



Toronto Dialogue Report Back

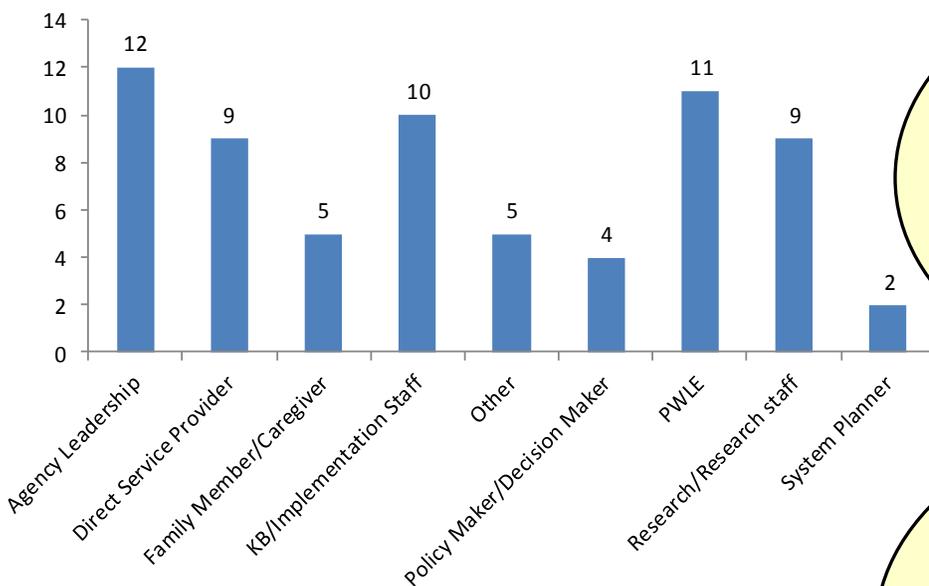
This report back highlights the diverse evidence needs prioritized by participants at the Sharing Together Toronto dialogue held on February 2, 2017. Eight Sharing Together dialogues were held across the province from January to April 2017, and individual high level report backs have been created to share back what we heard from participants at each dialogue.



Through Sharing Together, EENet aims to co-create an evidence priority agenda that reflects regional and provincial mental health, substance use and addictions evidence needs, and includes diverse stakeholder perspectives. EENet and partners will use this co-created evidence priority agenda to shape the types of evidence we make available and accessible to stakeholders in Ontario. By addressing evidence needs, we hope Sharing Together will contribute to a more evidence-informed and connected system, leading to better experience and quality of care, and overall health and wellbeing, for all Ontarians.

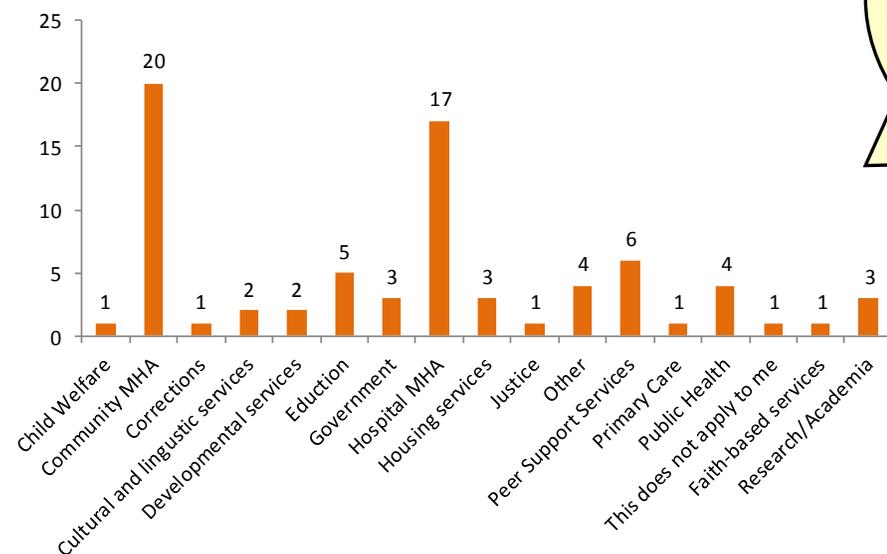
At this dialogue, 49 participants attended and indicated they have lived experience or have worked with various diverse populations, including low income, children and youth, people who have experienced homelessness, people living with disabilities, women, LGBTQ (Lesbian Gay, Bisexual, Trans and Queer), older adults, ethno-racial communities, First Nations, Inuit and Métis, Francophone, and linguistic communities. Attendees mainly represented urban areas, but some represented rural, remote and other areas. Below is a breakdown of attendees by stakeholder

1. Which stakeholder group do you best represent? (Participants selected all that apply) group and sector.



"The discussions that took place at our table were INVALUABLE. I'm grateful for an opportunity to brainstorm with others in the mental health and addiction field with the goal to influence priorities and evidence."
Dialogue participant

2. What sector do you work in? (Participants selected all that apply)



"Given the work that I do, the results of the process directly impact the way in which we choose to provide service in helping others navigate the system. Today's process was extremely helpful and I look forward to sharing it within my organization."
Dialogue participant

"Table discussions were the best, so many fantastic brainstorming ideas and wisdom."
Dialogue participant

The top three evidence themes were selected by participants prior to attending the dialogue for discussion. At the dialogues, participants then discussed and prioritized specific evidence needs related to each theme. Listed below are the top evidence needs in order of prioritization.



Access to services

- **Service and system level policies and practices** that prevent different populations from accessing services, particularly marginalized populations and rural communities.
- How to **provide core services that are accessible** for diverse racialized, cultural, and religious communities.
- **Models focused on prevention, promotion, and the social determinants of health** that reduce the need to access services.
- Effectiveness of **centralized access, system navigation, and family navigation models**.
- Enhance **service provider awareness of available services**, including pathways to service, to improve system navigation.



Effectiveness of services

- **Measure effectiveness** from the perspective of service users.
- **Define effectiveness** from the perspectives of service providers, decision makers, families, caregivers, and service users.
- How to measure the **impact of intersecting services on addressing the social determinants of health** (for example, employment, education, housing, etc.).
- How to **measure core competencies of service providers** related to person-centred care.
- **Improve the capacity of first responders** (for example, police officers) when responding to individuals with mental health, substance use, and addictions issues.



Supporting the voice of persons with lived experience and caregivers

- Approaches for **meaningful engagement of persons with lived experience, families, and caregivers in decision making** (for example, co-developing and planning services, service delivery, quality improvement, and evaluation).
- **Outcomes of integrating persons with lived experiences, families, and caregivers** in organizations and at the system level.
- Identify **barriers to integrating the voice of lived experience** into service delivery and policy development.
- How to **balance the different needs of persons with lived experience and their families/caregivers**, particularly for youth.

Next steps

We will extend participation in the Sharing Together process through an online survey to stakeholders across Ontario. Following that, we will analyze provincial trends to develop the evidence priority agenda for Ontario's mental health, substance use, and addictions system. The final step will be to disseminate the agenda to support knowledge exchange activities across Ontario. EENet will also collaborate with partners to respond to the evidence needs identified.

Resources have already been posted on the [Sharing Together webpage!](#)

Stay tuned as we gather more evidence and if you have relevant resources, share with us!