

Integrated Youth Services Network (IYSN)
Wellington County and Guelph

Business Case and Implementation Plan

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Executive Summary

Service access for youth and families in Wellington County and Guelph

Across Canada, one in five youth between the ages of 15 and 25 experience mental health and/or substance use disorders and approximately 75% of all mental health conditions have their onset by early adulthood. The impact of this vulnerability cannot be overstated. Suicide is the second leading cause of death in this population, and left untreated, mental health and substance use disorders put youth at increased risk of significant and life-long health and social challenges.

Unfortunately, there is also ample evidence that health care systems are failing to meet the very challenging and complex needs of youth and their families. For example, services are not available or they are inaccessible; they are not responsive to the needs and preferences of youth and family, resulting in poor engagement in services; and/or they are not integrated, resulting in youth and families “falling through the cracks” time and again. In recent years, youth and families, service providers, researchers, and health system planners have been united in their call for a complete transformation of the health care system to better serve youth and their families.

This reality is no different in Wellington County and Guelph. For example, a significant number of students in the region report having too many problems in their lives, low levels of self-esteem, high rates of substance use and thoughts of suicide. These troubling patterns are compounded for youth who are not in school, youth from particularly marginalized populations—such as Indigenous, LGBTQ+ and racialized groups—and transition age youth—that is, youth who are transitioning into adult roles.

Given their increased vulnerability and need for support, timely access to effective and responsive services is critically important. An important indicator of service access is rates of hospitalizations for mental health and substance use concerns – with high rates possibly signalling the need for improved access to community-based services. As with other parts of Canada, these rates have grown exponentially in the region. For example, since 2007, hospitalizations for mental health and behavioral disorders increased by 225%, and by 211% for intentional self-harm. Service utilization is also on the rise amongst post-secondary students.^{1,2}

And while the region has a range of dedicated and experienced health and social service providers that serve youth and transition age youth, many of these providers, together with youth and their families, acknowledge important gaps in the continuum of services and access challenges related to:

- A service system that is built to manage crises and that is not aligned with the needs of youth and families.
- A fragmented and siloed system that creates inconsistent service experiences and disruptive transitions.

¹ SAS Demand for Service Statistical Report 2019, University of Guelph Student Wellness Services

² Student Wellness Year End Statistics 2019, University of Guelph Student Wellness Services

- A lack of confidence among service providers and families regarding who to contact for needed services and supports.
- Insufficient supports available for family members, who, in the absence of support, frequently need to act as case managers, placing them under significant stress and putting them at risk for health problems of their own.

The Integrated Youth Services Network (IYSN)

In an effort to address issues related to service access for youth and their families in the region, an initiative is underway to bring an Integrated Youth Services Network (IYSN) to Wellington County and Guelph, under the leadership of the Rotary Club of Guelph and in partnership with the Guelph Community Foundation, the Canadian Mental Health Association Waterloo Wellington (CMHA WW), the Guelph YMCA/ YWCA, University of Guelph, East Wellington Community Services, Big Brothers Big Sisters Centre Wellington, Minto Mental Health, and Shelldale Family Gateway. Integrated youth service networks are evidence-based models that have been shown to be effective in engaging youth in, and improving access to, a range of needed services that result in the symptomatic and functional recovery of youth.

The goal of the IYSN, which will be modeled on integrated youth services initiatives already in place across Ontario and Canada, and particularly the Youth Wellness Hubs Ontario initiative, is to build a more effective health and social service system, through integration and collaboration, to better meet the needs of youth between the ages of 12 and 26 years in Wellington County and Guelph. In its mature state, the IYSN will include a number of new and innovative features, including use of technology to enhance access for youth in rural regions, and a service site in a post-secondary setting. Service integration will be facilitated by:

- Collaborative partnerships and integrated governance at all stages and levels of the IYSN
- Delivery of a range of multi-disciplinary youth and family friendly services from a centralized, accessible service “hub” that is available to youth and families
- Adoption of a “stepped care” model whereby lower intensity treatments and services are prioritized, and clients are “stepped up”, as needed, to more intensive services, using standardized measures, criteria and streamlined transition mechanisms
- Development of referral mechanisms and clinical pathways to connect youth and families to services that are not available through the service hub/network
- Integrated treatment planning across all services to ensure consistent and evidence-based approaches and continuity of care
- Mechanisms to quickly connect youth and families back to services as needed, including use of technology to facilitate virtual service delivery
- Policies and mechanisms to support information sharing and collaboration across services, including common and standardized assessment, treatment planning and referral tools

- Adoption of service branding to develop a collective sense of identity and connection to the IYSN amongst service providers (including those part of the region’s new Ontario Health Team(s)), youth and the community in general
- Evaluation and performance measurement to monitor the impacts of service integration and support continuous quality improvement

The IYSN is aligned with the federal, provincial and territorial (FPT) governments’ *Common Statement of Principles on Shared Health Priorities*, and specifically with the goal of improved access to mental health and addiction services. The IYSN will support the following prioritized actions identified in the *Common Statement*:

- Expand access to community-based mental health and addiction services for children and youth (age 10–26), recognizing the effectiveness of early interventions to treat mild to moderate mental health disorders
- Spread evidence-based models of community mental health care and culturally-appropriate interventions that are integrated with primary health services

The IYSN will also adopt a health equity lens, reflecting the reality that certain groups of youth and families face inequities with respect to health status. These health inequities are related to broad personal, social, economic factors—collectively referred to as the social determinants of health. Health inequity is a particularly complex challenge given that most of these social determinants of health are interrelated and mutually reinforcing. Accordingly, the IYSN will offer a wide range of comprehensive services and supports, including primary health care, mental health, substance use, employment, recreation, peer support, education and housing services. These services will be culturally safe and, where feasible, culturally specific, reflecting the diversity of youth in the region, including those who identify with the LGBTQ+ community, newcomers to Canada, and individuals from specific cultural groups, such as youth with Indigenous and Mennonite backgrounds.

Phased and participatory implementation

A total of seven service sites are planned for implementation during the first five years of the IYSN. These sites will be structured as “micro sites” and will offer a range of services that will be shared between sites. Several micro-sites, with physical locations in different parts of the region, have already been identified for the first three years of implementation (i.e., CMHA Waterloo Wellington (north Guelph), the community of Fergus, the University of Guelph, the Town of Erin, the Guelph YMCA/ YWCA (south Guelph), Shelldale Family Gateway (west Guelph), and the Town of Minto). Services offered through these micro-sites will vary according to the unique needs of the youth and families within their respective catchment areas but will, at minimum, include programs related to mental health, substance use, and peer supports, and, in their mature state, will include mechanisms for integration with primary health care (through the emerging Ontario Health Teams). Implementation of the seven micro-sites represents the first phase of the IYNS; additional sites in other regions will be considered based on local need (e.g., the Mount Forest area).

Governance of the IYSN will be based on principles of collaboration, integration, inclusivity, and partnership. A Partnership Table, already active in the initial planning of the IYSN, provides high-level oversight and guidance and is comprised of representatives from the core group of stakeholders. Members of the Partnership Table also lead specific working groups to support specific phases and activities of the project management plan. As needed, these working groups will enlist the support of external individuals and organizations, providing a further mechanism for community engagement and partnership. And most importantly, youth and family participation in the design and implementation of services is a central tenet of the IYSN. As such, their engagement will be supported by their leadership and involvement in the initiative's Youth Engagement Working Group, the design of the various sites and ongoing input and engagement at the sites, through peer support, and Youth Engagement Coordinator roles.

The IYSN will also be well positioned to integrate the work that Homewood Research Institute (HRI) is leading to take stock of the current landscape of mobile apps designed to address youth mental health issues. Working in partnership with Dr. Yuri Quintana and colleagues at the Harvard Medical School, as well as with a range of researchers and other system planners and leaders in Ontario, HRI will be developing a rigorous evaluation framework, conducting a full systematic review of available evidence from major studies of youth mental health apps, and co-designing and evaluating an evidence-based app, in partnership with youth.

Finally, because the IYSN will contribute new insights regarding the value and impacts of integrated youth services, including in relation to the IYSN-specific innovations that are being planned, a strategy will be developed and implemented to support knowledge exchange. This strategy will be inclusive of a wide range of stakeholders within the region and beyond, including youth and families, service providers, researchers, health system planners and policy makers.

Expected impacts: System improvement and enhanced service access

An evaluation strategy for the IYSN will be developed and implemented by the Homewood Research Institute (HRI). HRI is an independent, charitable organization dedicated to research designed to evaluate and transform mental health and addiction services in Canada and beyond. The evaluation strategy will be based on a developmental approach and HRI will collaborate with the Provincial System Support Program (PSSP) to ensure alignment and integration, as appropriate and feasible, with work to evaluate the Youth Wellness Hubs Ontario initiative.

The evaluation strategy will reflect the fact that the IYSN represents a “complex” intervention, in the sense that it is comprised of multiple services, targeting different youth and family groups, and embedded in broader systems of care and socioeconomic contexts. As such, the strategy will explore the ways in which different aspects of the IYSN serve to improve access to services for different groups of youth and their families.

While specific targeted outcomes will be identified iteratively, as part of the elaboration of the evaluation framework, and in collaboration with youth and families and service and community partners, it is anticipated that the following high-level targeted impacts will be applicable:

- Improved access to a broad range of integrated community-based health and social services, including mental health and substance use services
- Improved engagement of youth and families
- Positive impacts on a range of health and wellness indicators, including physical, mental, and social health.
- Improved capacity in the region, beyond the IYSN, for services spanning multiple sectors and/or organizations to work together collaboratively to provide more effective and integrated care, including enhanced ability to meaningfully engage service users in service planning, delivery, and performance measurement

1.0 Introduction

Youth between the ages of 12 and 26 years who have mental health, substance use and related health and social concerns—together with their families—frequently face significant barriers to accessing timely, effective, and appropriate services. Integrated youth service models have shown considerable promise in addressing these barriers.³ These models, identified by the Ontario government as a priority for expansion in the province⁴, vary in terms of the specific components offered, but typically include a range of stepped-care services of varying levels of intensity that are co-designed with youth, and that can be accessed through community-based walk-in service hubs that bring together different services under in one physical space/location.

An initiative is underway to bring an Integrated Youth Services Network (IYSN) to Wellington County and Guelph, under the leadership of the Rotary Club of Guelph and in partnership with the Guelph Community Foundation, the Canadian Mental Health Association Waterloo Wellington (CMHA WW), the Guelph YMCA/ YWCA, University of Guelph, East Wellington Community Services, Big Brothers Big Sisters Centre Wellington, Minto Mental Health, and Shelldale Family Gateway. The IYSN, which will be modeled on existing integrated youth services initiatives already in place in Ontario and across Canada⁵, will include a number of new and innovative features, including a technology component to enhance access for youth in rural regions, and a service site in a post-secondary setting. Mental health, substance use, and peer supports will be core services at all IYSN sites.

Wellington County and Guelph have a range of dedicated and experienced health and social service providers that serve youth and transition age youth. Many of these have already committed to supporting the IYSN, through direct service provision, involvement as a service site, and/or in an advisory capacity. A Partnership Table for the IYSN is already active, and involves many of these providers, as well as other important community stakeholders, and most importantly, youth and family representation (see also section 3.2.5).

