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Throughout 2011-12 Children's Mental Health Ontario (CMHO) focused on helping our members and the Government of Ontario achieve the three goals of the provincial strategy for child and youth mental health: (1) faster access to services, (2) earlier identification of children and youth who need help, and (3) fewer service gaps for vulnerable young Ontarians.

Our dual mandate of supporting our members and being a leader in reforming Ontario's child and youth mental health system was pursued through five core activities:

- We continued to advocate for the resources needed to ensure that children, youth and families have quick access to effective mental health services in their communities.
- We worked to raise public awareness about the extent of unmet child and youth mental health needs through our website, media activities, and by organizing Children's Mental Health Week.
- We ensured that our members' frontline knowledge and experience informed government's decision-making.
- We expanded our knowledge exchange work - including our biggest-ever annual conference and our 3rd series of clinical webinars - so that our members could share their successes and learn about leading edge practices.
- We continued to strengthen and increase the credibility of our accreditation program by working towards full implementation of the Canadian Centre for Accreditation in 2013.

At the same time, we continued to support our members’ operations with an array of affordable shared services such as employee benefits and insurance; we continued to develop and deliver our evidence-informed youth engagement program, The New Mentality; and we provided ongoing support for the Brief Child and Family Phone Interview (BCFPI) intake process. Please read on to learn more about all of CMHO 2011-12 activities and achievements.

As implementation of Ontario's Mental Health and Addictions Strategy continues for at least another two years, and as system transformation gets underway, CMHO will continue to champion the central and leading role of accredited community agencies. We will engage our members to develop thoughtful position statements that aim to ensure system reform is effective, respectful of unique community needs and histories, and ultimately serves all Ontarians. Having worked together with our community agencies, we were successful in obtaining significant new funding for services and a promising new child and youth mental health strategy, but the difficult and detailed work of implementation is only beginning and will be even more challenging. This once-in-a-lifetime opportunity to transform Ontario's child and youth mental health system is exciting, but will continue to demand strong leadership and broad vision from all of us who are committed to ensuring that every child and youth who needs mental health services receives them quickly and effectively.

Patricia Day  
Chair, Board of Directors

Gordon Floyd  
President & CEO
Forty years ago, the community-based children’s mental health system in Ontario formally came into being with the implementation of the *Children's Mental Health Centres Act, 1970*. At the same time, a group of children’s mental health centres from across Ontario joined forces and established an association, enabling them to share information and advocate for policies, programs and funds to improve the state of children’s mental health.

Here we are, four decades later, having made tremendous progress towards ensuring the right of Ontario’s children and youth to mental health and well-being. Over the past 40 years, Children’s Mental Health Ontario (CMHO) has introduced numerous important programs and services to help its members enhance the delivery of mental health services.

Since 1972, CMHO (originally called the Ontario Association of Children’s Mental Health Centres) has sought to be the primary catalyst in both strengthening Ontario’s child and youth mental health agencies and enhancing the broader system of mental health services for children, youth and their families. The community-based services that are provided by CMHO members have always been, and continue to be, the backbone of Ontario’s child and youth mental health system.

Although the roots of Ontario’s children’s mental health system stretch as far back as the orphanages and poorhouses of the mid 1800’s, specific services to diagnose and treat mental illness in children did not appear until the 1930’s. Community-based care was first introduced in 1965 on Warrendale Court in suburban Toronto, and two years later the Toronto Health Clinic was transformed into the Hincks Treatment Centre for Adults and Children.

While name changes and mergers have occurred over the years, a number of current CMHO member agencies can trace their history to the 20 residential and 9 non-residential facilities first designated in the *Children's Mental Health Centres Act*. Many more children’s mental health agencies were created during the 1970’s.

We are grateful to those individuals – pioneers, really – who laid the strong foundation upon which we continue to build a better mental health system for children and youth.

I encourage you to explore *Celebrating 40 years: A Retrospective*. Discover the roots of our Children’s Mental Health system, as we profile the unique history of seven accredited member agencies.

