideation. The COVID Surge Pathway was a collaboration between hospital outpatient services and GH-CCMH child and family therapy services that allowed clients with the most urgent need for follow-up to receive immediate short-term individual and/or family therapy in a community setting. This approach supported our hospital colleagues during a period of extremely high demand.

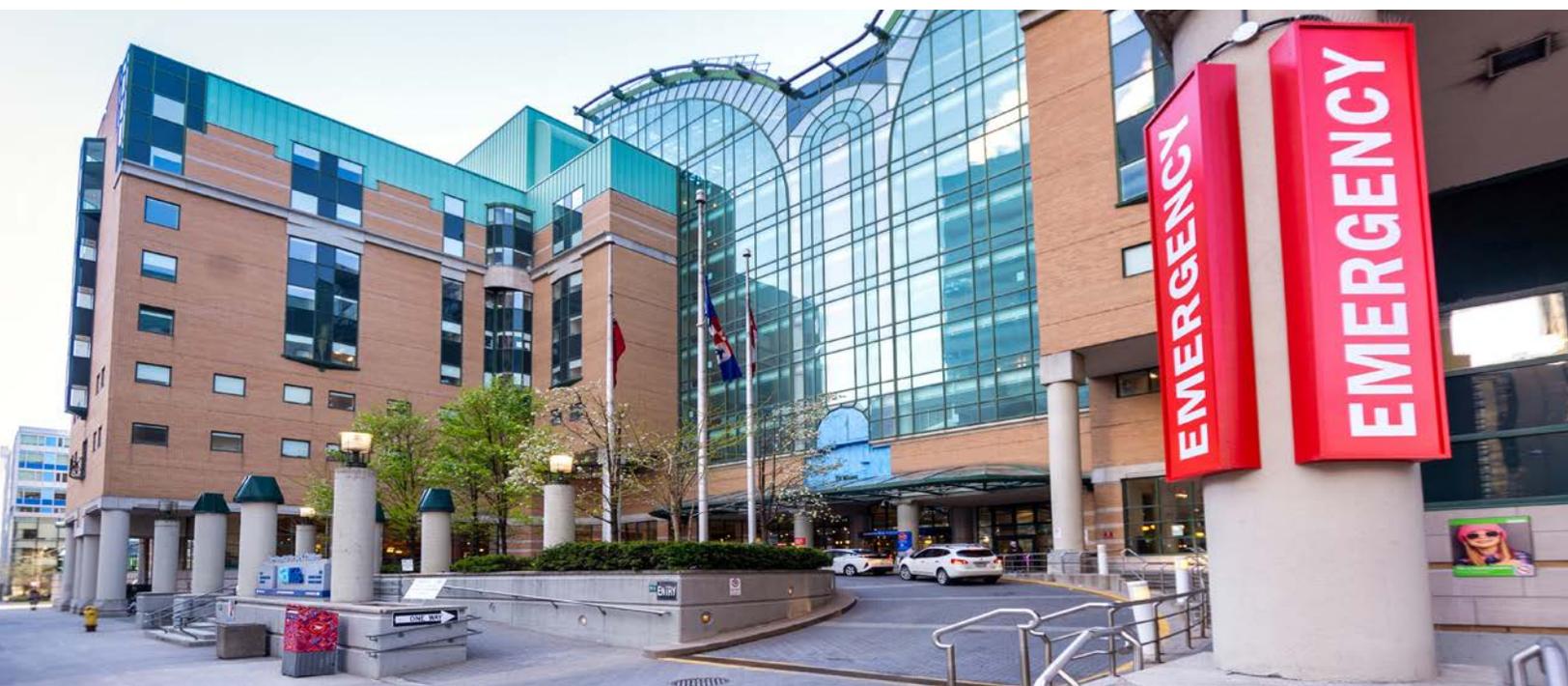
“Through this pathway, GH-CCMH offered a brief but very responsive service over a limited time period,” says Laura Hansen, Manager, Individual and Family Services. “Many of our clients felt this care met their needs, and where they didn’t, we arranged for them to receive additional services at GH-CCMH or through another appropriate community resource.”

This limited but effective hospital to community pathway demonstrated the value of shared care between hospital and community. It gave us a starting point for important work we have ahead to expand this type of service.

“This tells the patients that our services between the hospital and our Centre are connected, and also increases the probability that they will come to us as a client and not get lost in the transition,” says Hansen.