This document presents a business case for the further development of the IYSN in the region, as well as a detailed work plan for its implementation. While the initiative's Partnership Table has already secured funds for the initial stages of planning the IYSN, it will be necessary to obtain one time capital as well as sustainable operating funding for full implementation. As such, a second aim of this document is to inform the development of future funding proposals and prepare for the community campaign set to launch in the spring of 2020.

³ Henderson, J. L., Cheung, A., Cleverley, K., Chaim, G., Moretti, M. E., de Oliveira, C., ... & Herzog, T. (2017). Integrated collaborative care teams to enhance service delivery to youth with mental health and substance use challenges: protocol for a pragmatic randomised controlled trial. *BMJ open*, 7(2).

⁴ <https://news.ontario.ca/mcys/en/2018/05/ontario-expanding-mental-health-and-addictions-support-for-youth.html>

⁵ For example, Access Open Minds, Ontario's Youth Wellness Hubs⁵ and the YouthCan IMPACT collaborative initiative.

2.0 Business case for an Integrated Youth Services Network (IYSN)

In the Words of a Mother

To say it's been difficult is a gross injustice.

It's the not knowing where to turn that is incredibly painful. It's having to make countless phone calls for help only to be put on hold, referred or asked to defend why you are calling. It's being asked "How old is your child?" and being told "I can't talk to you". It's the endless waiting lists and desperately trying to explain to medical professionals that it's not laziness, it's not being spoiled, there is actually something very wrong, my child just can't cope and needs help now!

I have tried, unsuccessfully, to navigate the mental health system for the past 18 years. My child is now in her mid-twenties and I am powerless to help. It's like watching two high speed trains about to collide in slow motion and there is nothing I can do. I would gladly put myself between those two trains if I thought it would help.

The mental health and addiction burden on our society is getting exponentially worse, minute-by-minute, day-by-day. I have seen and paid exorbitant amounts of money to countless professionals, to try and help my child. Countless opinions, countless diagnoses and countless medications with virtually no communication between those professionals. And to make matters worse, each and every time my child sees someone new, she has to start at the beginning of her story and recount her painful journey. She is dangerously close to giving up and I feel I have failed her.

This is the system we have created. It's fragmented, unrealistic and it renders caregivers, parents and family member powerless. It means you must have resources to get help and even then, there is no guarantee that you can find someone good or who has availability. It's dealing with frustrated health care professionals who are doing their best in a system that simply isn't working.

I believe that integrating youth services is the one of the critical answers to this complex problem. We know from other communities who have moved in this direction that providing holistic care all in one place removes the barriers that keep so many youth and their families from getting the help that they so desperately need. We must change. We cannot afford to lose the thousands of young people who are suffering, like my child. It's time to open large and welcoming doors to youth, hope, wellness, resilience and possibility.

Across Canada, one in five youth between the ages of 15 and 25 experience mental health and substance use disorders⁶ and approximately 75% of all mental health conditions have their onset by early adulthood. The impact of this vulnerability cannot be overstated. Suicide is the second leading cause of death in this population,⁷ and in Ontario, the 12-month prevalence of suicidal ideational and attempts among youth between the ages of 14 and 17 was 8% and 4% respectively, based on data from the 2014 Ontario Child Health Study.⁸ And if left untreated, mental health and substance use disorders put youth at increased risk of significant and life-long health and social challenges.⁹

Unfortunately, there is also ample evidence that health care systems are failing to meet the very challenging and complex needs of youth and their families. For example, services are either not available or accessible; they are not responsive to the needs and preferences of youth and family, resulting in poor engagement in services; and/or they are not integrated, resulting in youth and families “falling through the cracks” time and again.¹⁰ In recent years, youth and families, service providers, researchers, and health system planners have been united in their call for a complete transformation of the health care system to better serve youth and their families.^{11,12}

This reality is no different in Wellington County and Guelph. This section provides the rationale for why more accessible, responsive and integrated services are needed in the region through the IYSN, with a particular focus on two areas: the health status of youth in the region and challenges accessing needed services. This section also describes the ways in which the IYSN is aligned with key government priorities at the federal, provincial and regional levels. This business case for the IYSN should be considered along with the strong evidence-base for integrated youth services, presented in the sections that follow.

2.1 Needs of youth in region

2.1.1 Socioeconomic indicators

The target population for this project will be youth between the ages of 12 and 26 years who live in Wellington County and Guelph, together with their families. In 2018, there were approximately 46,381

⁶ Henderson, J.L., Hawke, L.D. & Relihan, J. (2018). Youth engagement in the YouthCan IMPACT trial. *CMAJ*, 190(Supple 1): S10-S12.

⁷ Halsall, T., Manion, I., Iyer, S. N., Mathias, S., Purcell, R., & Henderson, J. (2019). Trends in mental health system transformation: Integrating youth services within the Canadian context. *Healthcare Management Forum*, 32(2): 51-55.

⁸ Georgiades, K., Boylan, K., Duncan, L., Wang, L., Colman, I., Rhodes, A. E., ... & 2014 Ontario Child Health Study Team. (2019). Prevalence and correlates of youth suicidal ideation and attempts: evidence from the 2014 Ontario Child Health Study. *The Canadian Journal of Psychiatry*, 64(4), 265-274.

⁹ Carver, J., Cappelli, M., & Davidson, S. (2015). *Taking the next step forward: Building a responsive mental health and addictions system for emerging adults*. Mental Health Commission of Canada.

¹⁰ Halsall, T., Manion, I., Iyer, S. N., Mathias, S., Purcell, R., & Henderson, J. (2019). Trends in mental health system transformation: Integrating youth services within the Canadian context. *Healthcare Management Forum*, 32(2): 51-55.

¹¹ *Ibid*

¹² Carver, J., Cappelli, M., & Davidson, S. (2015). *Taking the next step forward: Building a responsive mental health and addictions system for emerging adults*. Mental Health Commission of Canada.

youth in this age range, almost evenly split between males (51%) and females (49%)¹³, and representing one-fifth of the total population. Almost a third of these youth (61.5%) lived in Guelph.¹⁴

In 2016, approximately 9% of youth between 15 and 24 years of age in Guelph-Wellington did not have a high school diploma and were not attending school. The percentage who had either not completed high school or were not on track to complete high school was higher in Wellington County (15%) compared to Guelph (5.4%).¹⁵ Among those who did graduate high school, 78% transitioned to post-secondary education. The unemployment rate for youth between 15 and 24 was more than double the unemployment rate for all ages (12.9% compared to 5.1%).¹⁶

2.1.2 Mental health and substance use concerns

As with most other regions in Canada, youth in Wellington County and Guelph have significant need for mental health and substance use supports. With respect to mental health, according to the combined results from the 2015, 2016 and 2017 Canadian Community Health Survey (CCHS)¹⁷, among all youth between 12 and 26 years in the region:

- One third rated their mental health as being less than ‘very good’
- Approximately 12% reported having ever been diagnosed with an anxiety disorder¹⁸
- 1 in 10 youth reported having ever been diagnosed with a mood disorder¹⁹

The Wellington-Dufferin-Guelph Youth Survey, developed and administered every three years by a coalition of service providers, and including Wellington-Dufferin-Guelph Public, assesses several dimensions of mental health among grade 7 and 10 students.²⁰ In 2017/18, over half (52%) of students reported that they sometimes, often or always feel like they have too many problems. This represents an increase from 45% in 2014/15. And when comparing grade 7 to grade 10 students, older students seem to experience more stress. For example, in 2017/18, 60% of grade 10 students reported having too many problems in their lives (up from 52% in 2014/15), compared to 44% of grade 7 students (up from 39% in 2014/15). Likewise, the percentage of students reporting high self-esteem has decreased since 2011/12 and is lower for grade 10 students, with a higher proportion of males reporting higher self-esteem than females or non-binary students across both grades. In 2017/18, 17% of girls and 9% of boys

¹³ Statistics Canada does not provide estimates for non-binary and intersex populations

¹⁴ Statistics Canada. Annual Population Estimates CSD by Single Year of Age. 2006-2018. Community Data Program (distributor).

¹⁵ Census, 2016. Data Tables, Census- Education. Census of Canada (database). Statistics Canada Catalogue no. 98-400-X2016242. Community Data Program (distributor).

¹⁶ Census, 2016. Labour Force Status. Census of Canada (database). Statistics Canada Catalogue Number 8-400-X2016286 Custom Tabulation. Community Data Program (distributor).

¹⁷ Canadian Community Health Survey (CCHS) 2015-2017, extracted June 11, 2019. Prepared by Health Analytics Team, Wellington-Dufferin-Guelph Public Health.

¹⁸ This figure should be interpreted with caution due to high sampling variability

¹⁹ *ibid*

²⁰ Data from the Wellington-Dufferin-Guelph Report Cards on the Well-Being of Children data portal (<http://www.wdgreportcard.com/en/data-portal/hospitalizations.aspx>)

in grade 10 reported thoughts of suicide in the last year. This rate increases significantly to 44% for non-binary students. Overall, students who identified a non-binary gender identity (ex. trans, gender queer) reported the poorest mental health outcomes.²¹

Mental health concerns are also significant among university students. According to the 2019 National College Health Assessment Survey²², the vast majority of University of Guelph students reported feeling exhausted (94%), overwhelmed (93%), very sad (81%), and very lonely (73%) in the past 12 months. These rates are slightly higher than those for university students in Canada overall.²³ And a significant proportion of students also reported having been diagnosed or treated by a professional in the past year - 24% for anxiety and 18% for depression.

With respect to substance use, according to Canadian Community Health Survey (CCHS) data, youth between 12 and 26 years were significantly more likely to report drug use in the past year compared to adults (21% versus 10%).²⁴ And among secondary students, according to the Wellington-Dufferin-Guelph Youth Survey, while rates of binge drinking have declined between 2011/12 and 2017/18, they still remain significant with 31% of grade 10 students in the Wellington County/Guelph region reporting having engaged in this activity in the past year. Rates of cannabis use have remained stable over this same time period, with 23% of grade 10 boys and girls reporting using cannabis in the past year; this jumps to 31% for non-binary youth.²⁵ And finally, 18% of grade 10 students reported using prescription drugs that were not prescribed to them in the past year.

Substance use, and particularly alcohol use, is even higher among post-secondary students. According to results from the 2019 National College Health Assessment Survey²⁶, the majority (79%) of University of Guelph students reported drinking in the past month. When asked about the number of alcoholic beverages consumed the last time they socialized, 42% of males and 38% of females reported binge drinking²⁷, a rate that is slightly higher than the Canadian average across all university students. Almost a third of University of Guelph students (29%) reported using marijuana in the past 30 days (compared to

²¹ WDG Youth Survey, 2017-18. Prepared by Health Analytics Team, Wellington-Dufferin-Guelph Public Health.

²² University of Guelph (2019). National College Health Assessment results. Author. Retrieved from <https://wellness.uoguelph.ca/about-us/ncha-survey-results>

²³ American College Health Association. (2019). American College Health Association-National College Health Assessment II: Canadian Consortium executive summary Spring 2019. Silver Spring, MD: Author. Retrieved from <https://www.cacuss.ca/files/Research/NCHA-II%20SPRING%202019%20CANADIAN%20REFERENCE%20GROUP%20EXECUTIVE%20SUMMARY.pdf>

²⁴ Canadian Community Health Survey (CCHS) 2015-2017, extracted June 11, 2019. Prepared by Health Analytics Team, Wellington-Dufferin-Guelph Public Health.