Gordon Floyd,
President and CEO
In 1909, supports for children and families were scarce for Toronto’s 200,000 city-dwellers. Working-class immigrants were arriving daily. As the population of the city grew, so did, unfortunately, the number of individuals living in poverty. Many young mothers were forced to work, with no one to care for their children.

In Toronto’s west end, a young Anglican woman named Gertrude Tate, with 43 other community-minded women, established the West End Crèche Club. In 1909, the Club opened a day care centre to provide a home during the day for children whose mothers had to go out to work, and to assist the mothers in securing needed work.

At about the same time, Reverend Peter Bryce, a Methodist minister in Toronto’s Earls Court area, had likewise recognized the needs of women who had to work to support their families. In the “shacktown” community that centered on St. Clair Avenue west of Dufferin, there were few paved streets, street lights or houses with running water. Families were struggling to make ends meet. With his secretary, Miss Hattie Inkpen, Rev. Bryce established a small nursery in his Boone Avenue church, charging mothers 10 cents a day for each child in his care. The day nursery soon moved to a rented eight-room house on Dufferin Street and began providing residential care for children unable to remain at home due to dire family circumstances.

The West End Crèche and the Earls Court Child & Family Centre (as these two agencies became known) were pioneers, established in an era when child welfare and early child development were just becoming social concerns worthy of our community’s attention. In 2004, the two agencies joined together to become Child Development Institute, merging to build on their combined experience and knowledge to chart a new path in Toronto’s 21st century.

By: Tony Diniz, CEO, Child Development Institute
The Hincks-Dellcrest Centre

Toronto, Ontario

The Hincks-Dellcrest Centre is built on the collective history of two very different but equally significant children’s mental health centres: the C.M. Hincks Treatment Centre and the Dellcrest Children’s Centre. In 1998, the two centres amalgamated to form The Hincks-Dellcrest Centre.

The C.M. Hincks Treatment Centre began its contribution to the mental health sector in 1946 as the Mental Hygiene Consultation Service, evolving into the Toronto Mental Health Clinic in 1952. Originally serving patients of all ages, the clinic began to specialize exclusively in children and families in 1963. Realizing the lack of existing mental health facilities and the expertise available within the clinic, plans were made for a unique centre that would offer mental health services, research, and education under one roof. The result of this ambitious goal was the C.M. Hincks Treatment Centre, built in 1967.

Dellcrest Children’s Centre was founded in 1960 as a 10-bed residential treatment centre. Originally known as Boys Village, the name was changed in 1972 to reflect the realization that both genders struggle with behavioural and social problems. The first mental health agency to have an intensive residential service in the community, Dellcrest was a pioneer in many areas of children’s mental health, establishing the first day school treatment program in Ontario, the first children’s mental health school consultation program, and the first prevention department.

Today, the Hincks-Dellcrest Centre proudly carries on the tradition of these agencies, combining the strengths and specialties of both the C.M. Hincks Treatment Centre and the Dellcrest Children’s Centre to bring hope, optimism, and possibilities to children and families throughout Toronto.

By: Caroline Horcher, Communications Manager, The Hincks-Dellcrest Centre
In the 1960’s, Clara Will approached the Toronto District School Board with an idea. She was a teacher and she wanted to address the needs of young children with serious psychosocial and/or developmental difficulties, including autism, in the classroom setting. The intent was to provide the opportunity for these young children to receive appropriate help within the public school system before their difficulties became so deeply rooted that they might later be referred to institutional placements. The success of this program inspired plans to diagnose, treat and educate young children, directly within their community.

In 1972, Adventure Place was established as a Day Program, including assessment, diagnosis, treatment and education. Ten staff met the needs of approximately 40 children. There was an understanding of the importance of intervening early and that children are best supported within the context of their families and in all of their environments, including home, school and child care. Adventure Place was one of the first agencies of its kind to provide these types of services to children and families in the area.

Today the agency employs 100 staff who serve over 7700 children and parents annually. Adventure Place’s award winning “continuum of service” model includes prevention, early intervention and treatment, and many of the agency’s services are offered to families in their local communities. The agency continues to build on its strong foundation and belief that all children have the right to healthy development and achievement of potential.