Last year, the Surge Pathway Project met its target of helping 25 clients and its effectiveness is being evaluated by our research and evaluation program. Initial results are indicating a positive change in reduction of symptoms and functioning after treatment.

Further positive results will set the stage for the design and implementation of more seamless pathways between SickKids and GH-CCMH – reducing the burden at the hospital and giving those in need faster access to care.



This year was historic! At GH-CCMH, we met increased demand by:



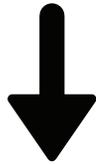
Exceeding service targets across intensive services and counselling and therapy services



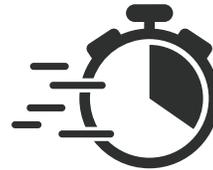
Assessing 10% more clients and families



Completing 13% more intakes in winter 2022 compared to winter 2019 (pre-pandemic)



Decreasing average wait time for counselling and therapy services by 60%



Reducing length of stay in day treatment by 61%, creating space for new clients

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Our Intensive Services for Youth program has shifted its focus away from live-in treatment to youth remaining in the family home while attending an intensive program. In-home and community transitional supports have been added to the care model, resulting in:



250% increase in ISFY clients served since 2017/18



240% increase in postal codes served since 2017/18, engaging clients from marginalized and systemically excluded communities



83% client retention rate (2021/22)





# **Enable staff excellence through education, training and support**

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**“We are working to support transformative change, so all staff and clients feel safe, respected, valued and acknowledged in our organization. No one should feel they need to leave aspects of their identity at the door – everyone should feel that they belong here.”**

**– Tamara Este, Program Supervisor and member of the  
ABRAOHE Advisory Committee**

An intentional focus on equity underpinned our support of staff this year, emerging from our anti-Black racism, anti-oppression and health equity workplan. Staff were encouraged to participate in a variety of equity training opportunities, including Indigenous cultural awareness training and anti-Black racism awareness training. Staff were also supported to develop internal discussions, celebrations and teaching events. These activities were embedded within our broader staff training and development plan which included clinical training and an award event acknowledging team and individual staff contributions.

## Informing our work with anti-Black racism, anti-oppression best practices

Our Anti-Black Racism, Anti-Oppression and Health Equity (ABRAOHE) Advisory Committee was established in the fall of 2021.

The Advisory is part of the governance structure at GH-CCMH, reporting to and collaborating with senior leadership. The Advisory members developed a series of recommendations provided to senior leadership – from staff training topics to changing policies and practices – and these recommendations have now informed agency priorities and current projects.

This year, the group focused on developing a process to collect data about our clients that is equity based and truly descriptive of who they are. Recognizing that our existing client demographic data used a narrow and restrictive set of categories, the group reviewed what was done by health-care providers in other sectors and by child and youth providers across the Toronto region. The project team’s recommendations to leadership led to the organization adopting a set of gender, ethnicity and language categories developed using sources from Statistics Canada, Canadian Institute for Health Information and Rainbow Health Ontario. By February 2022, staff embedded these new options into the questionnaire completed by the Mental Health Access Program team upon

client admission; our client information system; and the new client/participant experience survey.

“The new categories are broader, more inclusive, and reflective of best practices in gathering health equity-based data,” says Aparna Kajenthira, Leadership Sponsor for the Advisory. “It also allows for folks to self-identify using their own terminology if they choose. It sets the stage for further work through which we will share that data back to our users and talk with them about what it means for our service delivery.”

### The three pillars of the ABRAOHE Advisory workplan:

- To deepen organizational awareness of the impact of racism on individual lives and on specific communities
- To build cultural humility and awareness of the meaning and impact of racialized experience in our service delivery
- To foster equity and inclusion within our workforce





We celebrated excellence across the organization through our annual staff awards, which focus on Innovation, Collaboration and Clinical Excellence.

[Meet our 2021 staff award winners!](#)



Staff-led committees developed educational events and resource sharing around several equity-based days of significance, including Black History Month and National Indigenous History Month.