²⁵ More data is needed regarding the implications of the legalization of cannabis on access to cannabis by those under 18 years of age. With respect to use of cannabis in the past three months, there was a non-significant increase in the 15-24 age group in the year following legalization (from 23.2% in the first quarter of 2018 to 29.5% in the first quarter of 2019) followed by a drop to 25.5% in the second quarter of 2019 (data from Statistics Canada, 2019b, cited by the Canadian Centre on Substance Use and Addiction. (2019). Cannabis legalization: Year one observations. Ottawa, ON: Author. Retrieved from <https://www.ccsa.ca/sites/default/files/2019-10/CCSA-Synthesis-Canada-Cannabis-Legalization-First-Year-Policy-Brief-2019-en.pdf>).

²⁶ University of Guelph (2019). National College Health Assessment results. Author. Accessed from <https://wellness.uoguelph.ca/about-us/ncha-survey-results>

²⁷ Defined as 5 or more drinks consumed over a few hours for males, and 4 or more drinks for females

25% nationally) and 11% reported using medications that were not prescribed to them in the past year (12 % nationally).

These troubling patterns are compounded for youth who are not in school²⁸, youth from particularly marginalized populations, such as Indigenous, LGBTQ+ and racialized groups²⁹, and transition age youth—that is, youth who are transitioning into adult roles (typically between the ages of 16 and 25 but age ranges vary depending on the service and developmental stage of the individual).³⁰ For example, according to a study regarding substance use in the Waterloo region³¹, youth in the region who were not in school reported higher rates of substance use overall and were more likely to report use of particularly problematic illicit drugs such as prescription opioids, methamphetamine and cocaine.

2.1.3 Service use

Patterns of service use can be important indicators of service access. For example, high rates of visits to emergency departments and hospitalizations for mental health and substance use concerns may signal the need for improved access to community-based services.³² Hospitalizations for mental health, behavioral disorders and intentional self-harm have increased dramatically among students between the ages of 14 and 18 in the region. Since 2007, the rate of hospitalizations for mental health and behavioural disorders has increased by 225%; hospitalizations for intentional self-harm have increased by 211%. Female youth account for most of the increases for both types of hospitalizations.³³

And a recent study³⁴ investigating the health outcomes of adolescents who presented to emergency departments in Ontario for self-harm found that these visits were a predictor for higher rates of mortality, suicide and recurrent self-harm, recurrent visits, and greater use of health services. More specifically, compared to matched controls, adolescents presenting with self-harm were 3 times more likely to die from any cause, almost 8 times more likely to die by suicide, and almost 5 times more likely to have repeat emergency department visits or hospital admissions related to self-harm (with about 1 in 3 having a repeat admission). As well, their estimated 5-year health costs were, on average, \$11,000 higher.

²⁸ Region of Waterloo Public Health. (2017). *Waterloo region substance use study*. Available from <https://www.regionofwaterloo.ca/en/regional-government/resources/Reports-Plans--Data/Public-Health-and-Emergency-Services/Waterloo-Region-Substance-Use-Study.pdf>

²⁹ Carver, J., Cappelli, M., & Davidson, S. (2015). *Taking the next step forward: Building a responsive mental health and addictions system for emerging adults*. Mental Health Commission of Canada.

³⁰ *Ibid*

³¹ Region of Waterloo Public Health. (2017). *Waterloo Region Substance Use Study*. Available from <https://www.regionofwaterloo.ca/en/regional-government/resources/Reports-Plans--Data/Public-Health-and-Emergency-Services/Waterloo-Region-Substance-Use-Study.pdf>.

³² Canadian Institute for Health Information. (2019). *Common challenges, shared priorities: Measuring access to home and community care and to mental health and addictions services in Canada*, Ottawa, ON: Author.

³³ IntelliHealth, extracted November 2, 2018. Prepared by Health Analytics Team, Wellington-Dufferin-Guelph Public Health.

³⁴ Gardner, W., Pajer, K., Cloutier, P., Currie, L., Colman, I., Zemek, R., ... & Cappelli, M. (2019). Health outcomes associated with emergency department visits by adolescents for self-harm: a propensity-matched cohort study. *CMAJ*, 191(44), E1207-E1216.

Service utilization is also on the rise amongst post-secondary students, indicating substantial need for support. For example, Student Accessibility Services at the University of Guelph saw a significant increase in mental health-related disabilities from 32 students (3% of 1,050 students with registered disabilities) in the 2009/2010 academic year to 1,242 (46% of 2,700 students with registered disabilities) in 2018/2019. Based on the rate of growing demand, students registering with SAS to receive mental health-related accommodations is projected to reach 2,000 by 2021. Similarly, counselling services saw an increase from 5,100 counselling appointments in 2014/2015 academic year to 5584 counselling appointments in 2018/2019 academic year.^{35,36}

2.2 Service delivery in region

As noted above, timely access to effective and responsive services is critically important for youth, a group that is at increased risk of developing mental health and substance use conditions³⁷. Barriers to access often results in these individuals not getting the services they need. And, as highlighted by the Mental Health Commission of Canada, “untreated mental health issues in early adulthood may indicate increased risk of developing severe and enduring mental health problems and at least 75% of mental health problems and illness having an onset in childhood, adolescence or young adulthood.”³⁸ As well, a range of risky behaviours often accompany mental health problems, such as substance use, sexual activities, violence, reduced physical activity and poor nutrition. If these behaviours become established while individuals are still young, they are likely to carry over throughout adulthood, placing youth on a negative health and wellness trajectory.³⁹

Service access is particularly challenging for transition age youth. If these individuals are already engaged in youth-oriented mental health and/or substance use services, they are frequently forced, when they come “of age”, to move on to adult services; services which often do not meet their unique developmental needs, and from which they are more likely to disengage, as compared to other age cohorts. If they are entering the treatment system for the first time as adults, they are more likely to face barriers to access.⁴⁰

Fortunately, the Wellington County and Guelph have a range of dedicated and experienced health and social service providers that serve youth and transition age youth. According to an environmental scan

³⁵ University of Guelph Student Wellness Services. (2019). *SAS demand for service statistical report*.

³⁶ University of Guelph Student Wellness Services. (2019). *Student wellness year end statistics*.

³⁷ Hetrick, S. E., Bailey, A. P., Smith, K. E., Malla, A., Mathias, S., Singh, S. P., ... & Moro, M. R. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *Medical Journal of Australia*, 207(S10), S5-S18.

³⁸ Carver, J., Cappelli, M., & Davidson, S. (2015). *Taking the next step forward: Building a responsive mental health and addictions system for emerging adults*. Mental Health Commission of Canada. (pg. 5)

³⁹ Ibid

⁴⁰ Carver, J., Cappelli, M., & Davidson, S. (2015). *Taking the next step forward: Building a responsive mental health and addictions system for emerging adults*. Mental Health Commission of Canada.

conducted in 2019,⁴¹ there were at least 40 organizations and programs delivering services to youth 18 years and younger who have mental health and substance use needs. In addition, there are a number of programs available in the region that target adults but that grant access to transition age youth, as well as a range of other health and social services, many of which also serve youth with mental health and substance use concerns.

These valuable resources notwithstanding, many service providers, together with youth and their families, acknowledge important gaps in the continuum of services, as well as the challenges navigating, accessing and transitioning within this system of supports.⁴² For example, a recent survey conducted by Children’s Mental Health Ontario (CMHO) shows that the Guelph/Wellington region has one of the longest wait times for counselling and therapy services in the province with children under the age of 18 waiting an average of 226 days to receive care (compared to the provincial average of 67 days).⁴³

A recent health needs assessment conducted by the Rural Wellington Health Advisory Table⁴⁴ provided a number of recommendations relevant to service access for youth, and to the IYSN in particular, including the need to: screen for mental health concerns in all health services; fill important gaps in mental health services (especially in the northern part of the region); ensure better transitions for youth between services; ensure better coordination and integration between services, and; support a non-stigmatizing/punitive approach to service delivery.

Consistent with the above, engagement in the area for the provincial Moving on Mental Health Strategy (MOMH) identified the following four related system challenges⁴⁵:

- A service system that is built to manage crises and that is not aligned with the needs of children and families.
- A fragmented and siloed system that creates inconsistent service experiences and disruptive transitions
- A lack of confidence among service providers and families regarding who to contact for needed services and supports
- Insufficient supports available for family members, who, in the absence of support, frequently need to act as case managers, placing them under significant stress and putting them at risk for health problems of their own.

⁴¹ Haanstra, S, & Wiebe, A. (2018) Environmental scan of mental health and addictions services for youth in Guelph and Wellington. Rotary Club of Guelph.

⁴² Rotary Guelph (2019). Executive summary: Integrated Youth Services Model for Guelph and Wellington County. (Unpublished document).

⁴³ Children’s Mental Health Ontario. (2020). *Kids can’t wait. 2020 report on wait lists and wait times for child and youth mental health care in Ontario.* Author.

⁴⁴ Armstrong, K. (2018). Rural Wellington Health Advisory Table community health needs assessment. Rural Wellington. Available from

⁴⁵ Overlap. (2016). *Insights report. Moving on Mental Health Wellington Dufferin.* Author. Available from http://cmhwww.ca/wp-content/uploads/2016/06/Insights_Report_MOMH_Final.pdf.

Ultimately, the degree to which service providers in the region are working effectively to support youth depends on the degree to which they are working effectively *together*, including in partnership with youth and families. Relatedly, work is underway by a team of researchers from the Youth Wellness Hubs Ontario initiative to conduct a social network analysis (SNA) for the region. SNA is a “distinctive set of methods used for mapping, measuring and analyzing the social relationships between people, groups and organizations.”⁴⁶ Results from the SNA will provide critical insights regarding how different organizations/services are working together, sharing resources, and/or communicating across a network. This information will be key to identifying strengths and challenges in the service delivery system, will inform planning for the IYSN, and will provide important baseline data for the IYSN evaluation framework (see Section 3.2.8).

2.3 Alignment with federal and provincial health system priorities

In 2017, the federal, provincial and territorial (FPT) governments adopted the *Common Statement of Principles on Shared Health Priorities*⁴⁷ in an effort to “work together to ensure health care systems continue to respond to the needs of Canadians.” This statement identified improved access to mental health and addiction services as one of two key priorities.⁴⁸ FPT Health Ministers agreed to work collaboratively toward specific actions to address this priority area. These actions are presented in Table 1 below, together with a brief description of how the IYSN is aligned with each of these actions.

Table 1. Alignment of the IYSN with the FPT Shared Health Priorities

Shared Health Priorities Action	IYSN Alignment
Expand access to community-based mental health and addiction services for children and youth (age 10–25), recognizing the effectiveness of early interventions to treat mild to moderate mental health disorders.	<ul style="list-style-type: none"> This is a primary objective for the IYSN, which seeks to expand access to a range of comprehensive and integrated health and social services—and particularly mental health and addiction services—for children and youth (ages 12 to 26) and their families (see also Section 3.1)
Spread evidence-based models of community mental health care and culturally-appropriate interventions that are integrated with primary health services	<ul style="list-style-type: none"> The IYSN reflects the principles of the integrated youth services framework. Service models based on this evidence-based framework have been shown to be effective in engaging youth in, and improving access to, a range of needed services and supports, as well supporting the symptomatic and functional recovery of youth (see Section 3.0).