By: Cheryl Webb, Executive Director, Adventure Place
In 2011, Lake of the Woods Child Development Centre (CDC) and the Patricia Centre for Children and Youth (PCCY) became one agency. The amalgamated organization is known as FIREFLY.

CDC was created in 1974 under the Ontario Ministry of Health, and was incorporated in 1976. The Centre’s goal was to provide emotional, physical and developmental services for Kenora area children. CDC began with six staff, in an office located above a pizza restaurant and a hair salon. The aroma of pizza and hair perm solutions made for a unique early office environment. Working in a small space, staff used filing cabinets to create ‘offices’. Mobile assessment services existed with the use of a trailer that was towed to surrounding communities (regardless of weather), sometimes leaving staff stranded in a snow bank.

PCCY was created in 1980 and was soon providing children’s mental health services in the communities of Dryden, Ear Falls, Hudson, Ignace, Pickle Lake, Red Lake and Sioux Lookout. The Dryden office was located in a historic home (see photo); challenges included the removal of birds, bats and raccoons. The files were located in the sun porch and in the winter months, the secretary wore gloves to access the frost covered filing cabinets. In the following years, satellite offices moved from various locations including older homes, the basement of a dental office, and an old retail store. Finally in 2000, the Dryden programs moved to one space, a renovated grocery store - we continue to occupy the meat and bakery department.

On April 1, 2011, CDC and PCCY amalgamated to become FIREFLY, with 154 staff bringing together a wealth of expertise, a wide range of community based services, and a continued commitment to the vision of Healthy People, Resilient Families and Vibrant Communities.

By: Karen Ingebrigtsen, CEO, FIREFLY. Of note, long time staff members in leadership positions, Barb Jackson (38 years of service – CDC) and Janet Paterson (32 years of service – PCCY) exemplify the dedication of FIREFLY staff to quality service across the decades.
The Lynwood Charlton Centre is the product of a planned merger (completed in 2011) between two strong community based partners, Lynwood Hall Child & Family Centre and Charlton Hall Child & Family Centre.

Charlton Hall Child & Family Centre was an accredited Children’s Mental Health Centre and non-profit corporation with over 90 years of service to vulnerable children and youth and their families. Founded in 1919 as Big Sister Association and incorporated since 1930, the agency has operated residential and day treatment programs at its present location since 1960. The Centre achieved children’s mental health accreditation under the corporate name, Charlton Hall Child and Family Centre in 2003.

Lynwood Hall Child & Family Centre has a long history of service in the Hamilton community beginning in 1863. At its inception the program operated as an orphanage until the early 1950’s when it received a charter to operate as a Children’s Mental Health Centre, providing mainly residential services.

Since then the operation has diversified its service array to include not only residential treatment but day treatment, community and home based services, treatment foster care, early intervention and prevention services, as well as services to children and youth with a dual diagnosis. Lynwood Hall Child & Family Centre was one of the first ten centres in the province to be accredited.

By: Alex Thomson, Executive Director, Lynwood Charlton Centre
Huron-Perth Centre for Children and Youth
Stratford, Ontario

The Centre began as a community-based children’s mental health organization in 1977, at a time when the sector was first defining children’s mental health. Belief in the family systems theory and strengths-based work shaped the Centre’s service delivery from the very beginning. Early on, staff understood the connection between abuse and trauma and developed one of the first programs to provide service to perpetrators of family violence.

In a rural area, population-based funding does not lend itself to stand-alone services. As a result, the Centre has a long tradition of taking on adult services when there is no other logical provider and when the service has the potential to create change in family environments. In the mid-nineties, work with youth in conflict with the law commenced and over time has resulted in the development of a number of community-based youth justice services. These services offer intervention at a pivotal time in a young person’s involvement with the justice system. Services are possible through funding from a number of sources including four ministries, multiple partnerships, a social enterprise and a low reliance on fundraising. To this day, the Centre identifies its core strength as providing children’s mental health services and its goal to continually improve services for vulnerable children, youth and their families.

By: Terri Sparling, CEO, The Huron-Perth Centre for Children and Youth.

Terri Sparling is the second CEO in 35 years. The Centre enjoys low turnover with a staff team that is passionate about the work and dedicated to the organization.