Numerous staff completed clinical training sessions and health equity training:



Over 50% of staff completed anti-Black racism training (offered by YouthREX)



Our Intensive Services for Youth team completed Indigenous cultural awareness training and concurrent disorders training



50 staff trained in evidence-informed and evidence-based psychotherapies



More than 150 GH-CCMH employees accessed SickKids CCMH LI trainings for professional development



# **Champion a responsive mental health system for children, youth and families**

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**“The families we see are often called ‘resilient,’  
and we see proof of this every day.  
But why should they have to be resilient  
when it comes to accessing care?  
Our job is to make it as easy as possible.”**

**– Lisa Ihnat, Clinical Supervisor**

This past year, we were privileged to work with colleagues across the system to find ways to improve access and reduce barriers to service. We also sought to integrate mental health supports more directly in our clients' home communities. Members of our leadership joined planning tables focused on strengthening collaborations between primary care, children's mental health and other services in key neighbourhoods where structural inequities impede access to the care our clients need. Staff also participated in a sector-wide project to understand the impact of anti-Black racism.

## Reaching families close to home and in their communities

The Community Outreach and Intervention Initiative (COII) serves children and youth living in the Black Creek, St. James Town, Flemingdon Park and Thorncliffe Park communities who are experiencing barriers to accessing mental health services. Barriers to traditional care can be physical (such as being unable to travel due to time or transit constraints) or technological (such as not having Wi-Fi access or private access to a computer). Racialized families, and/or those new to Canada, may have language and financial barriers.

The child and family therapists (CFTs) who work within the COII program are registered social workers and psychotherapists. They provide both outreach and intervention in recreation/health centres, libraries, parks or anywhere that works for the client (within GH-CCMH guidelines). They will even meet in restaurants, malls, and in the home.

"The same clinician that delivers a workshop can also deliver a therapeutic service to a parent, such as meeting to discuss parenting challenges over a coffee in a nearby shop," explains Lisa Ihnat, Clinical Supervisor for the CFTs. "That CFT will also help the client facilitate other care if needed, such as with a psychiatrist, and provide support while they wait for that care."

**We participated in key planning committees across the child and youth mental health sector, including the Anti-Black Racism Task Force and the Honouring our Promise: Ending Anti-Black Racism (HOPE) project**

The CFTs collaborate with youth outreach workers (YOWs) and early childhood educators (ECEs) as a multidisciplinary COII team, alongside a family care provider and other members of the Prevention and Early Intervention Services at GH-CCMH who deliver community programs.

COII staff work out of community health centres and shared service locations across the city. We are grateful to community partners Black Creek Community Health Centre, Flemingdon Community Health Centre, Health Access – St. James Town, The Neighbourhood Organization, and Sherbourne Community Health Centre for the opportunity to work in their spaces and to create seamless access to mental health services.

The COII team works with these partners to design a treatment plan and schedule that works best for the clients and their families. Thanks to the collaborations with existing community organizations in these neighbourhoods, the COII team supported 68 clients in 2021-22.





# **Inform community care through research**

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**“We explore things scientifically and find out what objectively works best for our clients. Then we use these data to help move the dial towards evidence-based care at GH-CCMH.”**

**– Dr. Amanda Uliaszek, Clinician Scientist**

We are committed to serving both our current and future clients through our new research program. We look forward to collaborating with The Hospital for Sick Children and our community partners to contribute to the field of child and youth mental health.

## Measuring impact

This past year, we launched a clinical research and evaluation unit, building the foundation of research infrastructure at GH-CCMH. The unit team is led by Dr. Amanda Uliaszek, who joined GH-CCMH in April of 2021 as our first clinician scientist.

The Centre is involved in several research studies that benefit both GH-CCMH clients and the broader community. When a client is offered a chance to participate in a research study, they not only get the potential benefit of that treatment approach, but their representation and participation informs current and future care across the child and youth

mental health sector. The results of the research studies are shared back to the clinical teams and this information can be used to modify models of care and evolve practices to better meet client needs.

The team created a research registry to keep track of current children and youth mental health studies taking place at GH-CCMH (including those with external partners) and designed several evaluation projects for various services to determine how effective treatments are for our clients.

Read more about our current research projects at: [sickkidscmh.ca/research](https://sickkidscmh.ca/research)





# **Leverage infrastructure to improve our client's experience**

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**“Planning for the launch of an electronic health record at GH-CCMH has given us the opportunity to rethink many of our processes, putting clients’ needs first.”**

**– Adia Shivraj, Clinical Informatics Practice Lead**

Effectively leveraging our infrastructure supports all that we do at GH-CCMH but most importantly improves our clients' experience with the care we provide, their comfort and safety in our facilities, and our ability to communicate and provide information efficiently. Infrastructure improvements this year centred on improving processes to provide a strong foundation for the upcoming implementation of an electronic health record.