⁴⁶ Blanchet, K., & James, P. (2011). How to do (or not to do)... a social network analysis in health systems research. *Health Policy and Planning*, 27(5), 438-446.

⁴⁷ Government of Canada. (2017). *A common statement of principles on shared health priorities*. Available from <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/principles-shared-health-priorities.html>.

⁴⁸ The other being improved access to home and community care.

Shared Health Priorities Action	IYSN Alignment
	<ul style="list-style-type: none"> • Youth and family participation in the planning, delivery and evaluation of services is a key principle of the IYSN, and of the broader integrated youth services framework. An important aspect supporting youth engagement in the IYSN will be ensuring that processes and services are both youth-friendly and culturally appropriate services (see Sections 3.2.6 and 3.2.13). • Services provided by the IYSN will have strong linkages and alliance with the Ontario Health Team approved for Guelph (see more below), thereby ensuring integration with primary health care services.
Expand availability of integrated community-based mental health and addiction services for people with complex health needs.	<ul style="list-style-type: none"> • As noted above (Section 2.1), youth with mental health and substance use concerns frequently experience challenges in other areas of their life, including their physical health, education and training, income and housing, relationships and community connections. These challenges are even more pronounced for youth from marginalized groups (e.g., new Canadians, individuals who identify with the LGBTQ+ community). Through the delivery of a comprehensive range of youth-friendly, culturally responsive, and integrated services and supports, the IYSN is designed to better meet the complex needs of youth and their families.

This commitment to enhance access to mental health and substance use services is also reflected in the Ontario government’s historic investment of \$3.8 over the next ten years in mental health and addiction care, a significant proportion of which has been earmarked for enhancing access to high quality services for youth and transition age adults.⁴⁹ Of particular note is the commitment to double the number of youth wellness hubs in the province, reflecting a recommendation made by the Mental Health and Addictions Leadership Advisory Council, which was established in 2014 to provide the Ontario Minister of Health and Long-Term Care with strategic advice to build a comprehensive mental health and addictions system in Ontario.⁵⁰

⁴⁹ Government of Ontario. (2018). Ontario making historic investment in mental health and addictions care for every stage of life. Available from: <https://news.ontario.ca/opo/en/2018/03/ontario-making-historic-investment-in-mental-health-and-addictions-care-for-every-stage-of-life.html>.

⁵⁰ Mental Health and Addictions Leadership Advisory Council. (2017). *Realizing the vision. Better mental health means better Health. 2017 final report of the Ontario’s Mental Health & Addictions Leadership Advisory Council*. Available from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh_2017/vision_2017.pdf.

And finally, the Ontario government recently announced plans to restructure the health system in the province. This restructuring shares many of the same objectives as that of the IYSN, namely, improved service integration, enhanced navigation, decreased wait times for services, and streamlined transitions between care. A key aspect of this restructuring will be the formation of Ontario Health Teams, defined as “groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population.”⁵¹ Under this model, health care providers—including primary care, hospital care, rehabilitative care, home and community care, residential long-term care, mental health and addictions—will work together as a team to deliver care to clients. This will also include the services that will be offered by the IYSN. While providers may not necessarily be co-located, the long-term goal is to implement mechanisms to ensure appropriate integration (e.g., electronic health record, common clinical tools, etc.). Consistent with the IYSN, Ontario Health Teams will be “enabled to locally redesign care in ways that best meet the needs of the diverse communities they serve.”⁵² Given their shared philosophies and objectives, it is opportune that both the Ontario Health Teams and the IYSN will be developed in tandem, providing opportunities to leverage resources and mechanisms for collaboration.

⁵¹ Government of Ontario. *Ontario Health Teams: Guidance for health care providers and organizations*. Author. Pg. 2. Available from <https://www.ontario.ca/page/improving-health-care-ontario>.

⁵² Government of Ontario. *Ontario Health Teams: Guidance for health care providers and organizations*. Author. Pg. 6. Available from <https://www.ontario.ca/page/improving-health-care-ontario>.

3.0 Overview of the Integrated Youth Services Network (IYSN)

The IYSN is based on the integrated youth services framework, an internationally validated approach that embodies specific components for service delivery (described in Section 3.2) that are meant to address well documented barriers to accessing supports for youth. These include program models that fail to account for the context in which youth and families are situated; overemphasis on the problems, rather than the strengths of youth and families; and specialized services being delivered in isolation of each other.⁵³

A recent review of the research evidence concluded that integrated youth service frameworks have shown promise with respect to engaging youth in, and improving access to, a range of needed services and supports, and in supporting their symptomatic and functional recovery.⁵⁴ As well, young people report high satisfaction with integrated youth services and perceive positive impacts from their involvement (see section 3.2.5 below for more details).

3.1 Goals and objectives

The **goal** of the Integrated Youth Services Network (IYSN) is to build a more effective health and social service system through integration and collaboration to better meet the needs of youth between the ages of 12 and 26 years in Wellington County and Guelph.

The **objectives** of a fully developed IYSN are to:

- Engage youth and their families in the planning, delivery and evaluation of health and social services that will be offered through the IYSN.
- Deliver integrated health and social services to youth and their families through centralized services that are located in communities throughout the region.
- Ensure that a full continuum of services, including peer support services, are available to youth and their families, according to their specific needs and preferences.
- Ensure seamless transitions between levels of care, services, and sectors, including for youth transitioning from youth to adult services, in response to the needs and preferences of youth and their families
- Leverage/develop new technologies to further support youth and family access to services and supports

⁵³ Halsall, T., Manion, I., & Henderson, J. (2018). Examining integrated youth services using the bioecological model: Alignments and opportunities. *International Journal of Integrated Care*, 18(4).

⁵⁴ Hetrick, S. E., Bailey, A. P., Smith, K. E., Malla, A., Mathias, S., Singh, S. P., ... & Moro, M. R. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *Medical Journal of Australia*, 207(S10), S5-S18.

- Conduct research and evaluation to inform the ongoing development and enhancement of the IYSN specifically
- Engage in knowledge exchange to share the lessons learned from the development and planning of the IYSN to support the spread of the model to other regions in the country and to more broadly inform better integration and delivery of health and social services for the general population.

3.2 Core components

While integrated youth service models vary with respect to the specific types of services offered, they typically are comprised of several core components. The core components of the IYSN will be aligned with those outlined for the Youth Wellness Hubs Ontario initiative.⁵⁵ This section presents the rationale for these interrelated and mutually reinforcing components, together with how they will be operationalized within the IYSN.

3.2.1 Partner collaboration

The IYSN will transform the way that services for youth and their families are planned, delivered and evaluated in the region. Partner collaboration will be foundational to this goal and will help “promote innovative, equitable ways of providing services while also creating lasting changes in perceptions, behaviours, and policies that have negatively impacted youth in the past.”⁵⁶ Partner collaboration will be reflected in all other components and stages of the IYSN. For example, the initiative’s Partnership Table (see Section 3.2.2) includes representation from stakeholder groups invested in the initiative, including youth and their families. Integrated services will be delivered through a shared location, requiring coordination and collaboration between a range of service partners (see Section 3.2.3), and supported by standardized data collection and measures (Section 3.2.8) and electronic health records to share appropriate clinical and other information between providers and with clients (Section 3.2.12). Finally, services will be identified based on the needs and preferences of youth and their families, requiring their active engagement in planning service delivery and evaluating its impacts.

3.2.2 Integrated governance

Large initiatives, such as the IYSN, require well functioning governance mechanisms to guide planning, resource allocation, and accountability. Because integration is central to youth service models, both as a process and as an outcome, the concept of “integrated governance” is particularly relevant to the IYSN. Integrated governance refers to “processes of strategic collaboration between health care stakeholders in the context of delivering health services.”⁵⁷ Central to this concept is the requirement that all

⁵⁵ Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author.

⁵⁶ Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author. Pg. 5

⁵⁷ Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author. Pg. 4

stakeholders who may be affected by a health system change, for example, service users and providers, should be represented in governance mechanisms. Accordingly, governance of the IYSN will be based on principles of collaboration, integration, inclusivity, and partnership. Integrated governance of the IYSN will be primarily supported through two mechanisms: the IYSN Partnership Table (described in this section) and the Youth Advisory Committee (Section 3.2.5).

The IYSN Partnership Table evolved from a much larger group, called the IYSN Community Advisory Committee (CAC). Convened in December 2018, the CAC provided early and high-level oversight and guidance to the IYSN. It was comprised of representatives from a broad range of service provider and community groups, as well as youth community leaders (see Appendix A for membership list). In addition, members of the CAC agreed to lead specific working groups to support specific phases and activities of the project management plan.⁵⁸ These working groups, which are still active, also enlisted the support of individuals and organizations not otherwise represented on the CAC, thereby providing a further mechanism for community engagement and partnership.

In the fall of 2019, the CAC identified the need for a smaller executive committee to provide nimble leadership to the IYSN. The CAC subsequently evolved into the Partnership Table, which is responsible for overall governance of the IYSN, including external communication and partnership development through quarterly community update meetings. The Partnership Table is comprised of leaders from the following nine organizations:

- The Rotary Club of Guelph
- CMHAWW
- The Guelph Community Foundation
- The University of Guelph
- Guelph YMCA/ YWCA
- Minto Mental Health
- East Wellington Community Services
- Big Brothers Big Sisters Centre Wellington
- Shelldale Family Gateway

The Partnership Table is supported by a dedicated project manager, made available through in-kind support from the CMHAWW for a six-month period (beginning in November 2019).

3.2.3 Integrated location

As noted earlier, access to mental health and other health and social supports is a significant challenge for youth and their families in Wellington County and Guelph. Even in communities where youth friendly services are available, they are frequently disconnected and operate in “silos,” resulting in lack of knowledge of services; restrictive access criteria based on age; diagnosis or morbidities, and barriers to transitioning between services.

⁵⁸ The four working groups are: 1. Data analysis; 2. Youth engagement; 3. Finances and 4. Community and communications

The IYSN will address these challenges by developing sites with the capacity to provide a range of youth friendly and evidence-based services (see also section 3.2.4) in one stop shop approach through sharing services. This approach will support better communication and information sharing between providers and build capacity within services to provide more holistic and responsive care through collaborative partnerships. This collaboration, in turn, can lead to higher levels of job satisfaction amongst providers and commitment to their role.⁵⁹

Seven micro-sites are planned for phased implementation during the first five years of the IYSN (see also section 4.2). Some services will be offered in house and others will be delivered virtually using technology such as videoconferencing (see Section 3.3.11). An important and early innovation of the IYSN will be the development of a service site at a post-secondary institution (the University of Guelph), a first in Canada for an integrated youth services model. This site, which will be available not only to registered students of the university but also to youth in the Guelph community and as young as 12 years of age, will provide an important resource to address the particular access challenges for transition age youth.