Rosalie Hall
Toronto, Ontario

In November, 1913, Bishop Neil McNeil asked the Misericordia Sisters from Montreal to establish a maternity hospital and services for young mothers, their children, and abandoned children in Toronto. Three Sisters started providing services and within the next two years they opened a small maternity hospital on Bond Street. The services were called the St. Mary’s Infant Home and St. Mary’s Hospital. Services were moved to Jarvis Street in 1920.

The Misericordia Sisters were founded in 1845 and have developed community services and hospitals across Canada, the USA and, recently, in Ecuador. Young parents and abandoned children are central to their mission.

In 1956, the services moved to Scarborough when the Sisters built Rosalie Hall and The Scarborough Hospital. At that time they bought 28 acres of land for $30,000 and provided a 150-bed hospital and a residential care service for 30 youth and 18 babies.

Today, Rosalie Hall provides a comprehensive range of specialized care and treatment programs for young parents, their children, and outreach services to youth in need - providing evidence-based treatment for up to 1000 persons per year with up to 3000 served by outreach and drop-in services.

By: Alan Nickell, Executive Director, Rosalie Hall
Our Values

**Dignity** - We believe that children and youth with mental health challenges have the right to be loved, respected, supported, and included in their families, communities and schools.

**Family** - We believe that functional families, in all their diversity, are the most important resource available to children and youth.

**Availability** - We believe that children and youth have the right to mental health treatment and support services that are timely, safe and effective, and delivered in the context of their family, culture, community and school.

**Investment** - We believe that meeting the mental health needs of children and youth requires significant and sustained investment in human, technological, and physical resources.

**Engagement** - We believe that children and youth have the right to be engaged in decisions regarding their own treatment and the design and delivery of child and youth mental health services.

**Collaboration** - We believe that children and youth benefit from close collaboration and shared responsibility among families, caregivers, service providers, communities, educators and other professionals, and governments.

**Integration** - We believe that community services, including agencies, schools and hospitals, must work as integrated networks to meet the mental health needs of children and youth.

**Accountability** - We believe that mental health services for children and youth must be evaluated based on outcomes, accreditation standards, and ethical stewardship.
Our Mission, Vision and Goals

Our mission is to champion the right of every child and youth in Ontario to mental health and well-being.

Our vision is an Ontario where every child and youth grows up mentally healthy.

Our vision for Children’s Mental Health Ontario is to be the primary catalyst in strengthening and enhancing mental health services for children, youth and their families in Ontario.

We have three strategic goals:

- Support and strengthen our members, and advocate for child & youth mental health services
- Provide leadership and engage our members, families, youth and other allies to reform Ontario’s child and youth mental health system
- Develop the financial and organizational capacity necessary to ensure the achievement of Children’s Mental Health Ontario’s strategic plan
Celebrating 40 Years

Leading System Change
Policy Development

In 2012, the Public Policy Committee of CMHO focused on a singular issue in its policy development: **Transitions.** CMHO member centres and our partners were generous with their time and expertise in helping to craft a document which will be used in our advocacy efforts and to inform government. Transitions is a multi-faceted issue and is critically important in the discussions taking place around system transformation.

This paper will add to the documents produced in 2010-2011 including Funding Principles; Integration of Ontario’s Child and Youth Mental Health System; Establishing Service Standards for Child and Youth Mental Health in Ontario; and Reducing Child and Youth Suicide.

As always, CMHO initiates and conducts a broad outreach and consultation process to determine which issues to address when developing policy, working in conjunction with the Satellite and Advocacy Work Team.

Coalitions

During the past year, CMHO has been working closely with several allies in our efforts to develop a better-coordinated system of mental health services, with accredited community-based services at the centre.

Together with a large number of mental health and education organizations, we continued to play an active role in the **Coalition for Children and Youth Mental Health.** The Coalition is led by the Ontario Public Schools Boards’ Association. Its purpose is to advocate for integrated public policy and collaboration across all sectors that serve the mental health needs of students.