## Process improvement to prepare for a new electronic health record

One of the most exciting and ultimately impactful infrastructure advancements for our clients is the work being undertaken to prepare our electronic health record (EHR) system. Over 100 staff from across the organization participated in working groups to provide input and prioritize the work to be done, envisioning new opportunities to better service clients, families and care providers.

“The process improvement work that took place in preparation for the EHR was crucial in allowing us to intimately understand how clients move through GH-CCMH and ultimately, their experiences, such as wait times, what services they receive, and how long they were in service,” says Nicole Burford, Senior Manager, Quality, Risk, Analytics and Health Information. “This work informs the design of an EHR to capture information that will allow us to continue

to understand our clients' experiences, but also takes our understanding beyond what we currently know by capturing information we never had before. This leads to improved client care and addresses service gaps at GH-CCMH and in the community.”

Multiple quality improvement initiatives were launched in 2021/22 including: improvements to the client referral process advancing our ability to identify the most urgent referrals; redesign of workflow ensuring that clients get to the service they need as quickly as possible; and evolving our clinical documentation tools and practices.

This work will continue into the coming year and positions us very well to select an EHR that best meets the needs of our clients, staff and partners throughout the child and youth mental health system.





# Optimize mental health learning and literacy

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**“As a youth there is often distrust of advice shared by adults. By hearing the experience of someone who is closer in age and has shared experiences, the same information can land very differently.”**

– Sofie Sumner, Youth Mentor, who brings lived experience of accessing GH-CCMH mental health services to youth clients in the Intensive Services for Youth program

This year there have been several initiatives across the Centre and the SickKids CCMH LI to build capacity for mental health learning and literacy for clients, families and aspiring professionals alike, including workshops for youth run by youth mentors, workshops for families, and training placements for student professionals.

## Youth mentors share their experiences with clients

In August 2021, our first youth mentors joined our Intensive Services for Youth team. Mihrin Popatia and Sofie Sumner both bring lived experience of accessing GH-CCMH’s mental health services.

Popatia and Sumner support youth clients by developing content for group education sessions and co-facilitating these groups with each other and other staff at GH-CCMH. They approach these groups with an intersectional lens, connecting with clients around identity pieces such as gender, ethnicity, culture and shared experience. So far, they have covered the topics of youth wellness, navigating the digital world, and dialectical behaviour therapy (DBT) skills.

The role of the youth mentors is currently being evaluated as part of the larger Peer Mentor Evaluation Project research study that is underway at GH-CCMH. The research seeks to understand the role youth

mentors can play in building hope and improving mental health outcomes for the youth who interact with them.

Both Popatia and Sumner understand the unique role they play in the lives of the youth they are supporting, especially as young people who have accessed mental health service at the same organization.

“I wanted to take on this role as I didn’t have a peer mentor when I was younger,” says Popatia. “I feel this could have made a significant difference for me.”

Speaking from experience, both youth mentors know what care helped them and they can recognize and address any gaps they may see in the care of their clients. Between their lived experience and the ways in which the different parts of their identities intersect, they build meaningful relationships and connections with youth.

8 group education and support sessions for youth offered by youth mentors

## Other ways we optimize mental health learning and literacy



401 participants in early intervention workshops offered to clients and families



444 participants served in parent workshops



74 trainees taught across 10 disciplines

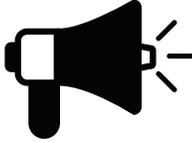


# By the numbers 2021-22

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6,000  
individuals  
served annually



900  
referrals per year



185  
staff



5  
clinical programs



8  
day treatment  
classrooms



2  
locations plus day  
treatment classrooms at  
Jarvis Collegiate Institute



74  
trainees



\$14M  
budget

# Learning Institute

“Registration, coordination, accommodations, and all administrative pieces were so flawlessly done. This has been the easiest online training process I’ve done in all of COVID.”