Figure 1. Proposed service sites of the Integrated Youth Services Network (IYSN)



⁵⁹ Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author. Pg. 5

Spotlight on Innovation: Supporting Mental Health in Post-Secondary Settings

Post-secondary institutions across Canada are grappling with a significant increase in mental health concerns and crises amongst its students. According to results from the 2016 Canadian National College Health Assessment¹, 65% of Canadian students reported feeling overwhelming anxiety in the past year, 46% reported feeling so depressed that it was difficult to function, and almost 14% reported having seriously considered suicide. The prevalence of all of these issues increased since the 2013 survey.²

A 2015 white paper commissioned by the Ontario Coordinating Committee of Vice Presidents Students³ identified a number of barriers to developing local approaches to support healthier campuses. Examples include:

- Current services not being able to meet the increasing demand for support
- The need for new service delivery models that integrate direct community-based mental health services on campus
- Lack of mechanisms to support students who are transitioning from secondary to post-secondary settings
- A lack of research on student mental health issues

The Integrated Youth Services Network (IYSN), being developed for the region of Waterloo Wellington, offers an innovative model to address each of these concerns. The IYSN will implement “one-stop shops” in locations throughout the region that will provide centralized, integrated, accessible, and comprehensive services to youth and their families. Based on the Youth Wellness Hubs Ontario initiative, which is an evidence-based service delivery model designed to better meet the needs of youth and their families, the IYSN will integrate a strong focus on evaluation and measurement-based care, and will introduce new innovations to enhance the reach of services for those most in need.

One such innovation will be the placement of a service site on the University of Guelph campus. This site will be open to all students of the university, as well as youth between the ages of 12 and 26 years living in surrounding communities. Representing the first of its kind amongst integrated youth service delivery models, this service site will increase the capacity to support the mental health of its students, facilitate smoother transitions from high school to campus living, and provide key data and insights regarding gaps in care and further opportunities to innovate.

¹ American College Health Association. (2016). American College Health Association-National College Health Assessment II: Ontario Canada Reference Group executive summary. Hanover, MD: Author.

² Porter, S. (2018). A descriptive study of post-secondary student mental health crises. *College Quarterly*, 21(3), n3.

³ Coordinating Committee of Vice Presidents Students. (2015). *White paper on postsecondary student mental health*. Author.

3.2.4 Evidence-based or evidence-generating services

The IYSN will offer a range of health and social services along a continuum of care from prevention and health promotion to navigation services and referrals to access more intensive clinical supports. Services available through each IYSN micro-site will vary according to the unique needs of the youth and families within their respective catchment areas but will minimally include mental health, substance use, and peer supports (and with the long-term goal of ensuring that these are integrated with primary health care, through the Ontario Health Teams (see also Section 2.3)). Evidence will be used to help identify services that will strike the most effective balance between effectiveness, quality, safety and responsiveness to the needs of youth and their families. In the context of the IYSN, evidence will include the results of empirical research, the clinical experience of service providers and the lived experience of youth and families.

Services will be structured according to a stepped care model whereby youth are matched to treatment or other services based on need and are then either “stepped” up or down to more or less intensive services depending on their response to care (including through navigation supports and referrals to more intensive external services available in the community). Integrated stepped care models are cost-effective, have been shown to improve access to supports, enhance satisfaction with services, and increase youth psychological and adaptive functioning.⁶⁰

While the IYSN will be based on integrated youth service models that have been shown to be effective in other jurisdictions, it will be necessary to tailor specific services and processes to meet the specific needs and preferences of youth and their families in the region. And it is anticipated that different youth will be impacted by services in different ways. As such, the IYSN will contribute new insights regarding the value and impacts of integrated youth services, including in relation to the IYSN-specific innovations that are being planned (see also section 3.2.8). This information will be critically important in building a business case for sustained and long-term funding for the IYSN. Evaluation results from the IYSN may also inform planning to develop integrated youth services in other jurisdictions. As well, lessons learned from the process to plan and implement the IYSN may serve as a model for better integration of health and social services more broadly in the region, across a range of sectors serving the general population.

Given this context, a key aspect of work related to implementing the IYSN will be the development and implementation of a strategy to support knowledge exchange (KE) between a wide range of stakeholders within the region and beyond, including youth and families, service providers, researchers, health system planners and policy makers. As with all aspects of the IYSN, planning for KE will be based on evidence-based approaches, and KE processes will be integrated into all phases of the project. Refer to Section 4.3.1 for more details.

⁶⁰ Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author.

3.2.5 Youth engagement

Youth involvement is a component of the World Health Organization’s national quality standards for adolescent-friendly services⁶¹ and client engagement is a central tenant of national strategies for both the mental health and substance use sectors in Canada.^{62,63} Youth engagement in the IYSN will be “an active and ongoing process that embeds youth representation and voice at all levels of planning, implementation and evaluation activities.”⁶⁴ It will ensure that the services and related processes offered through the IYSN are responsive to the unique developmental needs and preferences of youth in the region (see also Section 3.2.6 that follows).

Youth engagement has been shown to increase access to, and effectiveness of services⁶⁵ (e.g., by designing services in such a way as to mitigate the stigma associated with mental health and substance use issues⁶⁶). And the empowerment that flows from meaningful involvement has been shown to enhance young people’s academic performance, physical health, wellness and social functioning.⁶⁷ A recent systematic review⁶⁸ provided the following examples of outcomes related specifically to youth engagement:

- Ability to attract traditionally under-served populations, including youth from ethnic minority groups, youth identified with the LGBTQ+ community and youth not engaged in education, employment and training.
- Significant reductions in psychological distress and substance use and improvements in well being and functioning
- Reductions in suicidal ideation and self-harm
- High levels of reported satisfaction with services by youth, particularly in terms of the accessibility, acceptability and appropriateness of services, including:
 - Convenient and appropriate service locations
 - Youth-friendly and welcoming staff and environments
 - Services staffed by young people
 - Timely access
 - Low cost
 - Protection of confidentiality and privacy

⁶¹ World Health Organization. (2012). Making health services adolescent friendly: developing national quality standards for adolescent friendly health services. Geneva: WHO.

⁶² Mental Health Commission of Canada. (2012). Changing directions, changing lives: The mental health strategy for Canada. Calgary, AB: Author.

⁶³ A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy. Ottawa: National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada.

⁶⁴ Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author. Pg. 8

⁶⁵ Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author.

⁶⁶ Halsall, T., Manion, I., Iyer, S. N., Mathias, S., Purcell, R., & Henderson, J. (2019). Trends in mental health system transformation: Integrating youth services within the Canadian context. *Healthcare Management Forum*, 32(2), pp. 51-55.

⁶⁷ Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author.

⁶⁸ Hetrick, S. E., Bailey, A. P., Smith, K. E., Malla, A., Mathias, S., Singh, S. P., ... & Moro, M. R. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *Medical Journal of Australia*, 207(S10), S5-S18.

- Availability of a wide range of integrated services in one place, with no signage related to mental health
- Delivery of safe and appropriate interventions in a positive and strength-based framework

Youth engagement has also been found to have positive impacts at program, organizational, community and system levels.⁶⁹ In terms of cost-effectiveness, one investigation of a Danish adaptation of the Australian headspace program⁷⁰ found a 40% annual Social Return on Investment (SROI).⁷¹ Research regarding the impacts of integrated youth services models, including their cost-effectiveness, is underway across Canada, through the Access Open Minds initiative⁷², and in Ontario, through the Youth Wellness Hubs⁷³ and the YouthCan IMPACT collaborative initiative⁷⁴.

CMHA WW's role as a pilot site to implement the Ontario Centre of Excellence for Child and Youth Mental Health's *Quality Standard for Youth Engagement in System Planning*⁷⁵ will serve to advance youth engagement as an evidence-based model to support healthy communities and economies. These standards consist of several quality statements, or principles, that describe what high quality youth engagement looks like, based on evidence (see Appendix B for a summary of the standard statements). They also include best practices that describe how high-quality services can happen, and indicators to show progress or the impact of these practices. The IYSN will be guided by these standards for youth engagement and will make use of their accompanying tools and resources to guide the standards' implementation, evaluation and ongoing improvements in the context of the IYSN.

Guided by these standards, youth will be involved in all aspects of the planning and implementation of the IYSN, including its governance, the design of service sites; service delivery (e.g., identification of screening and assessment processes, peer support services); marketing and communication; and research and knowledge exchange. In addition to their representation on the IYSN Partnership Table (Section 3.2.2), youth will be meaningfully engaged through a Youth Advisory Committee and Youth Engagement Coordinator roles, described below. These mechanisms will, in turn, serve to identify further opportunities (both formal and informal) for meaningful youth engagement in the IYSN.

⁶⁹ Halsall, T., Manion, I., & Henderson, J. (2018). Examining integrated youth services using the bioecological model: Alignments and opportunities. *International Journal of Integrated Care*, 18(4)

⁷⁰ <https://headspace.org.au/>

⁷¹ headspace. Economists Without Borders: headspace is a beneficial investment. Available from <https://www.headspace.dk/en/about-us/documentation-and-reports/economists-without-borders>

⁷² <http://accessopenminds.ca/>

⁷³ <https://youthhubs.ca/en/>

⁷⁴ <http://www.youthcanimpact.com/>

⁷⁵ Ontario Centre of Excellence for Child and Youth Mental Health (2019). *Quality standard for youth engagement*. Ottawa, ON. Retrieved from https://www.cymh.ca/ye_standard

Youth Engagement Working Group

A Youth Engagement Working Group has been developed to provide a formal mechanism for youth from the region to be formally engaged as partners in the planning, implementation and reevaluation of the IYSN. Guided by the experiences of the Youth Wellness Hubs Ontario initiative⁷⁶, recruitment for the Youth Engagement Working Group will rely on existing networks and the connections of youth who are already engaged with the IYSN and will aim to promote diversity of membership and inclusivity.

3.2.6 Youth-centred and developmentally appropriate services

Adolescence and early adulthood are developmental stages that involve significant physical, emotional, social and spiritual change. Youth face increasing pressures to assume more responsibility at home, school and in the community and, as noted earlier, are particularly vulnerable to mental health and substance use concerns. As such, adolescence and early adulthood represent critical windows of opportunity to intervene early and effectively to prevent severe and enduring health and social problems and to support youth to grow into healthy and happy adults.⁷⁷

Unfortunately, many service systems are not set up to take advantage of this window of opportunity because they are too difficult to access and navigate and do not reflect the unique needs and preferences of youth. The IYSN will be developed in direct response to these challenges, by providing services that are easily accessible and integrated, non-stigmatizing, welcoming, safe, and developmentally appropriate. For example, the IYSN will develop policies and processes that protect the privacy of youth, within the bounds of safety and related legislated requirements; a concern that is consistently prioritized by youth in services around the world.⁷⁸ Each of the components of the IYSN described in this section is supportive of the principle of youth-centred services, for example:

- Implementation of a peer service that is designed by youth (Section 3.2.4)
- Treatment planning that prioritizes the goals of youth and their families (Section 3.2.4)
- Service sites that have furniture, art and physical spaces that are inviting and engaging for youth (Section 3.3.11)
- Convenient locations and hours of operation of service sites (Section 3.3.11)
- Use of technology (e.g., texting) to facilitate youth communication with peers and service providers (Section 3.3.11)
- Regular review of all aspects of the IYSN to ensure that it meets emerging needs of youth in the region (Section 3.2.8)

⁷⁶ Youth Wellness Hubs Ontario. *All about Youth Advisory Committees*. Author.