**Ontario Mental Health and Addictions Alliance:** CMHO and nine other mental health and addiction organizations with province-wide mandates came together to ensure our sectors’ issues were addressed during the 2011 Ontario election campaign. The Alliance’s four ‘asks’ included a call to focus first on child and youth mental health. For the first time ever, all political parties addressed mental health and addictions issues in the weeks leading up to Election Day.

CMHO is playing a leadership role in the creation of **18 service collaboratives,** which are cross-sectoral partnerships designed to close gaps and improve transitions. The development of service collaboratives is being led by the Centre for Addiction and Mental Health, under the auspices of the Ministry of Health and Long-Term Care. Our partners in this work include hospitals, adult mental health and addiction services, youth justice agencies, aboriginal services, school boards, and ethno-racial mental health services, among others. The purpose of locally-based collaboratives is to improve services at three key transition points: the transition from children and youth services to adult services; the transition between hospital-based services to community agencies, and the transition between justice and health systems.
Accreditation

In the past year, CMHO and its partner accreditation organizations conducted eight pilot site reviews employing the standards of the Canadian Centre for Accreditation (CCA). Four of the pilot reviews were managed by CMHO.

Following the pilot reviews, participating organizations and reviewers were asked to provide their input on CCA accreditation through online surveys and two focus groups. Based on this feedback and on lessons learned during the pilot phase, the CCA program and standards are being revised in time for the launch of the program in 2013.

Recruitment of reviewers has continued over the past year; there are now roughly 125 reviewers in place. 37% of reviewers come from the children’s mental health sector, and 14% come from outside of Ontario.

The Youth Engagement Standards were deployed in one of the pilot reviews by a youth reviewer who had previous experience using these standards.

Responsibility for managing accreditations is gradually being transferred from the accreditation managers at partner associations to the CCA.

The full CCA program will be launched in 2013, with the first site visits taking place in April 2013. As of April, all communications and support related to accreditation will come from CCA.

CMHO continues to conduct site reviews for those member centres whose accreditation term dates are before April 1, 2013. The last CMHO accreditations will take place at the end of March 2013. CMHO has been working directly with its member centres to prepare for the transition to CCA by working with them to sign agreements with CCA. CMHO also provided accreditation materials and tools, and training on the use of the Go CCA Webtool and standard assessment procedures.

It has been an exciting year as CMHO, together with its partners, begins implementing a strong, independent, and credible national accreditation program for its members.
Youth Engagement

Youth engagement is a core value of CMHO; it as an effective practice that mobilizes youth to influence and contribute to the system that serves them. Through The New Mentality*, CMHO has been busy engaging and empowering youth to be leaders in the work to create more accessible mental health services.

The New Mentality, led by CMHO’s Cathy Dyer, provided leadership training for 50 people at Disable the Label 2012, a three day conference held in July at the Geneva Park Conference Centre on Lake Couchiching. Participants included 24 adults and 26 youth from 12 accredited CMHO member agencies. Modelling The New Mentality’s youth engagement approach, youth and adults partnered to facilitate sessions based on a renowned methodology called The Art of Hosting Conversations that Matter. A conversation was held between Ministry of Children and Youth Services staff and the young people in attendance, allowing the ministry an opportunity to hear the views of young people who have accessed the system first hand.

A survey of CMHO members in June and July indicated that the number involved in youth engagement has grown to 39, up from 24 in 2007.

The most common areas for youth engagement are in public education and programming. The least-reported aspect of youth engagement is in agency governance, as was also the case in 2007. Several agencies reported that they are actively planning to launch youth engagement efforts, or are trying to identify funding to support New Mentality activities in their agency.

In 2011-2012, six member agencies supported New Mentality groups (in partnership with CMHO):

- Algoma Family Services
- East Metro Youth Services
- Open Doors for Lanark Children & Youth
- Pathways for Children and Youth
- Reach Out Centre for Kids
- Windsor Regional Children’s Centre

*The New Mentality is a program of Children’s Mental Health Ontario. There are local New Mentality groups across the province.
Supporting Members
Knowledge Exchange

Knowledge exchange is about bridging the gap between research and practice. Supporting knowledge exchange is an important part of CMHO’s role to help improve Ontario’s child and youth mental health system. In keeping with this role, CMHO engages in a variety of knowledge exchange activities related to matters such as: evidence-informed practice, government policy and initiatives, agency leadership and management, and advocacy and communications strategies. Many of our knowledge exchange ‘vehicles’ are for exclusive use by CMHO members, however, some are open to the public (e.g. annual conference).