- SickKids CCMH LI program participant, February 2022

The SickKids Centre for Community Mental Health Learning Institute (SickKids CCMH LI) team continued to work closely with its community of facilitators to ensure all online programs are interactive, learner-centric and support transfer of knowledge. With ongoing review of our online programs, the SickKids CCMH LI team ensures that every touchpoint in the learner journey reinforces their positive and inclusive engagement. These efforts were reflected in the learner feedback, which included an average 89.5 percent satisfaction score for programming offered in 2021/22.

To ensure online programs are accessible for all learners, the SickKids CCMH LI supports accessibility requirements and requests, including, but not limited to automatic transcripts; closed-captioning; ASL interpreters; and adhering to AODA requirements for program materials. SickKids CCMH LI provides its facilitators with access to trainings and materials to support the creation of equitable and inclusive learning environments.

SickKids CCMH LI and Humber College collaborated on the design and development of [Excellence in Mental Health Leadership](#), a micro-credential program for new and emerging leaders in community mental health services. The first session will run in September 2022.



**118 courses delivered**



**20 new expert facilitators engaged**



**38 new courses offered**



**4,000+ professionals trained**



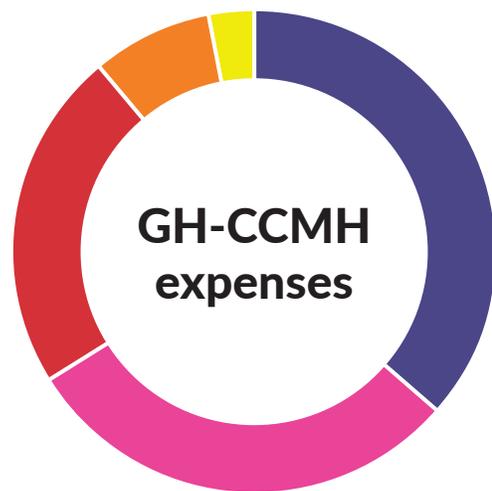


# Financial summary

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- Ministry of Health and Long-Term Care **81.56%**
- City of Toronto **8.95%**
- Other **4.83%**
- Public Health Agency of Canada **4.33%**
- Ministry of Children, Community and Social Services **0.33%**

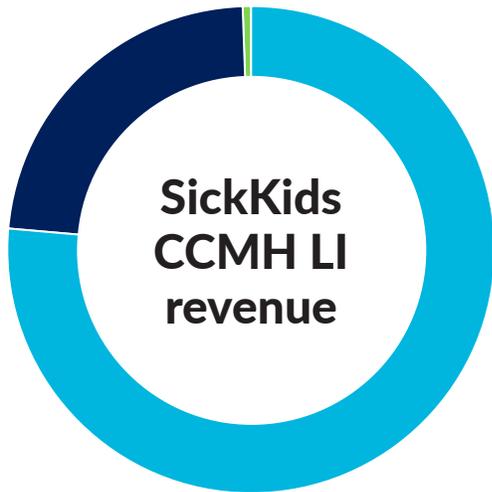


- Intensive services **37%**
- Prevention and Early Intervention **30%**
- Counselling and therapy **23%**
- Administration **8%**
- Other **3%**

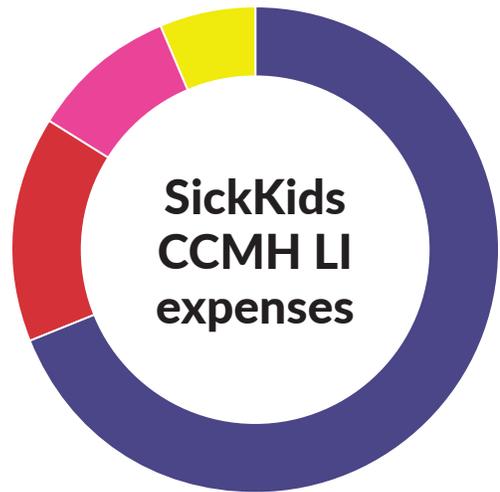
\*Total does not equal 100 per cent due to rounding

[See full report](#)





- Training fees 76.5%
- Building rental 23%
- Other 0.5%



- Training 69.1%
- Administration 14.9%
- Building 9.8%
- Other 6.2%

[See full report](#)





**SickKids®**

Garry Hurvitz  
Centre for Community  
Mental Health

Jarvis Treatment Centre | 440 Jarvis St. | Toronto, ON M4Y 2H4  
Sheppard Treatment Centre | 1645 Sheppard Ave. W. | Toronto, ON M3M 2X4