⁷⁷ Carver, J., Cappelli, M., & Davidson, S. (2015). *Taking the next step forward: Building a responsive mental health and addictions system for emerging adults*. Mental Health Commission of Canada. (pg. 5)

⁷⁸ World Health Organization. (2012). *Making health services adolescent friendly: developing national quality standards for adolescent friendly health services*. Geneva: WHO.

3.2.7 Family engagement

Meaningfully engaging family members as a core support in youth treatment can enhance continuity of care and transitions between services, particularly for older youth who are transitioning into adult-oriented services.⁷⁹ It also promotes the recovery and well-being of youth and increases family functioning.⁸⁰ Family engagement in youth services is considered a best practice to support quality service delivery;⁸¹ as such, families members will be seen as allies in planning, developing, delivering and evaluating IYSN services.

Family engagement will be supported through involvement on the IYSN through pre-existing family groups throughout the country and city.

3.2.8 Evaluation, performance measurement and standardized measurement

Research regarding the implementation and impacts of integrated youth service models is promising⁸² (see also sections 3.0 and 3.2.5) but is still in its infancy, with a number of comprehensive evaluations underway in Canada.⁸³ A common conclusion across the studies conducted to date is the need for more (and ongoing) research, evaluation and performance measurement.⁸⁴ Monitoring the performance of health systems is also a clear priority within the broader mental health⁸⁵, substance use⁸⁶, and health care⁸⁷ sectors and supports.

As such, evaluation and performance measurement will be a key focus within the IYSN. As feasible and appropriate, the evaluation approach will be aligned with that of the Youth Wellness Hubs Ontario initiative. Led by the Centre for Addiction and Mental Health's Provincial Systems Support Program (PSSP), evaluation of Youth Wellness Hubs Ontario is focused on three core domains: integration, access, and quality. A common evaluation approach is tailored to each service hub/site and a minimum data set ensures standardized measurement of elements.

⁷⁹ Carver, J., Cappelli, M., & Davidson, S. (2015). *Taking the next step forward: Building a responsive mental health and addictions system for emerging adults*. Mental Health Commission of Canada. (pg. 5)

⁸⁰ Halsall, T., Manion, I., Iyer, S. N., Mathias, S., Purcell, R., & Henderson, J. (2019). Trends in mental health system transformation: Integrating youth services within the Canadian context. *Healthcare Management Forum*, 32(2), pp. 51-55.

⁸¹ Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author.

⁸² Hetrick, S. E., Bailey, A. P., Smith, K. E., Malla, A., Mathias, S., Singh, S. P., ... & Moro, M. R. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *Medical Journal of Australia*, 207(S10), S5-S18.

⁸³ *Ibid* Pg. S15

⁸⁴ Halsall, T., Manion, I., Iyer, S. N., Mathias, S., Purcell, R., & Henderson, J. (2019). Trends in mental health system transformation: Integrating youth services within the Canadian context. *Healthcare Management Forum*, 32(2), pp. 51-55.

⁸⁵ Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB: Author.

⁸⁶ A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy. Ottawa: National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada.

⁸⁷ Health Quality Ontario. (2015). *Quality matters: Realizing excellent care for all*. Author.

Guided by the experiences of the Youth Wellness Hubs Ontario initiative, use of standardized measures will adhere to the following principles:⁸⁸

- Measures are relevant – The type and amount of data that is collected will depend on the reason a youth accesses IYSN services
- The burden of data collection on service users and providers is minimized
 - only information that is needed will be collected; i.e., all information collected should be clearly linked to either a clinical, evaluation and/or performance measurement goal
 - information is shared with service providers within a youth’s circle of care to avoid the need for youth and families to “tell their stories” multiple times
- Youth and family members are involved – As with all other aspects of the IYSN, youth and families will be intricately involved in the design and implementation of evaluation and performance measurement activities for the IYSN. As appropriate and feasible, aspects of the evaluation of the IYSN may also be relevant to indicators related to the federal, provincial and territorial *Common Statement of Principles on Shared Health Priorities* (see Section 2.3).

An important side note related to evaluation and performance measurement is an acknowledgement that the IYSN represents a “complex” intervention, in the sense that it is comprised of multiple services, targeting different youth and family groups, and embedded in broader systems of care and socioeconomic contexts.⁸⁹ Experts caution that traditional approaches to evaluation, which assume homogeneity in the intervention(s) and settings under study and amongst the people that interventions are designed to serve, are not appropriate for integrated youth service models. As such, evaluation of the IYSN will require a more nuanced approach, guided, for example by research questions such as: “Which young people, with what needs, receiving what specific interventions in what degree, experience what types of outcomes?”⁹⁰

The Homewood Research Institute (HRI), a local partner, will lead the development and implementation of the evaluation framework for the IYSN. HRI is an independent charitable organization dedicated to research designed to evaluate and transform mental health and addiction services in Canada and beyond.⁹¹ The evaluation framework, which will be based on a developmental approach, will include a program logic model and evaluation plan outlining specific evaluation questions, corresponding indicators, and a strategy for data collection and analysis.

A key overarching goal for the evaluation of the IYSN will be to build capacity in participating communities, and more broadly across the province, to advance as learning systems that continuously strive to support the health and wellbeing of all community members. Implicit in this goal is the need for

⁸⁸ Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author.

⁸⁹ Datta, J., & Petticrew, M. (2013). Challenges to evaluating complex interventions: a content analysis of published papers. *BMC public health*, 13(1), 568.

⁹⁰ Hetrick, S. E., Bailey, A. P., Smith, K. E., Malla, A., Mathias, S., Singh, S. P., ... & Moro, M. R. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *Medical Journal of Australia*, 207(S10), S5-S18. Pg. S16

⁹¹ <https://homewoodresearch.org/about-hri/>

the IYSN evaluation to be ongoing, to inform continuous quality improvement and to have embedded knowledge exchange mechanisms.

An evaluation steering community, led by scientific experts within HRI and managed by a dedicated research coordinator, will be responsible for prioritizing evaluation questions and fostering the engagement of relevant stakeholders in evaluation processes. This steering committee will include youth representation and will leverage the evaluation expertise of other community partners (e.g., the University of Guelph; Public Health Wellington-Dufferin-Guelph).

The evaluation framework will focus on the following three areas: 1. implementation, 2. process (both client and service levels), and 3. outcomes. As above, HRI will collaborate with the Provincial System Support Program (PSSP), to ensure alignment and integration, as appropriate and feasible, with the evaluation of the Youth Wellness Hubs Ontario (YWHO) initiative. Unique evaluation contributions of the IYSN will reflect its innovative components, particularly the rural application of the model, use of technology and digital e-Health technology to enhance access to services, and impacts of a micro-site operating out of a post-secondary institute.

Specific targeted outcomes will be identified iteratively, as part of the elaboration of the evaluation framework, and in collaboration with youth and families and service and community partners. It is anticipated that the following high-level targeted outcomes will be applicable:

- Improved access to a broad range of integrated community-based health and social services, including mental health and substance use services
- Improved engagement of youth in services, particularly youth who are traditionally and/or currently marginalized and/or have complex health and social concerns.
- Positive impacts on a range of health and wellness indicators, including physical, mental, and social health.
- Improved capacity in the region, beyond the IYSN, for services spanning multiple sectors and/or organizations to work together collaboratively to provide more effective and integrated care, including enhanced ability to meaningfully engage service users in service planning, delivery, and performance measurement

3.2.9 Brand adoption

Brand adoption refers to the use of “a consistent set of visual elements and messages that convey the breadth of wellness services delivered”.⁹² Brand adoption helps youth and their families recognize services, and, when it reflects the unique spirit of youth in a community, helps to create an “emotional connection” with that service.

The IYSN will enlist youth to develop a brand for the network that reflects the principles of the IYSN, the services that are offered, and the interests, needs and goals of youth in the region. By integrating

⁹² Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author. Pg. 12

elements of the brand in all IYSN communication elements, including service site signage, website, marketing materials, and letterhead, the brand will become recognized in the region and will help unite service providers, youth, families and members of the community in a collective sense of identity and pride in the service.

3.2.10 Organizational capacity, approach and culture operating with equity-based principles

There is increasing recognition that certain groups of youth and families face inequities with respect to health status.⁹³ For example, members of the LGBTQ+ community are at significantly increased risk of suicide, mental health and substance use challenges⁹⁴ and newcomers to Canada are less likely to access and use mental health services despite their increased risk for experiencing mental health difficulties.⁹⁵ These health inequities are related to broad personal, social, economic factors, such as coping skills and social supports, childhood experiences, income and social status, and are collectively referred to as the social determinants of health.⁹⁶

Health inequity is a particularly complex challenge given that most of these social determinants of health are inter-related and mutually reinforcing. For example, a recent study found that in a sample of youth in Canada that accessed a range of health and social services, over a quarter were not engaged in employment, education or training, and also faced multiple health, economic and psychosocial challenges.⁹⁷ The authors of this study concluded that “youth-serving agencies should be prepared to offer a wide range of services to address their diverse needs”.⁹⁸

Accordingly, IYSN service sites will provide a comprehensive and integrated range of services, including primary health care, mental health, substance use, employment, recreation, peer support, education and housing services (see also Section 3.2.4). Health equity will be an important performance objective of these services whereby youth and their families “receive high-quality care that is fair and appropriate to them, no matter where they live, what they have, or who they are.”⁹⁹

From an organizational perspective, supporting health equity will mean adopting different approaches to achieve similar outcomes for different individuals or groups of individuals (for example, by providing culturally specific services (Section 3.3.13) and using technology to better engage youth in services

⁹³ Ontario Centre of Excellence for Child and Youth Mental Health. (2015). *Taking action on health equity and diversity: Responding to the mental health needs of children, youth and families new to Canada*. Author.

⁹⁴ Wellington-Dufferin-Guelph Public Health (2015). 2015 LGBTQ health. Results from community consultations. Author. Available from https://www.wdgppublichealth.ca/sites/default/files/file-attachments/report/ht_report_2015-lgbtq-health-results-from-community-consultations_access.pdf

⁹⁵ Ontario Centre of Excellence for Child and Youth Mental Health. (2015). *Taking action on health equity and diversity: Responding to the mental health needs of children, youth and families new to Canada*. Author.

⁹⁶ Government of Canada. (2019). Social determinants of health and health inequalities. Accessed from <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

⁹⁷ Henderson, J. L., Hawke, L. D., Chaim, G., & Network, N. Y. S. P. (2017). Not in employment, education or training: Mental health, substance use, and disengagement in a multi-sectoral sample of service-seeking Canadian youth. *Children and Youth Services Review*, 75, 138-145.

⁹⁸ *Ibid*, pg. 138

⁹⁹ Health Quality Ontario. (2016). Health Quality Ontario’s health equity plan. (Pg. 5)

(Section 3.3.11).¹⁰⁰ This will require starting from a place of understanding. Building on the experiences of the Youth Wellness Hubs Ontario initiative, each IYSN site will use an organizational self-assessment tool to collect baseline information regarding existing health equity skills, capacity and readiness. The results from these assessments will inform the development of a site-specific strategy, which will identify areas of strength, prioritize areas for improvement and outline specific actions to meet targeted health equity goals. This strategy will also identify areas of overlap across sites, pointing to opportunities to synergize and leverage health equity approaches across the entire network. This strategy will be an important component of an overall quality improvement framework for the IYSN (Section 3.2.8) and will be used to track progress towards health equity goals over time.