This year CMHO held its 3rd season of clinical webinars. Each webinar was peer-led and showcased innovative and leading edge evidence-informed practices, providing attendees with an opportunity to share knowledge, network, and debate current issues. More than 450 people participated in our 2011-12 clinical webinars, and their evaluations were overwhelmingly positive.

Topics included:

- Brief services
- The Psychotherapy Act
- CMHO Youth Engagement Standards
- The School-Community Intervention Partnership
- Adapting Therapy for Children and Youth with Learning Disabilities
- An Evidence-Informed Brief Protocol for Internalizing Problems in Children’s Mental Health
- High-risk Antisocial Children in Ontario: Predicting Future Criminal, Medical, Mental Health and Monetary Outcomes
- Long-term Outcomes of Children and Youth accessing Residential or Intensive Home-based Treatment
- Transitional Council of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario
- Mothercraft’s ‘Breaking the Cycle’ (recognized by the United Nations Office on Drugs and Crime as an exemplary program serving pregnant and parenting women with substance use problems, and their young children).
Shared Services for Members

CMHO accredited members are entitled to participate in the following shared services:

- Commercial Group Liability Insurance (Moore McLean Corporate Insurance Ltd.)
- Group Home and Automobile Insurance for employees of accredited members (Moore-McLean Corporate Insurance Ltd./Waterloo Insurance)
- Group Health Benefits (HealthSource Plus)
- Staff Training (Safeguards)
- Legal advice (Rosen Sunshine LLP)
- ONE Mail Secure Patient Information Exchange (eHealth Ontario)

CMHO is delighted to announce a new ‘member benefit’:

- Subscription to The Inclusion Quarterly!, an ezine dedicated to managing workplace diversity (Diversity At Work Inc.).

For more information about member services, please contact Frances Ruffolo, Member Services Liaison (frances@cmho.org)

Psychotherapy Act

As the Psychotherapy Act comes into force, CMHO has actively supported its members by providing timely and relevant information regarding the Act. The Act restricts the use of the titles ‘Registered Psychotherapist’ and ‘Registered Mental Health Therapist’ to members of the Council of the College of Registered Psychotherapists and Registered Mental Health Therapists (CRPRMHTO). CMHO’s support to its members includes (but is not limited to):

- hosting a webinar featuring the Registrar of transitional Council;
- providing members with draft copies of the new regulations;
- soliciting members’ feedback on these regulations; and
- submitting members’ comments to the transitional Council.

CMHO contracted a written legal opinion of the Psychotherapy legislation. The legal opinion is expected to clarify how the Act will impact our sector, which staff will be affected, and which clinical practices will be restricted. The legal opinion will be distributed to members in the fall of 2012.
CMHO’s anti-stigma YouTube video contest, Change the View, has become Children’s Mental Health Week’s signature event. From February through April, 2012, Ontario youth aged 13-25 created videos showing how we can all take the stigma out of mental health.

CMHO’s Youth Action Committee (YAC) played a central role in planning, organizing and delivering our third annual Change the View YouTube video contest. YAC members collaborated with allies from East Metro Youth Services to review almost 200 video submissions and choose a winner and runners-up. CMHO and YAC co-hosted a very successful awards event at the MTV Canada studios in downtown Toronto, attended by more than 150 people.

The winning video was featured on The Agenda with Steve Paikin on TVO, during an episode about youth mental health and stigma. The video is titled Look at Me and was created by Michelle Osei-Bonsu and Serwaah Phebih.

A very special thank you to bright red communications inc. for both lending their creative and pro bono support to Change the View and for their continued commitment to our cause; the poster and brochure that they designed for this year’s video contest depicted the importance of youth starting and continuing the conversation on mental health.