3.2.11 Equitable and inclusive access and physical space

Informed by the perspectives of youth, families and service providers, and by the findings from the organizational health equity self-assessment tool (Section 3.3.10), the IYSN will “identify and remove barriers to safe, welcoming, and inclusive youth service sites, including both the physical and non-physical environment.”¹⁰¹ While specific approaches will vary, depending on the specific needs of youth in a region served by an IYSN site, it is anticipated that all sites will require¹⁰²:

- access to interpretation services
- program literature available in different languages
- space that is accessible for individuals with physical disabilities
- capacity to modify clinical approaches to meet the needs of individuals with developmental, cognitive, and or behavioural issues
- hours of operation that line up with the preferences and needs of youth
- signage and promotional materials that use clear, youth-friendly, non-stigmatizing, and engaging language
- mechanisms to facilitate transportation to services

An important innovation of the IYSN that will support equitable and inclusive access to services will be the development of a technological platform for virtual service delivery for youth and their families who are not able to physically access any of the service sites (e.g., clients in rural parts of the region). A key local partner in the development of this technology will be the for E-Health Centre of Excellence, which works at both the system and local levels to move eHealth initiatives forward in the region.¹⁰³

This project is also well positioned to integrate the work that HRI is leading to take stock of the current landscape of mobile apps designed to address youth mental health issues.¹⁰⁴ Working in partnership

¹⁰⁰ Canadian Mental Health Association, Ontario. (2014). Advancing equity in Ontario: Understanding key concepts.

¹⁰¹ Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author. (pg. 14).

¹⁰² Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author.

¹⁰³ <http://ehealthce.ca/>

¹⁰⁴ Quintana, Y & Torous, J. (n.d.). Youth mental health apps in the digital age: A scoping review of trends and evaluations. Guelph, ON: Homewood Research Institute.

with Dr. Yuri Quintana and colleagues at the Harvard Medical School, and with funding from the RBC Foundation, the first phase of this work involved an environmental scan of the more commonly accessed apps that are currently available. While a large number of apps were identified, few were found to have undergone rigorous scientific evaluation or had strong evidence to support their claims of efficacy. This finding pointed to the next phases of work to develop a more rigorous evaluation framework, conduct a full systematic review of available evidence from major studies, and co-design an evidence-based app, in partnership with youth.

3.2.12 Equity data use

As noted earlier, the goal of the IYSN is to build a more effective health and social service system through integration and collaboration to better meet the needs of youth in the region. A key first step towards this goal is developing a clear and comprehensive understanding of what those needs are. The data analysis working group, under the direction of the IYSN Partnership Table (Section 3.2.2), has already made significant progress in this area. The HRI will pick up on this work by conducting a needs assessment, which will involve further analysis of available population-level data, identification of gaps in information, and the development of a strategy to address these gaps, as applicable. The results of the needs assessment will be integrated into a longer-term strategy to regularly review population-level data to ensure that IYSN is responsive to the evolving needs of youth over the long-term (see also Section 3.2.8).

Consistent with best practices¹⁰⁵, processes to collect demographic data for youth and families served by the IYSN will be integrated into existing operational and clinical practices—particularly standardized screening, assessment and other intake processes—across all IYSN sites (see Section 3.2.8). Client demographic data will be regularly compared to the profile of need in each IYSN site’s catchment area to identify any groups who may require more targeted outreach efforts to engage them in services. Demographic data will also support health equity goals (see Section 3.3.10) by exploring whether certain groups of clients experience different outcomes.

3.2.13 Clinical and cultural specific services that reflect the population groups

The IYSN will require clinical and culturally specific services that respect and respond to the different health beliefs, practices and cultural and linguistic needs of young people within a site’s catchment area. Doing so will support increased client satisfaction, engagement in treatment, quality of care, and positive health outcomes.¹⁰⁶ As a first step, the Guelph Wellington Dufferin Public Health Unit is synthesizing a variety of data sources to provide a scan of each IYSN site to identify needs within the geography from a data perspective. This information will be compared to what is known about the needs within each site’s catchment area (see Section 3.3.12) and will also be coupled with the youth and family engagement input. A strategy will then be developed to fill in any gaps that are identified through

¹⁰⁵ Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author.

¹⁰⁶ Youth Wellness Hubs Ontario. *Youth Wellness Hubs Ontario. Core Components*. Author

this process, drawing upon a range of options including: 1) inviting external service providers with a desired expertise to join the IYSN and provide local services at the site; 2) developing streamlined referral pathways to external service providers with a desired expertise who provide youth-friendly services consistent with the principles of the IYSN; and/or 3) developing capacity/expertise amongst existing service providers within the IYSN.

Regardless of the client profile in a given region, all clinical and support staff will have core competencies related to this component, including capacity to provide services that are culturally sensitive and safe, trauma-informed and guided by anti-oppressive and anti-racist practices. And as needed and appropriate, staff from different IYSN sites will provide cross-training to support their capacity to respond to shifting/emerging needs of youth in a region.

4.0 Planning and Implementation

4.1 Service leadership

The Canadian Mental Health Association Waterloo Wellington (CMHA WW) will lead the coordination and development of clinical and supportive services for the IYSN, working in close partnership with the agencies represented on the IYSN Partnership Table (see section 3.2.2) and with a range of service providers who will become part of the network. CMHA WW is the local branch of Canada's largest provider of community-based mental health and addictions services. With over 100 years of history in Canada, CMHA combines evidence-based psychiatric best practices with health interventions focused on the social determinants of health to support positive outcomes for clients. Services range from intensive Flexible Assertive Community Treatment Teams to positive mindfulness work with local secondary schools. CMHA WW serves clients of all ages and at all levels of acuity of need. With over 400 staff, and serving a catchment area of over 750,000 residents, CMHA WW is Canada's largest branch.

CMHA WW Vision:

Imagine a community where: When you need support, wherever you are, there's someone.

CMHA WW Mission:

We work to build a community in which everyone has what they need to live meaningful lives.

We build human connections that make it possible for people to achieve their greatest potential.

We inspire and support people in achieving the quality of life that they desire.

CMHA WW has a long history of working in close collaborations with partners in the health care sector and social sectors to provide integrated, inclusive care to our clients. Several examples include:

- Recent establishment of a Family Council for CMHA WW
- As children's mental health Lead Agency for Wellington-Dufferin for the *Moving on Mental Health* provincial strategy, CMHA works closely with other child/youth providers (e.g., education, social services, municipalities, Family and Children's Services, health service providers) to create quality improvement and integration of care strategies that lead to improved client and system outcomes.
- Work with the local Women's Crisis Center to provide in-situ clinical mental health and addiction care to women living at the Shelter and in need of immediate crisis care.
- Integrating services into primary care via the *Act as One Service* project with the Guelph Family Health Team and the Guelph Community Health Center. This project created joint psychiatry positions, and joint assessment and intake processes from primary care into community-based care.
- Work with all adult intensive service providers across Waterloo-Wellington to create an integrated intake, referral and triage team to assess our most complex residents and provide expedited care in intensive addictions and mental health services.

4.2 Project Management

4.2.1 Phases of work

As noted earlier, seven micro-sites are planned for the IYSN. Four sites, with physical locations in different parts of the region, have already been identified for the first year of implementation. These sites will be located in the Town of Minto, the Township of Erin, Fergus and the University of Guelph. Three additional sites will be implemented in Year 2/3 at the Guelph YMCA/ YWCA, CMHA WW and Shelldale Family Gateway (see Figure 1 above).

The process to plan, implement and monitor the IYSN is informed by lessons learned from the YouthCan IMPACT initiative, and specifically, the YouthCan IMPACT Experience and Guidebook.¹⁰⁷ Implementation will proceed according to eight phases,¹⁰⁸ summarized below. It should be noted that these phases are not linear; some processes and phases may overlap, and it may be necessary to iteratively return to earlier phases as implementation proceeds. For example, it may be necessary to move forward with site selection, in response to emerging opportunities, before clinical services are confirmed. Planning for later stages of the program will be iteratively defined and refined based on input from youth and families, findings from the developmental evaluation (see also section 3.2.8), and engagement of new service and community partners.

The eight phases of the initiative will include:

- 1. Preparation** – Building upon the significant work completed to date, this phase will focus on gaining a better understanding of the region’s capacity, need and readiness for an IYSN. It will also involve creating a detailed project management process to plan and implement the IYSN, including a schedule and budget considerations. Significant progress has already been made in many of these areas, as reflected by the number of committed service agencies on board to support and participate in the IYSN.
- 2. Building the IYSN implementation team and refining planning** – Building on the understanding of the current state of the service delivery system in the region, this phase will focus on confirming the service delivery partners who will be involved as early members of the IYSN. These partners will then work collaboratively to further refine the vision, mission, goals and objectives of the IYSN, as well as shared service goals and targeted impacts.
- 3. Designing the service delivery and pathways of the IYSN** – This phase will focus on the details of direct service delivery, including location and design of service sites/hubs, referral pathways, hours of operation, clinical tools to screen and assess for service needs, information sharing and communication protocols, and mechanisms to link youth and families to services external to the

¹⁰⁷ Henderson, J.L., Hawke, L.D., Darnay, K., Chaim, G. & Barwick, M. (2018). Building integrated service hub models for youth mental health and addictions: The YouthCan IMPACT experience and guidebook. Toronto, ON: Centre for Addiction and Mental Health.

¹⁰⁸ These phases were adapted from Henderson, J.L., Hawke, L.D., Darnay, K., Chaim, G. & Barwick, M. (2018). Building integrated service hub models for youth mental health and addictions: The YouthCan IMPACT experience and guidebook. Toronto, ON: Centre for Addiction and Mental Health.

IYSN. As with all other phases, youth and families will be intricately involved in planning for service delivery.

4. **Preparing for collaboration** – In this phase, agreements are developed between service providers to formalize working relationships in the IYSN. These will outline the preliminary roles and responsibilities identified in earlier phases, as well as the contributions each partner will make, in terms of funding, professional and administrative expertise, physical space, technological infrastructure and any other relevant supports. This phase will also involve the development of a detailed evaluation framework and strategy for the IYSN.
5. **Service site set-up** – Work in this phase will focus on developing the branding and marketing strategy for the overall IYSN, the individual sites, and for specific services. It will also include hiring and training staff, as needed, completing necessarily physical renovations to service sites, and addressing any requirements for technological infrastructure.
6. **Evaluation and continuous quality improvement**– The preliminary evaluation strategy will be reviewed and expanded, and will identify specific evaluation questions, corresponding indicators, and a strategy for data collection and analysis. It is anticipated that indicators will include a combination of quantitative and qualitative measures and will be inclusive of both process (i.e., implementation) and outcome (i.e., impact) indicators. Planning for evaluation and continuous quality improvement will begin at the earliest stages of planning for the IYSN and will be conducted over the course of the life of the IYSN to inform enhancements to service and program design and identification of need for new services.
7. **Service launch** – This phase marks the transition from planning to implementation with the execution of the marketing strategy, opening of service sites and delivery of services.
8. **Knowledge exchange (KE)** – As with evaluation, KE will be intricately connected to all phases of the planning and implementation of the IYSN and will engage youth and families in all aspects. KE activities will be based on a clearly defined KE plan and the impact of KE efforts will be considered as part of the larger evaluation of the IYSN.

4.2.2 Budget

The overall estimated budget for the IYSN for the first two years of operation is \$14,435,000.00, including \$790,000.00 for personnel costs and \$14,435,000.00 for annual operations/capital (refer to Table 2 below for a high-level summary of these costs). The budget will include funds from in-kind contributions of IYSN service and community partners, fund raised dollars and grant awards.

As efforts continue in shaping the space, services and programming at each IYSN site, the same follows for establishing the associated budgets (capital and operating) for each site. This budget, therefore, represents the best estimate, based on early assumptions, for the capital, one time and ongoing operating costs for each site. Work will continue with the respective lead agencies of each site to firm up these details. It should be noted that the University of Guelph, while an active and committed member of the IYSN, is not seeking any fundraised monies to support associated IYSN activities on campus.

**INTEGRATED YOUTH SERVICES NETWORK
WELLINGTON COUNTY/GUELPH**

Funding By Site

Site	Lead Agency	Estimated Operations Timeline	Capital One Time	Ongoing Operational Costs
Regional Staff Roles				
Director				150,000.00
Evaluator				80,000.00
Clinical Coordinators	7 sites			560,000.00
Subtotal				790,000.00
Funding By Site				
Erin	East Wellington Community Services	2020	\$ 250,000	\$ 300,000
Fergus – meeting rooms	Centre Wellington Big Brothers Big Sisters	2020	\$ 35,000	\$ 35,000
Fergus – 6,000 sq ft	CMHAWW	2021	\$ 350,000	\$ 300,000
Shelldale Family Gateway	Shelldale FG	2020	\$ 2,100,000	\$ 300,000
Minto	Municipality/ CMHAWW	2020	\$ 150,000	\$ 100,000
CMHAWW Woolwich Street	CMHAWW	2022	\$ 3,100,000	\$ 600,000
Guelph Y	Guelph Y	2022	\$ 2,300,000	\$ 125,000
Technology	CMHAWW	2020	\$ 400,000	\$ 80,000
HRI – Research	HRI	2020	\$ 250,000	\$ 120,000
Subtotal 1 year Cap/Op			\$ 8,935,000	\$2,750,000

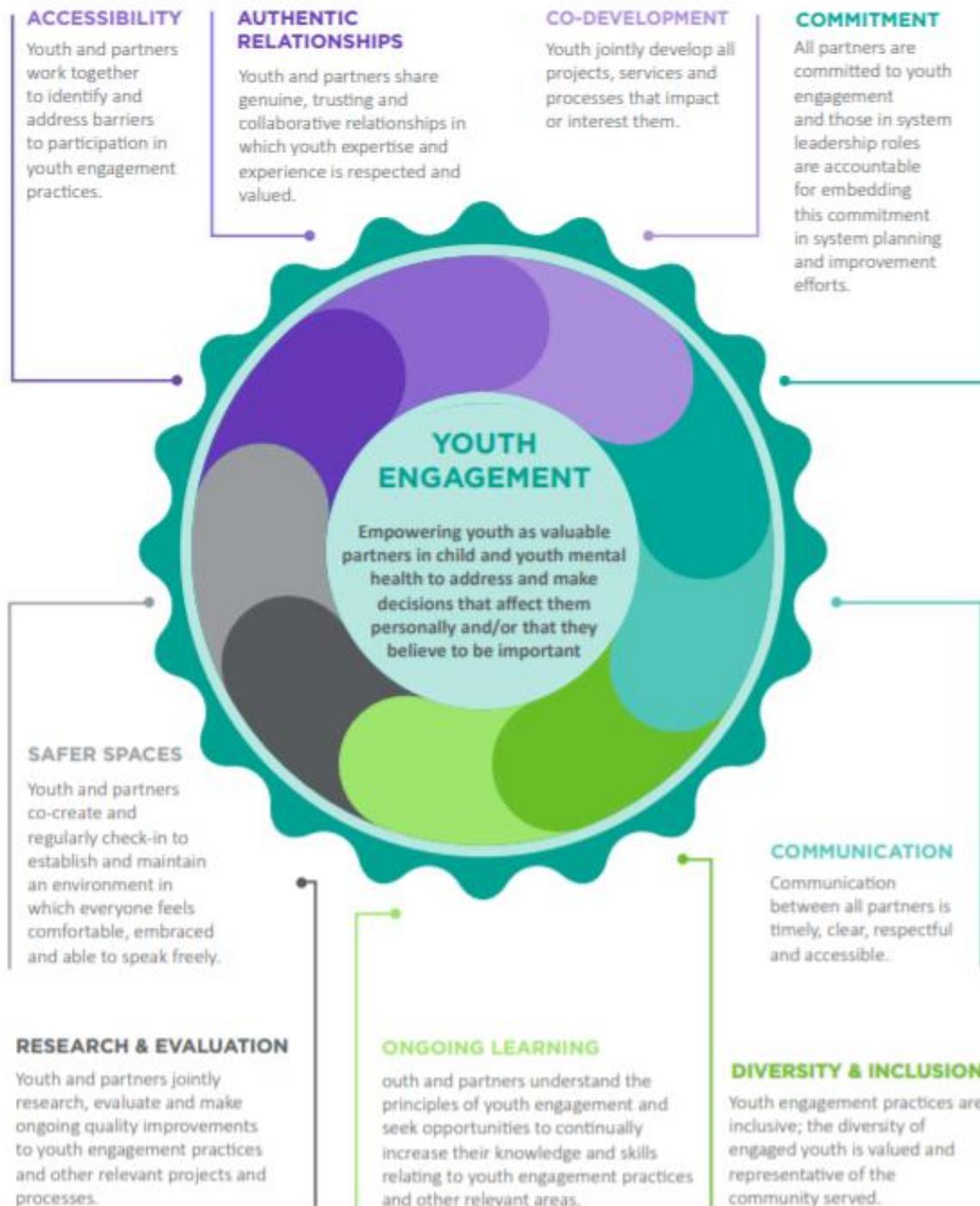
Appendix A: Membership of IYSN Community Advisory Committee (CAC)

Table 3. Partners represented on the IYSN Community Advisory Committee

Organization	Role and Description	Individual(s) Representing Organization
Rotary Club of Guelph	Lead The Rotary of Guelph is an organization of business, professional and community leaders, with an international reach, that provides humanitarian service, encourages high ethical standards in all vocations and helps build goodwill and peace in the world. For this project, the Rotary Club will be a catalyst to bring the community together and create integrated youth services in Wellington County and Guelph.	Paul Dredge Cyndy Forsyth
Canadian Mental Health Association Waterloo Wellington	Primary Health Partner Micro Site The Canadian Mental Health Association Waterloo Wellington (CMHA WW) provides a full care system for those with addictions, mental health or developmental needs. It serves everyone from children to adults to seniors, all under one roof. Its programs help individuals and families to lead lives filled with meaning and promise. CMHA WW has 350 staff at offices in Cambridge, Waterloo, Kitchener, Guelph, Fergus, and Mount Forest. It also provides visiting/satellite services in Arthur, Shelburne, Erin and Palmerston.	Helen Fishburn
Guelph Community Foundation	Primary Funding Partner The Guelph Community Foundation helps make charitable giving easy, flexible and effective. It has in-depth knowledge of the community, its organizations, needs and opportunities. It also has specialized knowledge about estate planning and the ways donors can maximize the value of their charitable giving. The Guelph Foundation combines these two areas of expertise to help donors fulfill their charitable goals, maximize their tax opportunities, and meet important needs in the community.	Chris Willard
Guelph YMCA/YWCA	Micro Site The Guelph YMCA/YWCA (the Guelph Y) provides values-based programs and services that teach the importance of caring, honesty, respect, responsibility and inclusiveness. It is a place where friendships are formed, and family ties are strengthened. The Guelph Y is a centre of community where people meet and discover common needs or interests. Through outreach, special events and external programs, the Guelph Y strives to reach all members of its community.	Geoff Vogt Melissa Haynes
Wellington Catholic District School Board	The Wellington Catholic District School Board serves the students of Wellington County and Guelph. The district includes 4 high schools and 18 elementary schools serving roughly 8000 students.	Brenda Keynon
Upper Grand District School Board	The Upper Grand District School Board serves approximately 34,000 students through 65 elementary schools and 11 secondary schools in the regions of Dufferin County , Wellington County and the Guelph .	Jenny Marino

Organization	Role and Description	Individual(s) Representing Organization
Family & Children's Services Guelph Wellington	Family and Children's Services of Guelph and Wellington County (FCSGW) is a caring network of staff, volunteers, foster families and adopting families who look out for the well-being of the children who live in the region. It is a charitable, non-profit organization that is legislated and primarily funded by the provincial Ministry of Children, Community and Social Services.	Sheila Markle
Wyndham House	Since 1973, Wyndham House has been working to prevent, reduce and end homelessness for youth between the ages of 16 and 25.	Debbie Lauzon
Waterloo Wellington Local Health Integration Network (LHIN)	Over the past decade, the Waterloo Wellington Local Health Integration Network (LHIN) has worked to significantly improve the quality and availability of local health care. Now, it's focused on making it easier—to be healthy and to get the care and support individuals need.	Jennifer Kaytar
Michael House	The Michael House provides a variety of services which include shelter and support for pregnant and parenting women in the community.	Beth Harris
Wellington County	The County of Wellington, as the designated the Consolidated Municipal Services Manager (CMSM), has three divisions, namely Ontario Works, Child Care Services and Social Housing Services. These three divisions comprise the Wellington County Social Services Department, which is responsible for delivering the mandated programmes throughout Wellington and Guelph on behalf of the province of Ontario.	Lori Richer
The Guelph Public Library	The Guelph Public Library provides ways for people to explore their world, enrich their lives and connect with their community.	Ben Robinson
Guelph Wellington Dufferin Public Health	By protecting the health of individuals, families and communities, and by promoting healthy behaviours, Public Health helps you stay well. Public Health provides the health information and services individuals need to be as healthy and safe as possible wherever they live, learn, work or play. Mission: Wellington-Dufferin-Guelph Public Health uses an innovative approach to deliver evidence-informed programs and services to meet the distinctive needs of our communities.	Amy Estill
Portage	Portage is a Canadian non-profit organisation that helps people suffering from substance abuse-related problems to overcome their dependencies and live healthy, happy, and productive lives.	Sourav Addy
The Guelph Wellington United Way	For more than 75 years, United Way Guelph Wellington Dufferin has worked to monitor and meet the pressing social needs of its community. Directed by a volunteer board, managed by committed staff and supported by thousands of donors, United Way works with partners in all sectors to identify needs and raise funds to support programs in response to those needs.	Shakiba Shayani
University of Guelph	The University of Guelph, and everyone who studies here, explores here, teaches here and works here is committed to one simple purpose: To Improve Life.	Carrie Chassels
Big Brothers Big Sisters Centre Wellington	Micro Site Big Brothers Big Sisters of Centre Wellington is committed to enhancing the confidence, self-esteem, and social well-being of children through supportive friendships with caring adults.	Kristen Drexler
Youth Leaders	Youth recruited specifically for leadership for the IYSN	Daniel Price Melissa Haynes

Appendix B: Youth engagement quality standards



From Ontario Centre of Excellence for Child and Youth Mental Health (2019). Quality standard for youth engagement. Ottawa, ON. (p. 9). Retrieved from https://www.cymh.ca/ye_standard