To view all of the video entries, please visit www.youtube.com/user(changetheview2012
Children’s Mental Health Week

During the first full week of May, Ontario communities and their local children’s mental health agencies joined forces to bring child and youth mental health centre stage. Municipal proclamations, video contests, barbecues and walks were hosted to raise awareness and fight stigma.

Thanks to the leadership of CMHO’s community based member centres, Children’s Mental Health Week 2012 was our most dynamic and widespread campaign yet. Close to 40 communities from across Ontario organized events that brought attention to our cause and emphasized the importance of eliminating stigma.

Municipalities held flag raising ceremonies and made proclamations officially declaring the first full week of May Children’s Mental Health Week. Libraries set up displays on children’s mental health as well as posters and agency brochures. Children’s mental health agencies hosted contests, information sessions by staff experts, display booths, human chains and much more. School boards worked with local child and youth mental health service providers to host events such as walks for children’s mental health.

Media outlets across Ontario reported on the many great events that took place during Children’s Mental Health Week, as well as the importance of raising awareness.

There was a flurry of activity at Queen’s Park during Children’s Mental Health Week. Given the Member Statements, Ministerial Statements, Oral Questions, and a Motion for the Wearing of Green Ribbons in the Legislature, it was evident that child and youth mental health is a priority for our provincial legislators.

For a comprehensive list of Children’s Mental Health Week 2012 activities, please contact Christine Pelletier, Manager of Communications (christine@cmho.org)
Communications and Media

CMHO’s website continues to offer a wealth of resources, geared not only towards our core membership of children’s mental health agencies, but to parents, professionals and youth. Our website is content rich, housing in-depth information including mental health curricula that can be used by teachers to raise awareness, reduce stigma, or to identify and support students with mental health needs.

Visits to CMHO’s website grew by more than 28 percent in 2011-12 to a total of more than 180,000, or an average of 15,000 per month. Mental health news, events and career information are among our most popular website features, and analytics show that information and resources for parents are also frequently accessed.

Social media has become a valuable tool to reduce stigma and advance children’s mental health awareness. Over the past year, CMHO’s social media platforms have attracted a growing number of followers. Through Facebook and Twitter, we publicize news and events in a timely manner, and engage the public in broader conversations about child and youth mental health.

In addition to our ongoing internal communications activities (Fast Reports, email distribution lists), we continue to expand our external communications. In the past year, CMHO has responded to dozens of media enquiries, providing information and quotes for news stories. Several of our letters to the editor were published, as well as contributions to TVO’s Inside Agenda Blog and the Canadian Business Journal.
About Us
CMHO Member Agencies

Adventure Place
Aisling Discoveries Child & Family Centre
Algoma Family Services
Associated Youth Services of Peel
Blue Hills Child and Family Centre
Canadian Mothercraft Society
Catholic Family Services - St. Martin’s Manor
Central Toronto Youth Services
Centre for Addiction & Mental Health (Child Youth & Family Program)
Centre for Children & Families in the Justice System
Centre Psychosocial
Chatham-Kent Children’s Services
Child & Adolescent Clinic, Brampton Civic Hospital Campus
Child and Adolescent Services, Public Health Services, Hamilton
Child and Family Centre / Centre de l’enfant et de la famille /
Ngodweaangizwin Aaskaagewin
Child and Parent Resource Institute (CPRI)
Child Development Institute
Children First
Children’s Centre Thunder Bay
Children’s Mental Health of Leeds & Grenville
Children’s Mental Health Services of Hastings and Prince Edward
Chimo Youth and Family Services
Craigwood Youth Services
Crossroads Children’s Centre
Deliisle Youth Services
Dufferin Child & Family Services
East Metro Youth Services
The Etobicoke Children’s Centre
Family, Youth and Child Services of Muskoka
FIREFLY
Frontenac Youth Services
The George Hull Centre for Children and Families
Griffin Centre
Haldimand-Norfolk R.E.A.C.H.
Hands TheFamilyHelpNetwork.ca / Mains LeReseauaidaideauxfamilles.ca
The Hincks-Dellcrest Centre
Humewood House
Huron House Boys Home
Huron-Perth Centre for Children and Youth
Integra
J.D. Diamond Adolescent Centre, Jewish Family and Child Service
Kenora-Rainy River Districts Child & Family Services
kidsLINK
Kinark Child and Family Services
Lutherwood
Lynwood Charlton Centre
Maryvale Adolescent & Family Services
The Massey Centre for Women
Merrymount Children’s Centre
Nelson Youth Centres
New Path Youth and Family Services
Nexus Youth Services
North Eastern Ontario Family and Children’s Services
North of Superior Counselling Programs
Oolagen Community Services
Open Doors for Lanark Children and Youth
Oxford-Elgin Child and Youth Centre
Parent-Child & Youth Clinic, Quinte Healthcare Corporation
Pathstone Mental Health
Pathways for Children and Youth
Peel Children’s Centre
The Phoenix Centre for Children and Families
Point in Time Centre for Children, Youth and Parents
Rapport Youth & Family Services
Reach Out Centre for Kids (ROCK)
Regional Children’s Psychiatric Centre
Roberts/Smart Centre
Rosalie Hall
St. Clair Child & Youth Services
St. Leonard’s Community Services
Thistletown Regional Centre
Trellis Mental Health and Developmental Services
Turning Point Youth Services
Vanier Children’s Services
Western Area Youth Services
Windsor Regional Children's Centre
Woodview Mental Health & Autism Services
The York Centre for Children, Youth and Families
Yorktown Child & Family Centre
Youth Services Bureau of Ottawa /
Bureau des services à la jeunesse d’Ottawa
YouthLink
CMHO

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Bill Saul
Terri Sparling
Sharlene Weitzman
CMHO Staff

President & CEO
Gordon Floyd

Director, Policy & Communications
Camille Quenneville

Director, Standards & Services
Joanne Johnston (On secondment from April 2012)
Gail Vandermeulen (Acting)

Manager, BCFPI Implementation & Information Systems
Brian O’Hara

Manager, Communications & Member Services
Christine Pelletier

Manager, Knowledge Exchange & Implementation
Frances Ruffolo

Policy Researcher
Liane Greenberg

Web Developer
Jeffrel Santo Domingo

Project Co-ordinator, The New Mentality
Cathy Dyer

Data Analyst
Alejo Freire

Finance & Administrative Assistant
Novlette Samuels

Administrative Assistant
Marta Condolo

Executive Assistant
Verna McPhee
## Revenue for 2011-12

<table>
<thead>
<tr>
<th>Source</th>
<th>%</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Fees</td>
<td>56%</td>
<td>$970,001</td>
</tr>
<tr>
<td>BCFPI</td>
<td>27%</td>
<td>$461,834</td>
</tr>
<tr>
<td>Annual Conference</td>
<td>11%</td>
<td>$194,595</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>$84,517</td>
</tr>
<tr>
<td>New Mentality</td>
<td>1%</td>
<td>$26,022</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100%</td>
<td><strong>$1,736,969</strong></td>
</tr>
</tbody>
</table>

### Bar Chart

- **Member Fees**: 56%
- **BCFPI**: 27%
- **Annual Conference**: 11%
- **Other**: 5%
- **New Mentality**: 1%
## Expenditure by Activity 2011-12

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation</td>
<td>9%</td>
<td>$137,359</td>
</tr>
<tr>
<td>Administration</td>
<td>12%</td>
<td>$213,591</td>
</tr>
<tr>
<td>Advocacy &amp; Communication</td>
<td>20%</td>
<td>$350,557</td>
</tr>
<tr>
<td>BCFPI</td>
<td>27%</td>
<td>$469,540</td>
</tr>
<tr>
<td>Children’s Mental Health Week</td>
<td>4%</td>
<td>$65,267</td>
</tr>
<tr>
<td>Governance</td>
<td>7%</td>
<td>$117,153</td>
</tr>
<tr>
<td>Member Services / Conference / Knowledge Exchange</td>
<td>15%</td>
<td>$272,712</td>
</tr>
<tr>
<td>The New Mentality</td>
<td>6%</td>
<td>$103,618</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>$1,729,797</strong></td>
</tr>
</tbody>
</table>

*Excess of Revenue over Expenses*  
$7,172

![Circle chart showing expenditure by activity]